

0518439 21mm 8745MB P#1379

☐ Check if Supplement is Attached1. Arrest 3. Request for Warrant  
2. N.T.A. 4. Request for Capias

Juvenile

ADMINISTRATIVE	OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		Agency ORI Number FLO 5 0 2 7 0 0		Agency Name PALM SPRINGS PUBLIC SAFETY		Agency Report Number (N.T.A.'s only) 8 2 1 2 1 1 3 0 0 4 7 1 1 1 1			
	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		If Weapon Seized		Multiple Clearance Indicator		Enter Type			
	Location of Arrest (including Name of Business) Kirk Rd and 10th Ave N, Palm Springs, FL				Location of Offense (Business Name, Address) Kirk Rd & 10th Ave N, Palm Springs, FL							
	Date of Arrest 11.19.21		Time of Arrest 06:52		Booking Date		Booking Time		Jail Date		Jail Time	
DEFENDANT	Name (Last, First, Middle) Fernandez Martin, Raul				Alias (Name, DOB, Soc. Sec. #, Etc.)							
	Race W - White B - Black		Sex M		Date of Birth 01.27.84		Height 5'10"		Weight 180		Eye Color Brown	
	Hair Color Black		Complexion Fair		Build Small							
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None				Marital Status Single		Religion Unknown		Indication of: Alcohol Influence Drug Influence		Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
CO-DEF	Local Address (Street, Apt. Number) 4706 Arlette Ct, Lake Worth, FL 33461				(City)		(State)		(Zip)		Phone ( )	
	Permanent Address (Street, Apt. Number) Same as above				(City)		(State)		(Zip)		Phone ( )	
	Business Address (Name, Street) Walmart				(City)		(State)		(Zip)		Phone ( )	
	D/L Number, State FL 655720840270				Soc. Sec. Number		INS Number		Place of Birth (City, State) Cuba		Citizenship Cuba	
JUVENILE	Co-Defendant (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 (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	
	Name (Last) (First) (Middle)				Residence Phone ( )							
	Address (Street, Apt. Number) (City) (State) (Zip)				Business Phone ( )							
CHARGE	Notified by: (Name)				Date		Time		Juvenile Disposition 1. Handled/Processed with Dept. and Released 2. TOT HRS/DYS 3. Incarcerated		1	
	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 355-2520) 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			
CHARGE	Drug Activity 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/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											
	Charge Description Possession of marijuana				Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 8,9,31,1,2		Violation of ORD # 11615	
CHARGE	Drug Activity P				Drug Type M		Amount / Unit 7.7 raw grams		Offense # 21-30047		Warrant / Capias Number	
	Charge Description Possession drug Paraphernalia				Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 8,9,31,1,4,7		Violation of ORD # 111	
	Drug Activity P				Drug Type P		Amount / Unit		Offense # 21-30047		Warrant / Capias Number	
	Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
CHARGE	Drug Activity				Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
	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	
	Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
NOTICE TO APPEAR	Location (Court, Room Number, Address)											
	Court Date and Time											
	Month				Day		Year		Time		A.M. 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											
ADMIN	Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed							
	HOLD for other agency				Signature of Arresting Officer x OFC H. Graff				Name Verification (Printed by Arrestee) NOV 19 AM 8:47			
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:				Name of Arresting Officer (Print) OFC H. Graff				I.D. # 127			
	Intake Deputy Thel				I.D. # 2064				Transporting Officer OFC H. Graff			
				I.D. # 137				Agency PSPD				
								Witness here if subject signed with an "X"				
								PAGE 1 OF 1				

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>			1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile <input type="checkbox"/>
Agency ORI Number FLO 502700		Agency Name <b>PALM SPRINGS POLICE DEPARTMENT</b>			Agency Report Number <b>82- 21-30047</b>			
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:
Name (Last, First, Middle) <b>FERNANDEZ MARTIN, RAIDEL</b>		Alias		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>01/27/1984</b>		
Charge Description <b>Possession of marijuana</b>		Charge Description <b>Possession of paraphernalia</b>						
Charge Description		Charge Description						
Victim's Name (Last, First, Middle) <b>THE STATE OF FLORIDA</b>		Alias		Race	Sex	Date of Birth		
Local Address (Street, Apt, Number) (City) (State) (Zip)		Phone		Address Source				
Business Address (Street, Apt, Number) (City) (State) (Zip)		Phone		Occupation				

The undersigned certifies and swears that he/she has just and reasonable grounds, and does believe the above named Defendant committed the following violation of law. The person taken into custody....

☐ committed the below acts in my presence. ☐ was observed who told that he/she saw the arrested person commit the acts below.

☒ confessed to admitting to the below acts. ☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 19<sup>TH</sup> day of NOVEMBER 2021 at 0652 ☒ A.M. ☐ P.M. (Specifically include facts constituting cause for arrest.)

(PROBABLE CAUSE STATEMENT)

On 11/19/2021 I was dispatched to the area of Kirk Rd and 10<sup>th</sup> Ave in reference to a driver in a small blue vehicle slouched over and sleeping behind the wheel. Upon arrival I located a blue Chevrolet Cruz with the driver slouched over in the driver's seat with the all the vehicle windows rolled down.

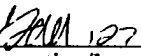
Myself and Sgt. Croucher placed the vehicle in park and attempted to wake the driver. The driver, later identified as Raidel Fernandez Martin, awoke and gave me a thumbs up signal. In plain view on the floorboard of the right rear passenger seat was a white box containing suspected marijuana. In front of the white box was a black metal container commonly used to break marijuana up called a "grinder". Upon opening the container, I located more suspected marijuana.

PBCFR 31 arrived on scene to check Fernandez Martin's vitals. While PBCFR spoke to Fernandez Martin, he stated he had been smoking marijuana this morning. I collected the suspected marijuana with gloved hands and weighed it on a calibrated scale. The total packaged weight was 7.7 grams.

Due to my investigation, I arrested Fernandez Martin pursuant to Florida State Statute 893.12(6)(b) Possession of marijuana 20 grams or less in regards to location the suspected marijuana in plain view and Fernandez Martin admitting he had been smoking marijuana. And Florida State Statute 893.147(1) Possession of drug paraphernalia for being in constructive possession of the metal container.

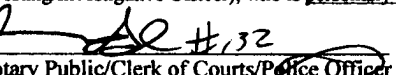
I placed Fernandez Martin in handcuffs to his rear, checked for proper spacing and double locked them for safety. I searched Fernandez Martin incident to arrest and placed him in the rear of my marked patrol vehicle (PS 219). I completed the proper paperwork and transported Fernandez Martin to PBC main jail for processing.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

  
Signature of Arresting/Investigating Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 19<sup>th</sup> day November 2021 by Off. H. Graff #127.

(Print name if Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced: POLICE ID.

  
Signature of Notary Public/Clerk of Courts/Police Officer