

0440715

21CF6478AMB

#2044

OBTS Number

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report1. Arrest 3. Request For Warrant  
2. N.T.A. 4. Request For Capias

1

Juvenile

N

Agency ORI Number <b>FLO 5 0 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06 21-092539</b>	
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		If Weapon Seized Enter Type		Multiple Clearance Indicator <b>0 3</b>	
Location of Arrest (Including Name of Business) <b>802 SOUTH DIXIE HIGHWAY LAKE WORTH FL 33460</b>		Location of Offense (Including Name of Business) <b>802 SOUTH DIXIE HIGHWAY LAKE WORTH FL 33460</b>			
Date of Arrest <b>Aug 4, 2021</b>	Time of Arrest <b>1330</b>	Booking Date	Booking Time	Jail Date	Jail Time
Name (Last, First, Middle) <b>SCHOFIELD SUMMER RAINÉ</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black O - Oriental/Asian	Sex <b>F</b>	Date of Birth <b>06/15/2000</b>	Height <b>5'0</b>	Weight <b>120</b>	Eye Color <b>BROWN</b>
Hair Color <b>RED</b>		Complexion <b>MED</b>		Build <b>MED</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>DOCUMENTED</b>		Marital Status <b>SINGLE</b>		Religion <b>CHRISTIAN</b>	
Local Address (Street, Apt. Number) <b>201 SOUTH LAKESIDE DRIVE LAKE WORTH FL 33460</b>		Phone <b>N/A</b>		Residence Type 1. City 2. County 3. Florida 4. Out of State <b>3</b>	
Permanent Address (Street, Apt. Number)		Phone		Address Source	
Business Address (Street, Apt. Number)		Phone		Occupation	
DIL Number, State <b>S-143-796-00-715-0 / FL</b>		Social Security		INS Number	
Place of Birth <b>FT LAUDERDALE / FL</b>		Citizenship <b>U.S.</b>			
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile
Parent Legal Guardian Other		Name (Last, First, Middle)			
Address (Street, Apt. No.)		Phone			
Notified By (Name)		Date			
Released To (Name)		Relationship			
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 561-355-2526) informed of any address change.		School Attended			
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property			
Value of Property					
Drug Activity S. Sell H. N/A P. Possess		R. Smuggle B. Buy 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		P. Paraphernalia/ Equipment	
U. Unknown Z. Other					
Charge Description <b>POSSESSION OF A CONTROLLED SUBSTANCE</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>893.13(6)(a)</b>	
Drug Activity <b>P</b>	Drug Type <b>A</b>	Amount/Unit <b>6.6 GRAMS</b>	Offense # <b>21-092539</b>	Warrant/Capias Number	
Charge Description <b>POSSESSION OF MARIJUANA OVER 20GRAMS</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>893.13(6)(a)</b>	
Drug Activity <b>P</b>	Drug Type <b>M</b>	Amount/Unit <b>41.6 GRAMS</b>	Offense # <b>21-092539</b>	Warrant/Capias Number	
Charge Description <b>DRIVING WHILE LICENSE IS SUSPENDED</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>322.34 (2A)</b>	
Drug Activity <b>N/A</b>	Drug Type <b>N/A</b>	Amount/Unit <b>N/A</b>	Offense # <b>21-092539</b>	Warrant/Capias Number	
Charge Description		Counts	Domestic Violence	Statute Violation Number	
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	
Location (Court, Address, Room Number) <b>CRIMINAL JUSTICE COMPLEX 3228 GUN CLUB RD WEST PALM BEACH FL 33406</b>					
Court Date and Time Month Day Year Time AM PM					
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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 <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Repeated Arrest <input type="checkbox"/> Other		Signature of Arresting Officer <b>AG</b>		Name Verification (Printed by Arrestee) (PRINT)	
Intake Deputy <b>015 Summer 8077</b>		Transferring Officer <b>Mahoney 9152</b>		Agency <b>PBSO</b>	
Witness here if subject signed with an "X"					

