

0525860

21CF 7557
ARREST / NOTICE TO APPEAR

HT 756's

OBTS Number	Agency ORI Number 0501700		Agency Name Jupiter Police Department	Agency Report Number (N.T.A.'s only) 5 4 21-003190	1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
Charge Type: Check as many as apply	<input checked="" 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 UNARMED	Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) 3 N ALT AIA, JUPITER, FL				Location of Offense (Business Name, Address) 3 N ALT AIA, JUPITER, FL 33477				
Date of Arrest 09/11/2021	Time of Arrest 01:40	Booking Date 09/11/2021	Booking Time 01:50	Jail Date	Jail Time	Location of Vehicle		

Name (Last, First, Middle) WIEBELL, SYDNEY JULI				Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:						
Race W - White B - Black	1 - American Indian O - Oriental/Asian	Sex W	Sex F	Date of Birth 03/27/2003	Height 5'07	Weight 140	Eye Color BLUE	Hair Color BLONDE /	Complexion LIGHT	Build Medium
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status S	Religion	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		Residence Type: 1. City 3. Florida 2. County 4. Out of State		
Local Address (Street, Apt. Number) (City) (State) (Zip) 705 DAKOTA DR, JUPITER, FL 33458				Phone (513) 707-2629		Address Source				
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 705 DAKOTA DR, JUPITER, FL 33458				Phone (513) 707-2629		Occupation Server				
Business Address (Name, Street) (City) (State) (Zip) PAPI CHULOS,				Phone		Occupation				
D/L Number, State W140790036070 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) Brookville, AZ		Citizenship US		

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	Name (Last, First, Middle)	Residence Phone
Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone
Notified by: (Name)	Date	Time
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.		Grade
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Value of Property

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
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Charge Description DRUGS - POSSESS MARIJUANA NOT MORE THAN 20 GRAMS	Statute Violation Number 893.13(6)(B)	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit
	N	/
Offense #	Counts	Domestic Violence
	1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Warrant / Capias Number	Bond	

Charge Description DL - POSS BLANK/FORGED/STOLEN/FICTITIOUS/COUNTERFEIT DL/ID	Statute Violation Number 322.212(1)(A)	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit
	N	/
Offense #	Counts	Domestic Violence
	1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Warrant / Capias Number	Bond	

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	

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
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond	<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health <input checked="" type="checkbox"/> T.O.T. County Jail
Transported By	PROPERTY - Received By
Date Transported	Released By
Time Transported	Released To
Other	

<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room) To Be Assigned By
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court	Court Date and Time
but must comply with instructions on Page 2.	
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

HOLD for Other Agency	Signature of Arresting Officer [Signature]	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	Name of Arresting Officer (Print) MCGILLICUDDY, STEVEN	(PRINT)
<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	I.D. # 1216	
Intake Deputy [Signature]	Transporting Officer S. MCGILLICUDDY	I.D. # 388
I.D. #	Agency JUPITE	Agency
Pouch #	Witness here if subject signed with an "X"	

SCANNED
SEP 12 2021

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

Agency ORI Number: FL 0501700 Agency Name: JUPITER POLICE DEPARTMENT Agency Report Number: 5 4 21-003190

Name (Last, First, Middle): WIEBELL, SYDNEY JULI Race: W Sex: F Date of Birth: 03/27/2003

Charge Description: 322.212(1)(A) DL - POSS 893.13(6)(B) DRUGS - POSSESS MARIJUANA NOT MORE TH

Victim's Name (Last, First, Middle): State Of Florida Local Address (Street, Apt. Number) (City) (State) (Zip) Phone Address Source

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. On the 11 day of September, 2021 at 01:30

On 9/11/2021 at approximately 0146 hrs I was on patrol east bound on E Indiantown Road at the east facing stop light at S Alternate A1A. There was a grey Toyota pickup truck in front of me bearing FL tag JWQ-F03 (VEHICLE-1).

As I was speaking to Bullard I detected an odor of fresh cannabis emitting from the interior of the vehicle. I observed in the cup holder a black cannabis grinder in plain view. He advised me that he had smoked earlier in the night, which is the odor that I smelled.

A search of Wiebell's purse revealed a plastic baggie containing approximately 4.8 grams of green leafy substance (later FTP THC). She confirmed for me that she is not a marijuana patient.

SWORN AND SUBSCRIBED BEFORE ME NOBLE, RILEY 09/11/2021 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER MCGILlicuddy, Steven (1216) 09/11/2021

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

A D M I N I S T R A T I V E	OBTs Number		Agency ORi Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 21-003190	
	Charge Type: Check as many as apply.		Special Notes:		Race		Sex	

D E F	Name (Last, First, Middle) WIEBELL, SYDNEY JULI		Alias		Race W		Sex F		Date of Birth 03/27/2003	
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licenses in the similitude of a Florida driver`s license. Each license was adorned with Wiebell`s photograph and name, but had the incorrect date of birth, making her 21. I asked Wiebell what the identifications were and she stated that they were her fake ID`s. The license number was listed as W140790996070, which is not a valid issued Florida DL number.

Based on my investigation, I have probable cause to believe that Sydney Wiebell was in unlawful possession of two counterfeit driver`s licenses in the similitude of Florida driver`s licenses, contrary to F.S.S. 322.212. Wiebell was in unlawful possession of marijuana, under 20 grams, contrary to F.S.S. 893.13(6) (B).

NOT A CERTIFIED COPY

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
	NOBLE, RILEY <i>DRW 349</i>		MCGILLICUDDY, STEVEN (1216)	
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		NAME OF OFFICER (PLEASE PRINT)	
	09/11/2021		09/11/2021	
DATE		DATE		PAGE 2 OF 2



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"/>	(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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021022707	Date: 9/12/2021
	Specialist Name/ID: M. Tooks #8557

SCANNED
SEP 12 2021