

201907023109A4450

FCIC CHECK: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<b>ARREST / NOTICE TO APPEAR JUVENILE REFERRAL 15TH JUDICIAL CIRCUIT</b>			1. Arrest 2. Notice to Appear 3. Arrest Affidavit		4. Compl. Affidavit 5. Request Capias 6. Juvenile Ref.		<b>5</b> Juvenile <input type="checkbox"/>				
OBTS #		Agency ORI Number <b>FL0503700</b>			Agency Name <b>FLORIDA ATLANTIC UNIVERSITY POLICE</b>			Agency Case # <b>19-0840</b>					
Check Type. Check as many as apply:		<input checked="" type="checkbox"/> 1. Felony		<input type="checkbox"/> 2. Traffic Felony		Weapon Seized? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Agency Arrest # or Court Case #					
<input type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance		<input type="checkbox"/> 6. Other/Capias							
Location of Arrest (Include Name of Business)				City				Business Name, Address					
Date of Arrest				Time of Arrest		Date of Booking		Time of Booking		Jail Date			
Booking #				SPN #		Other ID #		FCIC/NCIC #		DOC #			
Name (Last, First, Middle, Suffix)				Alias/Maiden									
<b>CHARRI</b>		<b>SAMUEL</b>		<b>HENRY</b>									
Race: W-White I-American Indian B-Black A-Oriental/Asian O-Other		<input checked="" type="checkbox"/> W		Sex <input checked="" type="checkbox"/> M		Date Of Birth <b>5/6/1999</b>		Height <b>5'10"</b>		Weight <b>160 LBS</b>			
Eye Color <b>BRO</b>		Hair Color <b>BRO</b>		Complexion <b>FAIR</b>		Build <b>MEDIUM</b>							
SCARS/MARKS/TATOOS (Location/Describe)								Indication of: Alcohol Influence		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
<b>UNKNOWN</b>													
Local Address			City			State		Zip Code		Phone #			
<b>150 E. ROBINON ST. UNIT 2202</b>			<b>ORLANDA</b>			<b>FL</b>		<b>32801</b>		<b>(407) 907-5700</b>			
Permanent Address			City			State		Zip Code		Phone #			
<b>150 E. ROBINON ST. UNIT 2202</b>			<b>ORLANDA</b>			<b>FL</b>		<b>32801</b>		<b>(407) 907-5700</b>			
Street Address			City			State		Zip Code		Phone #			
<b>FLORIDA ATLANTIC UNIVERSITY</b>			<b>BOCA RATON</b>			<b>FL</b>		<b>33431</b>		<b>(561) 297-3000</b>			
DL #		DL State		Soc. Sec. #		INS #		Place Of Birth		Country of Citizenship			
<b>C600788991660</b>		<b>FL</b>						<b>TX</b>		<b>US</b>			
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date Of Birth		<input type="checkbox"/> Arrested <input type="checkbox"/> Felony <input type="checkbox"/> Juvenile			
										<input type="checkbox"/> At Large <input type="checkbox"/> Misdemeanor			
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date Of Birth		<input type="checkbox"/> Arrested <input type="checkbox"/> Felony <input type="checkbox"/> Juvenile			
										<input type="checkbox"/> At Large <input type="checkbox"/> Misdemeanor			
Activity:		S. Sell		R. Smuggle		K. Dispense/Distribute		Type:		B. Barbiturate			
N. WA		B. Buy		D. Deliver		M. Manufacture/Produce/Cultivate		N. N/A		C. Cocaine			
P. Possess		T. Traffic		E. Use		Z. Other		A. Amphetamine		H. Hallucinogen			
								O. Oplum/Deriv.		M. Marijuana			
										P. Paraphernalia/ Equipment			
										S. Synthetic			
										U. Unknown			
										Z. Other			
Charge Description				Counts		<input checked="" type="checkbox"/> F.S.S.		State Statute		Ordinance #			
<b>FRAUD - POSS DISPLAY BLANK FORGED STOLEN DR LIC OR ID</b>				<b>1</b>				<b>322.212(1a)</b>					
Drug Activity		Drug Type		Drug Amount		State Attorney Number		Court Number		Bond Amount			
<input checked="" type="checkbox"/> E		<input checked="" type="checkbox"/> N											
<input checked="" type="checkbox"/> PC		<input type="checkbox"/> AC		<input type="checkbox"/> FW		<input type="checkbox"/> Juv. PU		Offense/Issued Date		<input type="checkbox"/> Writ. Att. <input type="checkbox"/> Injunction			
<input type="checkbox"/> Capias		<input type="checkbox"/> BW		<input type="checkbox"/> PW		<input type="checkbox"/> Citation		<b>10/23/2019</b>		<input checked="" type="checkbox"/> Order of Arrest			
Charge Description				Counts		<input type="checkbox"/> F.S.S.		State Statute		Ordinance #			
Drug Activity		Drug Type		Drug Amount		State Attorney Number		Court Number		Bond Amount			
<input type="checkbox"/> PC		<input type="checkbox"/> AC		<input type="checkbox"/> FW		<input type="checkbox"/> Juv. PU		Offense/Issued Date		<input type="checkbox"/> Writ. Att. <input type="checkbox"/> Injunction			
<input type="checkbox"/> Capias		<input type="checkbox"/> BW		<input type="checkbox"/> PW		<input type="checkbox"/> Citation				<input type="checkbox"/> Order of Arrest			
Charge Description				Counts		<input type="checkbox"/> F.S.S.		State Statute		Ordinance #			
Drug Activity		Drug Type		Drug Amount		State Attorney Number		Court Number		Bond Amount			
<input type="checkbox"/> PC		<input type="checkbox"/> AC		<input type="checkbox"/> FW		<input type="checkbox"/> Juv. PU		Offense/Issued Date		<input type="checkbox"/> Writ. Att. <input type="checkbox"/> Injunction			
<input type="checkbox"/> Capias		<input type="checkbox"/> BW		<input type="checkbox"/> PW		<input type="checkbox"/> Citation				<input type="checkbox"/> Order of Arrest			
<input type="checkbox"/> Mandatory Appearance in Court.				Location		Date:		Time:					
<input type="checkbox"/> You need not appear in Court, but must comply with attached instructions.													
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.													
Defendant/Juvenile Signature				Parent/Guardian Signature				Released To:		Date		Time	
<input type="checkbox"/> Miranda Warning		Hold For (Agency):		Verified By:		Bond Date		Bond Charge #		Bond Charge #			
Adults Only		<input type="checkbox"/> Hold for First Appearance		<input type="checkbox"/> Do Not Bond Out		Reason:		Type: 1. ROR 2. Cash 3. Surety 4. Bail/Bond 5. Cert. 6. Other		Bond Type			
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>									
I swear/affirm the above and attached statements are true and correct.				Sworn and subscribed before me, the undersigned authority this ____ day of _____, 20____.				Return to Court		<input type="checkbox"/> A.M.		<input type="checkbox"/> P.M.	
<i>Officer's / Complainant's Signature</i>				Signature of Person Administering Oath				Date:		Time:		<input type="checkbox"/> A.M.	
<i>Officer's / Complainant's Signature</i>								Date:		Time:		<input type="checkbox"/> P.M.	
Name(Printed)				ID NO.				Name(Printed)		Title		Released by:	
												Page 1 of 3	