SCANNED

AUG 4 PM 5:45

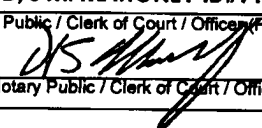

AUG 05 2021

OBT Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest    3. Request For Warrant 2. N.T.A.   4. Request For Capias		Juvenile <input type="checkbox"/> <b>1</b>	N <input type="checkbox"/> <b>N</b>
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06</b>		<b>21-092539</b>	
Charge Type Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other _____		Special Notes					
Defendant Name (Last, First, Middle) <b>SCHOFIELD SUMMER RAIN</b>				Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>06/15/2000</b>	
Charge <b>POSSESSION OF A CONTROLLED SUBSTANCE</b>				Charge <b>POSSESSION OF MARIJUANA OVER 20GRAMS</b>			
Charge <b>DRIVING WHILE LICENSE IS SUSPENDED</b>				Charge			
Victim Name (Last, First, Middle) <b>STATE OF FLORIDA</b>				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 undersign 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... <input 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. <input type="checkbox"/> confessed to admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.							
On the <u>4</u> day of <u>AUGUST</u> 20 <u>21</u> at <u>1:30</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM							

On Wednesday, August 4, 2021, I was Conducting Proactive Patrol in the area of 9th Ave South and South "G" ST, within The City of Lake Worth Beach, which is a documented area for Violent Crimes and Street Level Narcotics Sales. While conducting patrol I observed a 2018 Black BMW 325i bearing FL Tag QNT-Q56 with extremely dark tinted front and rear passenger windows, which appeared to be in violation of F.S.S. 316.2953 and F.S.S. 316.2954(1)(A). I also observed the windshield of the above vehicle was completely tinted well below the AS/1 line in violation of 316.2952(2)(b).

Based on the above violations I conducted a traffic stop on the vehicle by activating the emergency lights and siren on my PBSO unmarked vehicle and the vehicle came to a stop in the area of 8th Ave South and South Dixie Highway. I approached the driver's side window where I made contact with W/F Summer Schofield (DOB 06/15/2000) and B/M Curtis Jenkins (DOB 07/31/1990). I advised them that the reason for the Traffic Stop was because of the Dark Window Tint on the Vehicle (The Windows were later tested and the front and passenger windows were measured at 6 Percent). While speaking with the occupants I detected a strong odor of suspected burnt marijuana emanating from the interior of the vehicle, Agent [REDACTED] also observed Jenkins clenching a clear plastic baggy consistent with bags used for the transportation of Marijuana in his left hand. Agent [REDACTED] asked Jenkins about the bag at which time Jenkins showed him the empty bag and stated "It had weed in it", he then grabbed a second orange bag from the cup holder and showed it to Agent [REDACTED] at which time he observed suspected Marijuana residue and shake inside of the bag.

I asked both occupants if either of them had a Medical Marijuana License which time Schofield advised "yes" but could not provide me with a License or License Number, Jenkins advised "no". When asked about the odor, Schofield confessed that they were smoking Marijuana earlier. Upon inspection of the orange bag of the suspected Marijuana it had the words "Mr. WEED" written on it and also did not have a prescription on it. A records check through FCIC/NCIC revealed [REDACTED]

The foregoing instrument was sworn to and affirmed before me this <u>4</u> day of <u>AUGUST</u> 20 <u>21</u> , by:	
<b>D/S M. MAHONEY ID#9152</b> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<b>AGT [REDACTED]</b> Name of Arresting/Investigating Officer
 Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	 Signature of Arresting/Investigating Officer
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**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)
<b>L/E Exemptions</b>	<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 checked="" type="checkbox"/>	119.071(4)(c)	Undercover personnel.	1-5
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
<b>Public Info. Exemptions</b>	<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.	
<b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b>	<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"/>			
<b>Other</b>	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

**Booking Number:** 2021019302

**Date:** 8/4/2021

**Specialist Name/ID:** T Howard/7185