

0488824

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OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1 [] Juvenile []	
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		20-053813	
Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input checked="" 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		Multiple Clearance Indicator 0 [] 1 []			
Location of Arrest (Including Name of Business) 15100 MICHANGELO BLVD		Location of Offense (Including Name of Business) 3000 BLK T06500 BLK ATLANTIC AVE					
Date of Arrest 04/09/2021		Time of Arrest 1845		Booking Date		Booking Time	
Jail Date		Jail Time		Location of Vehicle BIG CITY TOWING			
Name (Last, First, Middle) CORNELIUS		NOAH		CHRISTOPHER		Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White B - Black O - Oriental/Asian <input checked="" type="checkbox"/> W		Sex <input checked="" type="checkbox"/> M		Date of Birth 09/07/1978		Height 6'1	
Weight 245		Eye Color BRN		Hair Color BRN		Complexion MED	
Build MED		Marital Status SINGLE		Religion /		Indication of: Alcohol Influence Drug Influence Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) N/A		Local Address (Street, Apt. Number) 5505 NATHAN LN N.		City PLYMOUTH		State MN	
Zip 554442		Phone 561-665-0735		Residence Type 1. City 2. County 3. Florida 4. Out of State 2			
Permanent Address (Street, Apt. Number)		City		State		Zip	
Business Address (Street, Apt. Number) 2P		City		State		Zip	
DL Number, State 220225248870 MN		Social Security Number [REDACTED]		INS Number		Place of Birth GAINSVILLE, FL	
Citizenship US		Co-Defendant Name (Last, First, Middle)		Race		Sex	
Date of Birth		1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile			
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile					
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other		Name (Last, First, Middle)		Phone			
Address (Street, Apt. No.)		City		State		Zip	
Business Phone		Notified By (Name)		Date		Time	
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 561 355-2525) informed of any address change. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)		School Attended		Grade			
Property Crime? <input type="checkbox"/> Yes <input 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. Dispense/ Distribute	
M. Manufacture/ Product Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin	
H. Hallucinogen M. Marijuana		P. Pharmaceutical/ Equipment		U. Unknown Z. Other			
Charge Description RESISTING ARREST		Counts 1M		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 843.02	
Drug Activity /		Drug Type /		Amount/Unit /		Offense # 20-053813	
Warrant/Capias Number		Bond					
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Bond					
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Bond					
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Bond					
Location (Court, Address, Room Number) Main County Court House 3228 Gunc Club Rd, WPB FL 32406							
Court Date and Time Month April Day 27 Year 2021 Time 8:30 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>							
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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.							
Signature of Defendant (or Juvenile and Parent/Custodian) [Signature]				Date Signed 24749			
Name T. MCCABE				Name Verification (Printed by Arrestee) (PRINT)			
Intake Department [Signature]				Transporting Officer J. PETTI			
ID # Pouch #				Agency 19327 PBSO			
Witness here if subject signed with an "X"				Page 1 of 1			

OBS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		1	Juvenile <input type="checkbox"/>
Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		20053813	
Charge Type: Check as many as apply <input 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					
Defendant Name (Last, First, Middle) CORNELIUS NOAH CHRISTOPHER		Race W		Sex M		Date of Birth 09/07/1978	
Charge RESISTING ARREST		Charge					
Charge		Charge					
Victim Name (Last, First, Middle) STATE OF FLA		Race		Sex		Date of Birth	
Local Address (Street, Apt. Number)		City		State		Zip	
Business Address (Street, Apt. Number)		City		State		Zip	
Phone		Address Source		Phone		Occupation	
The undersigned 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 checked="" 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 type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation. On the 9TH day of APRIL 20 21 at 5:56 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM							

IN THE UNINCORPORATED ARE OF DELRAY BEACH, THE DEF, NOAH C. CORNELIUS WAS STOPPED ON A LAWFUL TRAFFIC STOP FOR CARELESS DRIVING AND SUBSEQUENTLY, TAG NOT ASSIGNED TO VEHICLE. CORNELIUS WAS DRIVING A 2005, TAN, 4 DOOR CHEVY AT A HIGH RATE OF SPEED WEAVING IN AND OUT OF CONGESTED, RUSH HOUR TRAFFIC; CUTTING OFF VEHICLES CAUSING NUMEROUS CARS TO EVADE ACCIDENTS. AFTER STOPPING SAID VEHICLE, CORNELIUS WAS VERBALLY ABUSIVE, ARGUMENTATIVE AND DEFIANT TO ALL LAWFUL COMMANDS. I ASKED TO SEE HIS HANDS ON THE STEERING WHEEL FOR SAFETY REASONS; TO PRODUCE A LICENSE, REGISTRATION AND PROOF OF INSURANCE, TO WHICH HE DEFIANTLY REFUSED. HE CONTINUED TO MAKE FURTIVE HAND MOVEMENTS IN A MANNER OF DIRECT DEFIANCE TO REPEATED REQUESTS TO STOP REACHING IN BETWEEN THE BUCKET SEATS. I FELT MORE COMFORTABLE AT THIS JUNCTURE TO HAVE CORNELIUS EXIT THE VEHICLE; HE REFUSED. HE WAS DISPLAYING A BEHAVIORAL PATTERN INDICATIVE OF SOMEONE SUFFERING FROM MENTAL ILLNESS AND/OR UNDER THE INFLUENCE OF DRUGS AND/OR ALCOHOL. I

I OPENED THE DOOR AND ORDERED THE LONE OCCUPANT, CORNELIUS OUT OF THE CAR, AS I DID SO, HE GRABBED THE SILL AND PULLED HARD TO CLOSE THE DOOR-STRIKING ME IN THE LEFT SHOULDER WITH GREAT FORCE FROM THE 6'1 245 POUND INDIVIDUAL.(NO INJURY SUFFERED BY ME). CORNELIUS BEGAN FLAILING HIS ARMS WITHIN THE CAB OF THE VEHICLE WILDLY. I USED A WRIST-LOCK TECHNIQUE TO CONTROL HIM AND DIRECT HIM OUT OF THE CAR. ONCE OUTSIDE THE CAR, WITH THE LEFT WRIST CONTROLLED, CORNELIUS ATTEMPTED TO SPIN AROUND WITH HIS RIGHT ARM AND I USED AN ARM DRAG TECHNIQUE TO SPIN HIM TO ME AND GAIN CONTROL. D/S J/ PETTI ASSISTED IN SECURING CORNELIUS FOR HANDCUFFING.

I CHARGED CORNELIUS WITH TWO CRIMINAL CITATIONS: CARELESS DRIVING (ALL ENCOMPASSING OF THE DRIVING PATTERN); TAG NOT ASSIGNED TO VEHICLE; AND MISDEMEANOR RESISTING ARREST. CORNELIUS WAS TRANSPORTED TO PBCJ WITHOUT FURTHER INCIDENT AS HE IS AN OUT OF STATE RESIDENT.

The foregoing instrument was sworn to and affirmed before me this <u>9TH</u> day of <u>APRIL</u> 20 <u>21</u> , by:	
<u>D/S J. PETTI</u> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>T. MCCABE</u> Name of Arresting/Investigating Officer
<u>[Signature]</u> Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>[Signature]</u> Signature of Arresting/Investigating Officer
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**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

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: 2021008632

Date: 4/10/2021

Specialist Name/ID: J. Beck/9007