

17MM100497448B

## ARREST / NOTICE TO APPEAR

A D M I N I S T R A T I O N	OBTS Number	ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		3	JUVENILE		
	Agency ORI Number <b>0500200</b>	Agency Name <b>Boca Raton Police Department</b>		Agency Report Number (N.T.A.'s only) <b>3 2 2017-008337</b>							
	Charge Type: <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 Enter Type <b>None/not Applicable</b>		Multiple Clearance Indicator						
D E F E N D A N T	Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address) <b>2901 N FEDERAL HWY, BOCA RATON, FL 33431</b>								
	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
	Name (Last, First, Middle) <b>THORPEY, STEPHEN A</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)								
J U V E N I L E	Race W - White B - Black O - Oriental/Asian	Sex <b>W</b>	Date of Birth <b>07/29/1983</b>	Height <b>5'10</b>	Weight <b>165</b>	Eye Color <b>BROWN</b>	Hair Color <b>BROWN</b>	Complexion <b>LIGHT</b>	Build		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status	Religion	Indication of: Alcohol Influence Drug Influence		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk				
	Local Address (Street, Apt. Number) <b>729 ANA PLACE, NORTH PLAINFIELD, NJ 07063</b>		(City)	(State)	(Zip)	Phone <b>(201) 843-5159</b>		Residence Type: 1. City 3. Florida 2. County 4. Out of State			
C O D E D E	Permanent Address (Street, Apt. Number) <b>729 ANA PLACE, NORTH PLAINFIELD, NJ 07063</b>		(City)	(State)	(Zip)	Phone <b>(201) 843-5159</b>		Address Source			
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation			
	D/L Number, State <b>T36177226107832 /</b>		Soc. Sec. Number	DNS Number		Place of Birth (City, State)		Citizenship			
J U V E N I L E	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile					
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor					
	Name (Last, First, Middle)		Residence Phone								
C H A R G E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)		Business Phone						
	Address (Street, Apt. Number)		(City)	(State)	(Zip)						
	Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated						
C H A R G E	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 355-2526) informed of any change of address.		School Attended		Grade						
	<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property				
C H A R G E	Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperses/ 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. Synthetic	U. Unknown Z. Other
	Charge Description <b>DEFRAUD INNKEEPER</b>		Statute Violation Number		Violation of ORD # <b>509.151</b>						
	Drug Activity	Drug Type <b>N</b>	Amount / Unit <b>/</b>	Offense # <b>2017-008337</b>	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Bond			
C H A R G E	Charge Description		Statute Violation Number		Violation of ORD #						
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond			
	Charge Description		Statute Violation Number		Violation of ORD #						
C H A R G E	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond			
	Health / Apparent Physical Condition of Defendant		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		Explain:						
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		Released To				
N O T I C E T O A P P E A R	Transported By		Date Transported	Time Transported	Other						
	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>		Court Date and Time						
	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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed		No Photo Available				
A D M I N	HOLD for Other Agency		Signature of Arresting Officer <b>MCQUISTON, DEREK K.</b>		Name Verification (Printed by Arrestee)						
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>MCQUISTON, DEREK K.</b>		ID. # <b>785</b>		(PRINT)				
	Intake Deputy		ID. #	Pouch #	Transporting Officer		ID. #	Agency	PAGE 1 OF 1		
Witness here if subject signed with an "X".											

# PROBABLE CAUSE AFFIDAVIT

1. Arrest  
2. N.T.A.  
3. Request for Warrant  
4. Request for Capias

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JUVENILE

OBTS Number			Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2017-008337</b>		
Charge Type: <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>THORPEY, STEPHEN</b>							Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>07/29/1983</b>
Charge Description <b>509.151 DEFRAUD INNKEEPER</b>					Charge Description				
Charge Description					Charge Description				
Victim's Name (Last, First, Middle) <b>BOCA RATON PLAZA HOTEL,</b>							Race	Sex	Date of Birth
Local Address (Street, Apt. Number) <b>2901 N FEDERAL HWY, BOCA RATON, FL 33431</b>					Phone <b>(561) 750-944</b>		Address Source		
Business Address (Name, Street) <b>(561) 750-9944</b>					Phone <b>(561) 750-9944</b>		Occupation		
The undersigned certifies and swears that he/she has just and resonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody ... <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to admitting to the below facts. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person committ the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. On the <b>10</b> day of <b>June</b> , <b>2017</b> at <b>05:52</b> (Specifically include facts constituting cause for arrest.)									
On 06/10/2017 at approximately 0026 hours, I responded to 2901 North Federal Highway (Boca Raton Plaza Hotel) in reference to an obtain food with intent to defraud. Upon arrival, I made contact with bartender, Adrienne Rodgers and night manager, Vincent Polidoro in the hotel lobby.  Rodgers stated that earlier in the evening a white male approximately five feet ten inches, one hundred sixty five pounds, with brown hair and brown eyes ordered four Patron drinks at the bar (totaling at \$33.17). When it came time for him to cash out he presented a credit card in the name of Stephen Thorpey and attempted to pay for the bar tab. The credit card was declined and the male then left the bar without paying for his drinks, leaving the bartender with the credit card and telling her that he was staying at 2899 North Federal Highway (Quality Inn) in room 266. Polidoro corroborated the information that Rodgers provided and completed a written statement. It should be noted that the completed written statement and copy of the bar tab were submitted into evidence.  I then attempted to make contact with the male at room 266 at the Quality Inn. A male answered the door who matched the description of the suspect at the Boca Raton Plaza Hotel and he identified himself as Stephen Thorpey. Thorpey stated that he had been at the bar at the Boca Raton Plaza Hotel earlier in the evening and had ordered the alcoholic drinks knowing that he did not have the funds to purchase the drinks. I attempted to assist Stephen Thorpey in contacting friends and family members to have them cover the bar tab for the drinks with none willing to assist Thorpey. I was able to successfully identify the male as Stephen Thorpey using his personal information he provided me through a FCIC/NCIC search producing his New Jersey driver's license photograph.  Due to the findings of my investigation, I developed probable cause to file for a									
SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between;"> <div> <b>WOLLSCHLAGER, ANTHONY J</b>            NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)  <b>06/10/2017</b>            DATE         </div> <div>             SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <b>MCQUISTON, DEREK KEITH (785)</b>            NAME OF OFFICER (PLEASE PRINT)  <b>06/10/2017</b>            DATE         </div> </div>									

A D M I N I S T R A T I V E		OBTs Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		3		JUVENILE	
		Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2017-008337</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>THORPEY, STEPHEN</b>		Alias		Race <b>W</b>		Sex <b>M</b>		Date of Birth <b>07/29/1983</b>			
		warrant for the arrest of Stephen Thorpey for Obtaining food or lodging with intent to defraud less than \$300 (F.S.S. 509.151).											
		NOT A CERTIFIED COPY											
		SWORN AND SUBSCRIBED BEFORE ME											
		<u>WOLLSCHLAGER, ANTHONY J</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)				<u>Signature of Arresting / Investigating Officer</u> <b>MCQUISTON, DEREK KEITH (785)</b> NAME OF OFFICER (PLEASE PRINT)							
		<u>06/10/2017</u> DATE				<u>06/10/2017</u> DATE							
		PAGE 2 OF 2											

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.