FRAUD

SINCE 2016  
PALM BEACH COUNTY  
9 DECEMBER 2019  
AMIC 31

# PROBABLE CAUSE CONTINUATION

Agency ORI Number <b>FLO503700</b>	Agency Name <b>FLORIDA ATLANTIC UNIVERSIT</b>	Agency Case # <b>19-0840</b>	OBTS #
Name (Last, First, Middle, Suffix) <b>CHARRI SAMUEL HENRY</b>			Date Of Birth <b>5/6/1999</b>

The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named defendant committed the following violation of law:  
 On **10/23/2019** at **12:37** (Specifically include facts constituting cause for arrest.)

**On October 23, 2019, at approximately 1237 hours, I responded to the FAU Library located on the Florida Atlantic University Boca Raton Campus, in reference to a suspicious person.**

Upon my arrival, I met with FAU Employee, Steven Matthews (COMPLAINANT). Matthews stated that there was a white male staring of into space on the verge of a confrontation with another student. Due to the fact that he was standing so close to females and being non communicative, Matthews stated that he then called the police. Matthews pointed out the male to me. As I approached the white male, he walked by me. At that time, I informed him that I needed him to stop so I could talk with him. The male stopped at first and I asked him what his name was. The male stated, " Samuel." When I asked for his full name, he just stared and attempted to walk away. At that time, I became concerned for his well-being. Due to my years of experience, and the reported complaint of his abnormal and confrontational behavior, along with what I had witnessed, further evaluation was needed for the safety of students, staff, and himself. I informed him to stop but he kept walking. I then gave him a verbal command to stop, then grabbed his backpack. He then dropped to the ground. I attempted to assist him and instructed him to sit on the ground due to the fact that he was very incoherent and confused. I asked if he know where he was and he said school. I asked him where in school and he just stared. I called for back-up and Cpl. Williams-III responded with Ofc. Buchanan and Ofc. Sony.

The male was asked for identification and he told me to get it. I instructed him to get it but he just kept staring at me. I called for the paramedics to respond because I was concerned for his health.

Boca Raton Fire Rescue Medic 5 (Run # 2019-014457) responded and attempted to communicate with the male, but he just stared and smiled in a daze. I then reached in his right pocket to get any identification. I located a black wallet. Inside the wallet there was a Florida Driver's License (#C600-788-99-166-0) and a California Driver's License (#A3563245). The Florida License was valid and the California License was fictitious. The male was identified as FAU Commuter Student, Samuel Henry Charri (SUBJECT).

