

0323381

21CF4094AMB

Ph # 1616

OBT Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N									
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06-21066309															
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		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 1																	
Location of Arrest (Including Name of Business) Lake Worth Rd and Sherwood Blvd WEST PALM BEACH FL 33463						Location of Offense (Business Name, Address) Lake Worth Rd and Sherwood Blvd WEST PALM BEACH FL 33463															
Date of Arrest 5/17/2021		Time of Arrest 0119		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle Priority Towing									
Name (Last, First, Middle) Yaccarino Phillip Young Clark						Alias (Name, DOB, Soc. Sec. #, Etc.)															
Race W - White - American Indian B - Black - Oriental/Asian W		Sex M		Date of Birth 12/03/1975		Height 5'10		Weight 180		Eye Color hazel		Hair Color brown									
Complexion fair		Build med		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status		Religion		Indication of: Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk.											
Local Address (Street, Apt. Number) 9551 Positano Way LAKE WORTH FL 33467						(City)		(State)		(Zip)		Phone ()									
Permanent Address (Street, Apt. Number)						(City)		(State)		(Zip)		Phone ()									
Business Address (Name, Street)						(City)		(State)		(Zip)		Phone ()									
D/A Number, State Y265679754430				Soc. Sec. Number				INS Number				Place of Birth (City, State) Staten Island NY		Citizenship US							
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									
<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. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated											
Released To: (Name)						Relationship						Date		Time							
The above address 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 (Phone 355-2526) informed of any change of address. <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 S. Sell N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ 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. Synthetics		U. Unknown Z. Other	
Charge Description POSSESSION OF COCAINE						Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 893.13(6)a				Violation of ORD #							
Drug Activity P		Drug Type C		Amount / Unit		Offense # 21066309		Warrant / Capias Number				Bond 1000									
Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		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"/> Y <input checked="" type="checkbox"/> N		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"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number				Violation of ORD #							
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond									
Location (Court, Room Number, Address)																					
Court Date and Time Month Day Year Time AM PM May 17 2021 1:00 PM																					
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																					
Signature of Defendant (or Juvenile and Parent /Custodian)																					
Date Signed																					
HOLD for other Agency Name:				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) F. CARRENO ID 35639				(PRINT) 35639													
Intake Deputy 7/10/21				ID # 35639				Agency PBSO													
Pouch #				Transporting Officer F. Carreno				Witness here if subject signed and in view SCANNED													
PAGE OF 1																					

MAY 17 2021

OBT Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N		
ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06-21066309							
	Charge Type: Check as many as apply.		<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:							
DEF	Name (Last, First, Middle) Yaccarino Philip		Alias Young Clark		Race W		Sex M		Date of Birth 12/03/1975			
	Charge Description POSSESSION OF COCAINE		893.13(6)a		Charge Description							
CHARGES	Charge Description		Charge Description									
	Charge Description		Charge Description									
VICTIM	Victim's Name (Last, First, Middle) State of Florida		Race		Sex		Date of Birth					
	Local Address (Street, Apt. Number)		(City)		(State)		(zip)		Phone		Address Source	
	Business Address (Name, Street)		(City)		(State)		(zip)		Phone		Occupation	
<p>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.</p> <p>The Person taken into custody</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. </div> <div> <input type="checkbox"/> was observed by _____ who told that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. </div> </div> <p>On the 17T day of MAY 2021 at 0119 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On May 17th, 2021, at approximately 0000 hrs I was I was on duty, and conducting proactive patrol in the area of Lake Worth Rd and Sherwood Blvd. At the time I was on duty and I was also wearing my department issued class B uniform, which accurately depicts me as a Palm Beach County Deputy Sheriff.</p> <p>I observed a white work van, which was heading westbound on Lake Worth Rd and was displaying paper tags: 3476-119, of unknown state due to it being defaced, in violation of FSS 316.605 (1). A check with the Florida DMV [REDACTED]</p> <p>I initiated a traffic stop based on the above violation by activating my blue lights directly behind the target vehicle, coming to a final on Lake Worth Rd, just West of Sherwood Forest Blvd.</p> <p>Upon approach I met with the driver, later identified as Phillip Yaccarino. Yaccarino had a female front passenger with him. Upon approaching the driver side door I immediately observed a "steel" beer can, which was open and was sitting in a cup holder in the center console. Yaccarino appeared nervous and was struggling to keep eye contact with me as I advised the reason for the stop and asked for his drivers license and registration for the vehicle. Yaccarino said yes and handed me a Geico Insurance card which he grabbed from the center console. I had to repeat to Yaccarino that I needed his drivers license. Yaccarino looked at my hand holding the insurance card. He appeared confused, while he kept stuttering and repeatedly asking for the reason for the stop. Yaccarino finally realized he provided the wrong documentation and provided his Florida Drivers License which he also grabbed from the center console area. I asked Yaccarino that he was still missing his Registration. In a quick reaction to my question, Yaccarino looked at the glove box and moved his body slightly towards it just before stopping and advising that it was a temp tag and that he had no registration. I asked Yaccarino that he still should have a paper registration to provide. Yaccarino once again hesitated and continued to asked what was wrong with his plates. Once again I asked Yaccarino where he kept his legal documents in the car. Yaccarino advised: "I dont know. I have the title for the car". I then suggested if it was possible that all of his documents were kept in the glove compartment like most drivers do, followed up by the question, where is that title? Yaccarino stared at me for a few seconds. Based on my experience conducting hundreds of traffic stops in my career I recognized Yaccarino's behavior and reluctance to search for legal documents to be abnormal, and it appeared to me as if Yaccarino was very hesitant to specifically open the glove compartment. I asked several times and in different ways for Yaccarino to provide any documentation for the vehicle, until he finally leaned over and opened the glove compartment, quickly grabbing a stack of papers. At this time I asked Yaccarino to exit the vehicle. I asked Yaccarino what was in the beer can in the cup holder. Yaccarino advised: "I dont know man, that isnt mine".</p> <p>A search of the vehicle with probable cause for illegal contraband present within the vehicle yielded 2 white fragments of a rock-like substance which based on my training and experience conducting numerous drug investigations, involving but not limited to, the manufacturing, packaging, transporting, selling and purchasing of illegal substances, I recognized to be consistent with crack cocaine. Also in the glove compartment along with these fragments, were 3 prescription pill bottles with the name Phillip Yaccarino.</p> <p>As a result of my investigation and based on the totality of circumstances, facts known to me at the time and evidence presented; all through the scope of my training and experience, I found there to be enough grounds for Probable Cause for the constructive possession of cocaine, as contrary to FSS 893.13(6)a</p> <p>No further.</p>												
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p style="text-align: right;">E. CARRENO ID 35639</p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this 17th day of May 2021 by D/S F. Carreno</p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Personally Known</p> <p style="text-align: center;">D/S A. Norris ID 24996</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>												
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> PAGE 1 OF 1 </div>												



**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 checked="" type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	3
	<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)(ii)	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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021011933	Date: 5/17/2021
	Specialist Name/ID: AM/31562