

S-0516462

P-622 20024145

ARREST / NOTICE TO APPEAR

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 5. Juvenile Referral

1 JUVENILE

AD M I N I S T R A T I O N	OBTS Number		Agency ORI Number <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>		Agency Report Number (N.T.A.'s only) <b>3, 2 2020-005646</b>		Charge Type: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" 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 <b>None/not Applicable</b>		Multiple Clearance Indicator <b>N</b>								
D E F E N D A N T	Location of Arrest (Including Name of Business) <b>21324 ST ANDREWS BLVD BOCA RATON FL</b>						Location of Offense (Business Name, Address) <b>21324 ST ANDREWS BLVD, BOCA RATON, FL 33433</b>														
	Date of Arrest <b>05/14/2020</b>		Time of Arrest <b>20:56</b>		Booking Date <b>05/14/2020</b>		Booking Time <b>20:23</b>		Jail Date		Jail Time		Location of Vehicle <b>WALGREENS PARKING LO</b>								
C O D E D E F	Name (Last, First, Middle) <b>JOSWICK, MICHAEL SCOTT</b>										Alias (Name, DOB, Soc. Sec. #, Etc.)										
	Race <b>W - White</b>		I - American Indian <b>W</b>		Sex <b>M</b>		Date of Birth <b>04/11/1999</b>		Height <b>6'01</b>		Weight <b>260</b>		Eye Color <b>HAZEL</b>		Hair Color <b>BROWN</b>		Complexion <b>LIGHT</b>		Build <b>Large</b>		
	Local Address (Street, Apt. Number) <b>22171 CRANBROOK RD, BOCA RATON, FL 33428</b>										Phone <b>(561) 213-6044</b>		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>								
	Permanent Address (Street, Apt. Number) <b>22171 CRANBROOK RD, BOCA RATON, FL 33428</b>										Phone <b>(561) 213-6044</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>								
	Business Address (Name, Street) <b>WALGREEN, 21324 ST ANDREWS BLVD</b>										Phone		Address Source <b>DEFENDANT</b>								
	D/L Number, State <b>J220557991310 / FL</b>										Sec. Sec. Number		DNS Number		Place of Birth (City, State) <b>BOCA RATON, FL,</b>		Citizenship <b>US</b>				
J U V E N I L E	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor		<input type="checkbox"/> 5. Juvenile								
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor		<input type="checkbox"/> 5. Juvenile								
C H A R G E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: <b>None</b> (Name, First, Middle)										Residence Phone										
	Address (Street, Apt. Number) <b>21324 ST ANDREWS BLVD</b> (City) (State) (Zip)										Business Phone										
	Notified by: (Name)										Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 3. Incarcerated						
	Released To: (Name)										Date		Time								
I N T A K E	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 355-2526) informed of any change of address.										School Attended		Grade								
	<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:										Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property						
	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Disperse/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other
C H A R G E	Charge Description <b>GRAND RETAIL THEFT</b>										Statute Violation Number <b>812.015(8A)</b>		Violation of ORD #								
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond						
	Charge Description <b>ORGANIZED FRAUD - UNDER 20K</b>										Statute Violation Number <b>817.034(4A3)</b>		Violation of ORD #								
C H A R G E	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond						
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond						
	Charge Description										Statute Violation Number		Violation of ORD #								
N O T I C E T O A P P E A R	Health / Apparent Physical Condition of Defendant <b>GOOD</b>										Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Delinquencies <input type="checkbox"/> Injuries Explain:										
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health										PROPERTY - Received By <b>SAAVEDRA</b>		Released By <b>SAAVEDRA</b>		Released To <b>PBCJ</b>						
	Transported By										Date Transported		Time Transported		Other						
T O A P P E A R	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.										Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>										
	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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.										Court Date and Time		Date Signed		Signature of Defendant (or Juvenile and Parent/Custodian)						
A D M I N I S T R A T I O N	HOLD for Other Agency										Signature of Arresting Officer		Name Verification (Printed by Arrestee)								
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>SAAVEDRA, A.</b>		I.D. # <b>777</b>		(PRINT)		Date Signed		PAGE <b>1 OF 1</b>								
	Intake Deputy <b>Spencer</b>		I.D. #		Fouch #		Transporting Officer <b>ROCHETTI</b>		I.D. # <b>849</b>		Agency <b>BRPD</b>		Witness here if subject signed with an "X".								