Medic 5 transported Charri to the Boca Raton Regional Hospital where he was later submitted for a Baker Act by the Hospital Staff, after being combative with them.

Based on my investigation I concluded that there is Probable Cause for F.S.S. 322.212 (1) a

PROBABLE CAUSE STATEMENT

NOT A CERTIFIED COPY

P.C. Exists for Charge(s):  YES  NO

\_\_\_\_\_  
Judge's Signature

\_\_\_\_\_  
Date

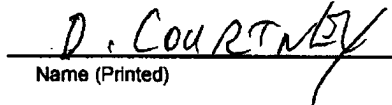
OPC Atc Courtney #65      OFFICER COURTNEY      0065

Officer's / Complainant's Signature      Name (Printed)      ID NO.

# PROBABLE CAUSE CONTINUATION

Agency ORI Number <b>FL0503700</b>	Agency Name <b>FLORIDA ATLANTIC UNIVERSIT</b>	Agency Case # <b>19-0840</b>	OBTS #		
Name (Last, First, Middle, Suffix) <b>CHARRI SAMUEL HENRY</b>			Date Of Birth <b>5/6/1999</b>		
WITNESS	First Name	Middle	Last Name	Suffix	Phone #1
	Street Address		City	State	Zip Code
WITNESS	First Name	Middle	Last Name	Suffix	Phone #1
	Street Address		City	State	Zip Code
DEFENDANT	Marital Status	# of Dependents	Length in County	Property Owner	Address of Property
	Place of Employment (Name and address)		Length of Employment	Previous Employment (if current less than 2 years)	
ADVISORY AND SOLVENCY HEARING	The Defendant named on the Arrest/Notice to Appear document came before me for an Advisory and Solvency hearing on the _____ day of _____, 20____, at _____ am/pm, and was advised by me on the charge against him/her, his/her right to remain silent, that any statements by him/her may be used against him/her, his/her right to counsel, and, if he/she is financially unable to afford counsel, that counsel forthwith will be appointed; of his/her right to communicate with his/her counsel, family or friends, and that reasonable implementation will be afforded him/her to contact the foregoing.				
	<b>I FURTHER CERTIFY THAT:</b>				
ADVISORY AND SOLVENCY HEARING	<input type="checkbox"/> Defendant has advised the court that he/she has retained counsel, or will retain counsel.		<input type="checkbox"/> The Defendant waived right to counsel at the first appearance only.		
	<input type="checkbox"/> The court investigated the Defendant's solvency and found the Defendant solvent and financially able to secure counsel.		<input type="checkbox"/> The Court reviewed the Advisory and finds (there is / there is not) probable cause to hold the bind over the Defendant for trial.		
ADVISORY AND SOLVENCY HEARING	<input type="checkbox"/> The court investigated the Defendant's solvency and appointed the Public Defender to represent Defendant.		<input type="checkbox"/> The probable cause determination is hereby passed 72 hours.		
			<input type="checkbox"/> Order of No Imprisonment (ONI)		
BOND ACTION TAKEN, if any _____ JUDGE: _____					
ADVISORY AND SOLVENCY HEARING	<input type="checkbox"/> I, having been found solvent and financially able to secure counsel, hereby waive counsel until my attorney files an appearance in this case or until I file a written request for a review of my solvency and ability to secure counsel.				
	<input type="checkbox"/> I hereby waive right to counsel at the first appearance only. Defendant's Signature _____				
<input type="checkbox"/> I hereby acknowledge receipt of a copy of the foregoing complaint and advisory Defendant's Signature _____ Defendant's Attorney Signature _____					
WAIVER	I have been advised of my rights to a Preliminary Hearing in Case Number(s) _____ in which I am the defendant, and I desire to waive and do hereby waive my right to such Preliminary Hearing concerning all of the charges against me in said case(s).				
	Defendant's Signature _____				
FIRST APPEARANCE	<b>ARRAIGNMENT, JUDGMENT, SENTENCE, AND ORDER</b>				
	Said Defendant was arraigned for trial on _____ and entered a plea of _____ to the charge(s) as set forth herein. After hearing the evidence and duly considering the same, the Court finds you, the defendant _____ of said charge(s); AND IT IS ORDERED AND ADJUDGED that you, the Defendant, are _____ as charged of said offense(s) and set forth herein. IT IS, THEREFORE, the judgement, Order, and Sentence of the Court that you, the Defendant, be imprisoned in the county jail of _____ County, FL, for the term of _____ days, and pay a fine of \$ _____ and \$ _____ the cost herein; and in default of such payment that you, the Defendant, stand committed to the County Jail of _____ County, FL, for a term of _____ days.				
FIRST APPEARANCE	JUDGE _____ COUNTY COURT in and for _____ County, Florida.				
	Charge	Action	Date		
FIRST APPEARANCE	Bond Amount \$ _____ Cash/Surety: Receipt # _____				
	ESTREATED BY (Judge): _____ Date: _____				

  
 Officer's / Complainant's Signature

  
 Name (Printed)

0065  
 ID NO.