

0520949

21MM621 MB


170

0878 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) 06-21028462					
Charge Type: Check as many as apply.		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		Weapon Seized / Type 2 1. Yes 2. No N/A		Multiple Clearance Indicator 01
Location of Arrest (Including Name of Business) LAKE AVE/ND ST, LAKE WORTH, FL, 33460					Location of Offense (Business Name, Address) LAKE AVEN D ST, LAKE WORTH, FL, 33460					
Date of Arrest 01/23/2021		Time of Arrest 19:47	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle			
Name (Last, First, Middle) Gray, Sonia, Camargo										
Alias (Name, DOB, Soc. Sec. #, Etc.)										
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W F	Date of Birth 6/18/1968		Height 5'02	Weight 130	Eye Color BRN	Hair Color BLK	Complexion MED	Build MED	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) MULTIPLE					Marital Status Single		Religion		Indication of: Alcohol Influence Drug Influence Y N	
Local Address (Street, Apt. Number) 1113 11th Way, West Palm Beach, FL 33407			(City) (State) (Zip)		Phone (561) 338-3407		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2			
Permanent Address (Street, Apt. Number)			(City) (State) (Zip)		Phone		Address Source FL DL			
Business Address (Name, Street)			(City) (State) (Zip)		Phone		Occupation ORTHOPEDICS			
DL Number, State G600783687180, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) COLOMBIA		Citizenship YES		
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)			Address (Street, Apt. Number) (City) (State) (Zip)		Residence Phone			
Notified by (Name)		Date	Time	Juvenile Disposition 1. Handled / processed within Dept. and Released. 2. TOT HRS / DYS 3. Microarrested						
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 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. Amphetamines	B. Barbiturates C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Change Description RESIST AN OFFICER W/O VIOLENCE		Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Status Violation Number 843.02		Violation of ORD #				
Drug Activity Drug Type Amount / Unit		Offense # 21028462	Warrant / Capias Number		Bond					
Change Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Status Violation Number		Violation of ORD #				
Drug Activity Drug Type Amount / Unit		Offense #	Warrant / Capias Number		Bond					
Change Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Status Violation Number		Violation of ORD #				
Drug Activity Drug Type Amount / Unit		Offense #	Warrant / Capias Number		Bond					
Change Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Status Violation Number		Violation of ORD #				
Drug Activity Drug Type Amount / Unit		Offense #	Warrant / Capias Number		Bond					
Location (Court, Room Number, Address) 3228 GUN CLUB RD WEST PALM BEACH FL 33406										
Court Date and Time Month 2 Day 23 Year 2021 Time 0830 AM <input checked="" type="checkbox"/> 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. 01/23/2021 JAN 23 PM 10:48										
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"/> Transporting <input type="checkbox"/> Arrested <input type="checkbox"/> Subject		Name of Arresting Officer (Print) INV G. LYNCH 8568 I.D. # 8568			(PRINT)					
I.D.# 8568 Pouch #		Transferring Officer INV G. LYNCH 8568 8568 I.D.# 8568 Agency PBSO			Witness here if subject signed with an "X" 1 Of 1					

1. WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'S ONLY)

SCANNED
JAN 24 2021

JOSEPH ABRUZZO, CLERK
PALM BEACH COUNTY, FL
2021 JAN 24 AM 7:31
FILED

OBTs Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest	3. Request for Warrant	Juvenile
				2. N.T.A.	4. Request for Capias	N
ADMIN	Agency ORI Number FLO 50000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06-21028462			
ADMIN	Charge Type: Check as many as apply.		Special Notes:			
	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance	<input type="checkbox"/> 6. Other
DEF	Name (Last, First, Middle) Gray, Sonia, Camargo	Alias	Race W	Sex F	Date of Birth 6/18/1968	
CHARGES	Charge Description RESIST AN OFFICER W/O VIOLENCE	843.02	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. The Person taken into custody</p> <p><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.</p> <p><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.</p> <p>On the 23 day of JAN 2021 at 19:32 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On 1/23/21 I conducted a traffic stop at Lake Ave/ N D St, in Palm Beach County. (PBSO case 21028432). After completing a DUI investigation I arrested the driver and placed him in my patrol car. I made contact with the passenger, Sonia Gray, who advised that she had also been drinking. I advised Sonia to attempt to call a friend/ taxi to get a ride from the scene, due to the vehicle being towed. I then returned to my patrol car at which time Sonia exited the car and came back to behind my patrol car, where another traffic stop was being conducted, and demanded to know where the driver was. I advised Sonia that he was in my car and told her to return to the vehicle. As I was walking behind Sonia, towards the front of my car, Sonia grabbed the rear passenger door handle of my patrol car attempting to open it several times, and release the driver. I then grabbed Sonia and had to pry her hand off the door handle. Based on Sonia's actions I found probable cause to arrest Sonia pursuant to Florida State Statute 843.02. Sonia was arrest, without further issue, handcuffs were checked for fit and double-locked.</p>						
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		INV G. LYNCH 8568			
	(Signature of Arresting/Investigative Officer)					
	The foregoing instrument was sworn to or affirmed and subscribed before me this 23 day of JAN 20 21 by INV G. LYNCH 8568					
	(Print name of Arresting/Investigative Officer), who is personally known to me or whose production of identification I have personally verified.		KNOWN			
	Paris Pound (#24639) Notary Public, Clerk of Court, Officer (F.S.S. 117.10)				PAGE 1 OF 1	

PBSO 00004 REV. 04/01

DISTRIBUTION

WHITE - COURT COPY

GREEN - STATE TROOPER

YELLOW - SHERIFF

PINK - AGENCY

SCANNED
JAN 24 2021



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"/>	(vii) 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: 2021001923	Date: 01/24/2021
	Specialist Name/ID: T Howard/7185

**SCANNED
 JAN 24 2021**