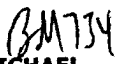
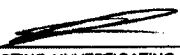
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PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBT Number  Agency ORI Number <b>FL 0500200</b> Agency Name <b>BOCA RATON POLICE DEPARTMENT</b> Agency Report Number <b>3   2   2020-005646</b>	Charge Type: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other Special Notes:
Name (Last, First, Middle) <b>JOSWICK, MICHAEL SCOTT</b> Race <b>W</b> Sex <b>M</b> Date of Birth <b>04/11/1999</b>	
Charge Description <b>812.015(8A) GRAND RETAIL THEFT</b> <b>817.034(4A3) ORGANIZED FRAUD - UNDER 20K</b> <b>812.017(2) OBTAIN MERCH MONEY W FALSE RECEIPT</b>	
Victim's Name (Last, First, Middle) <b>WALGREENS,</b> Local Address (Street, Apt. Number) (City) (State) (Zip) <b>21324 ST ANDREWS BLVD, BOCA RATON, FL 33433</b> Phone <b>(561) 368-5759</b> 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 to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. On the <b>14</b> day of <b>May</b> , <b>2020</b> at <b>20:56</b> (Specifically include facts constituting cause for arrest)	
This incident was recorded on MVR.  On 05/14/2020, at 1734 hours, I responded to 21324 St Andrews Blvd (Walgreens), in reference to a theft.  Upon arrival, I met with Loss Prevention Officer Theresa Rolle, who informed me that there was an employee, who was later identified by his FL DL as Michael Joswick, caught stealing from the store. Rolle advised that on Tuesday, 05/12/2020, she received a report that Joswick was stealing from the store. Rolle reviewed CCTV and observed Joswick picking up receipts from the trash can and proceeding cash refunds and taking the money for himself. Rolle advised that Joswick began his first fraudulent transaction on 03/28/2020. According to Rolle, Joswick last fraudulent transaction occurred on 05/12/2020. The store loss a total of \$1,492.18 throughout the period of 50 fraudulent transactions. Rolle was able to provide me with an inventory receipt showing all 50 transactions conducted under Joswick's ID number. Rolle stated she was able to identify Joswick as the person in the video that depicts all the transactions in question. Rolle provided a sworn written witness statement.  Officer Calhoun read Joswick his Constitutional Rights from a BRPD pre-printed Miranda Card. Joswick stated he understood his rights and agreed to speak to me. Joswick stated that he started working for Walgreens on 03/12/2020. Joswick admitted that he learned how to process refunds and realized how easy was to take some money from the register. Joswick advised that he owes his parents money and because he was unable to get more hours at work he decided to steal. Joswick advised that he threw away receipts that customers left behind. Joswick would then wait a couple of minutes and pick up the receipt from the trash can and process a cash refund. Joswick would then place the money in his pocket and would continue with his day. Joswick advised that he has been stealing for a while and knew that he would eventually get caught.	
SWORN AND SUBSCRIBED BEFORE ME _____ <b>MCINNIS, BRYAN MICHAEL</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <b>05/14/2020</b> DATE	_____ SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <b>SAAVEDRA ALONSO (777)</b> NAME OF OFFICER (PLEASE PRINT) <b>05/14/2020</b> DATE
PAGE 1 of 2	

OBT# Number	<b>PROBABLE CAUSE AFFIDAVIT SUPPLEMENT</b>		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capture	<b>1</b>	JUVENILE	
A D M I N	Agency ORI Number <b>FL 0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2020-005646</b>				
N	Charge Type: Check as many as apply.			Special Notes:			
	<input checked="" type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance				
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other				
D E F	Name (Last, First, Middle) <b>JOSWICK, MICHAEL SCOTT</b>			Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>04/11/1999</b>	
P R O B A B L E  C A U S E  S T A T E M E N T	<p>At 2056 hours, I placed Michael Joswick under arrest for aggravated retail theft per F.S.S. 812.015(8A) when he stole a total of \$778 from Walgreens from 04/01/2020 to 04/29/2020. Joswick was also charged with Organized Scheme to Defraud per F.S.S. 817.034(4A3)- when he, in multiple occasions beginning on 03/28/2020 until 05/12/2020 deprived Walgreens of their right to their own property by taking cash refunds on fraudulent returns. A copy of the video and written statement was submitted into BRPD evidence.</p>						
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME  <b>MCINNIS, BRYAN MICHAEL</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <b>05/14/2020</b> DATE			SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <b>SAAVEDRA, ALONSO (777)</b> NAME OF OFFICER (PLEASE PRINT) <b>05/14/2020</b> DATE			PAGE <b>2</b> OF <b>2</b>

NOT A CERTIFIED COPY



**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020012702	Date: 5/15/2020
	Specialist Name/ID: Gammage/5660