

2019MM004541A448B

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

1. Arrest 3. Request for Warrant  
2. N.T.A. 4. Request for Capias

4 N

ADMINISTRATION	OBTS Number		Agency ORI Number <b>FL 0500300</b>				Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>				Agency Report Number <b>34-18-056899</b>											
	Charge Type: Check as many as Apply. <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other						If Weapon Seized Enter Type				Multiple Clearance Indicator											
	Location of Arrest (Including Name of Business)										Location of Offense (Business Name, Address) <b>Boynton Lakes Mart 4750 N. Congress Ave. Boynton Beach</b>											
	Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
DEFENDANT	Name (Last, First, Middle) <b>ALZATE, Mariutzi Gastelo</b>										Alias (Name, DOB, Soc. Sec. #, Etc)											
	W - White B - Black		I - American Indian O - Oriental / Asian		Race <b>W</b>		Sex <b>F</b>		Date of Birth <b>12/09/1990</b>		Height <b>5'01"</b>		Weight <b>130</b>		Eye Color <b>Brown</b>		Hair Color <b>Brown</b>		Complexion <b>Fair</b>		Build <b>Thin</b>	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>tatoos on both wrist</b>										Marital Status <b>Single</b>		Religion <b>Christian</b>		Indication of: Alcohol Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
	Local Address (Street, Apt. Number) <b>10 Flint Way Boynton Beach FL 33436</b>						(City)		(State)		(Zip)		Phone <b>(786)356-3519</b>		Residence Type 1. City 3. Florida 2. County 4. Out of State		1					
	Permanent Address (Street, Apt. Number)						(City)		(State)		(Zip)		Phone		Address Source							
	Business Address (Street, Apt. Number)						(City)		(State)		(Zip)		Phone		Occupation							
	D/L Number, State <b>G234 54 0909490 (FL)</b>				Soc. Sec. Number <b>592-06-3887</b>				INS Number				Place of Birth <b>Pembroke Pines, FL</b>		Citizenship <b>US</b>							
	Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor									
	Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor									
	CO-DEF	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last)		(First)		(Middle)		Residence Phone												
Address (Street, Apt. Number)						(City)		(State)		(Zip)		Business Phone										
Notified by: (Name)						Date		Time		Juvenile Disposition 1. Handed/Processed within Dept. and Released 2. TOT HRS/DYS 3. Incarcerated												
Released To: (Name)						Relationship		Date		Time												
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561-355-2526) informed of any change of address. <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)										School Attended		Grade										
Property Crime?		Description of Property						Value of Property														
Yes <input type="checkbox"/> No <input type="checkbox"/>																						
Drug Activity		S. Sell N. N/A P. Possess		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture Produce/ Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbituate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown V. Other		
Charge Description <b>Fraudulent Use of Credit Card</b>						Counts <b>1M</b>		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number <b>817.61</b>												
Drug Activity <b>N/A</b>		Drug Type <b>N/A</b>		Amount/Unit <b>N/A</b>		Offense # <b>18-056899</b>		Warrant/Capias Number				Bond										
Charge Description <b>Petite Theft</b>						Counts <b>1M</b>		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number <b>812.014(1)(3a)</b>												
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond										
Charge Description						Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number				Violation of ORD#								
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond										
Charge Description						Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number				Violation of ORD#								
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond										
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court <input type="checkbox"/> Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.		Location (Court, Room Number, Address) <b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b>																			
	Court Date and Time						Month		Day		Year		Time		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.							
	I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.												Date Signed									
ADMIN	Signature of Defendant (or Juvenile and Parent/Custodian)						Signature of Arresting Officer						Name Verification (Printed by Arrestee) (PRINT)									
	HOLD for other Agency Name:						Name of Arresting Officer (Print) <b>Det. P. Zampini #756</b>						BU#									
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Intake Deputy		I.D. #		Pouch #		Transporting Officer		Witness here is subject Signed with an "X".		Page <b>1 OF 1</b>							
							Agency															

NOT A COURT FILED

219 APR 16 AM 9:57  
SOUTH COUNTY COURTHOUSE  
CLERK

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest	3 Request for Warrant	4	Juvenile	N
Agency/ORI Number FL0500300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-18-056899				
Charge Type Check all that Apply		Special Notes						
<input checked="" type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony		<input type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor		<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other				
Name (Last, First, Middle) ALZATE, Mariutzi Gastelo				Race W	Sex F	Date of Birth 12/09/1990		
Charge Description Fraudulent Use of Credit Card				Charge Description Petite Theft				
Victim's Name (Last, First, Middle) BARNES, Lauren Michelle				Race W	Sex F	Date of Birth 09/16/1984		
Local Address (Street, Apt Number) 4730 Barrett St.				(City) Delray Beach	(State) FL	(Zip)	Phone (404) 932-7914	Address Source
Business Address (Name, Street)				(City)	(State)	(Zip)	Phone	Occupation
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody... <input type="checkbox"/> Committed the below acts in my presence. <input type="checkbox"/> Was observed by      Who told      That he/she saw the arrested person commit the below acts. <input type="checkbox"/> Confessed to      Admitting the below facts <input checked="" type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation. On The 02 Day Of November 20 18 At 0914 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.								

Approx. 0957Hrs. Friday November 2018 Victim W/F Lauren BARNES reported to Ofc. Kickingstallions (BBPD I.D. # 999) the theft of a Chase Amazon Prime credit card (ending in [REDACTED]). BARNES advised at approx. 0900 hours she was at Starbucks, located at 306 N Congress Avenue to purchase coffee. While in line, she advised she dropped the credit card. BARNES advised after she learned her credit card was missing she immediately checked her on-line application and learned that it had been used three times. BARNES advised it was used at a Walgreens (Store #6123) located at 6975 S. Congress Ave. Lantana, FL in the amount of \$37.96 and twice at the Boynton Lake Mart 4750 N. Congress Ave. in the amount of \$41.11 and \$50.05. (Total \$91.16). ALZATE conducted the first transaction for \$50.05.

Video surveillance and the receipt were obtained from Boynton Lake Mart which showed two white females and one black male purchasing several products inside the store. The cash register receipt was compared to the items shown being purchased in the surveillance video and matched.

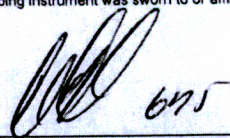
A B.O.L.O. was generated and the suspect were identified as W/F ALZATE, Mariutzi Gastelo (D.O.B. 12/09/1990). Physical appearance and tattoos on ALZATE's forearms match those on BWC footage of an earlier arrest (BBPD Case # 18-060159).

Thursday, November 29, 2018 Det. Diaz and I made contact with ALZATE at her residence. During a recorded interview ALZATE confirmed that it was her in the B.O.L.O. and still photo's from the video. ALZATE would not identify the other subjects.

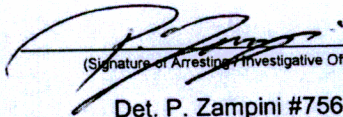
Based on the above information ALZATE is charged with Fraudulent Use of Credit Card (F.S.S. 817.61) and Petit Theft (F.S.S. 812.014(1)(3a).

Warrant Request.

The foregoing instrument was sworn to or affirmed and subscribed before me

  
 Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

11  
Date

  
 (Signature of Arresting/Investigative Officer)  
 Det. P. Zampini #756  
 (Print name of Arresting/Investigative Officer)

11/29/18  
Date