

JK 034212621021984 p 3403

OBTS 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 : 06- 21-042234				
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		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator		
Location of Arrest (Including Name of Business) 10045 BELVEDERE RD (CONNOLLYS) ROYAL PALM BEACH, FL 33411					Location of Offense (Business Name, Address) 10045 BELVEDERE RD (CONNOLLYS) ROYAL PALM BEACH, FL 33411					
Date of Arrest 03/06/21	Time of Arrest 0018	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
Name (Last) Toothman		Name (First) Thomas		Name (Middle) Randall		Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex M	Date of Birth 01/30/1967	Height 6'00	Weight 160	Eye Color BRN	Hair Color BRN	Complexion MED	Build MED		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status Married	Religion Christianity	Indication of: Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/>			
Local Address (Street, Apt. Number) 14715 88th PIN			(City) Loxahatchee, FL 33470	(State)	(Zip)	Phone 561-324-1054		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2		
Permanent Address (Street, Apt. Number)					(City)	(State)	(Zip)	Phone		
Business Address (Name, Street)					(City)	(State)	(Zip)	Phone		
DL Number, State T355836670300, FL					Sec. Sec. Number		INS Number	Place of Birth (City, State) WEST PALM BEACH, FL USA		Citizenship USA
Co-Defendant Name (Last, First, Middle) Trammell Russel Cole			Race W	Sex M	Date of Birth 01/07/1969	<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 <input type="checkbox"/> Other:		(Last)			(First)		(Middle)		Residence Phone	
Address (Street, Apt. Number)					(City)	(State)	(Zip)	Business Phone		
Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated						
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 355-2528) 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. 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 Poss. of Cocaine		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 893.13(6a)		Violation of ORD #				
Drug Activity P	Drug Type C	Amount / Unit 0.4 GRAMS	Offense # 21-042234	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Location (Court, Room Number, Address)										
Court Date and Time Month 03 Day 06 Year 2021 Time AM <input type="checkbox"/> PM <input type="checkbox"/>										
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										
Signature of Defendant (or Juvenile and Parent /Custodian)							Date Signed 03/06/21			
HOLD for other Agency Name		Signature of Arresting Officer D/S M. GUDERYON			Name Verification (Printed by Arrestee) D/S M. GUDERYON					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Arresting Officer (Print) D/S M. GUDERYON		I.D. # 9720		(PRINT)		
Intake Deputy		I.D. #	Pouch #	Transporting Officer D/S W. CANNON		ID # 31298	Agency PBSO		PAGE 1 OF 1	

PBSO #148 REV. 2/97 DISTRIBUTION WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'S ONLY)

SCANED
MAR 06 2021

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N	
ADMIN	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 21-042234				
	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		Special Notes:		
DEF	Name (Last, First, Middle) Toothman Thomas Randall		Alias		Race W		Sex M		Date of Birth 01/30/1967		
	Poss. of Cocaine		893.13(6a)								
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 <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 my (described) investigation. On the <u>5TH</u> day of <u>MARCH</u> 20<u>21</u> at <u>11:45</u> <input type="checkbox"/> A. M. <input checked="" type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)</p> <p>On 03/05/21 at approximately 2345 hours, district 9 street crimes deputies observed two suspicious males enter a vehicle parked outside of the Connolly's Sports Grill, located at 10045 Belvedere Rd, within the village of Royal Palm Beach. The males were in and out of the vehicle several times within 30 minutes. On the last visit out to the vehicle, the two males turned on the dome light on the interior of the vehicle and could clearly be seen using cocaine. The male in the driver's seat, Russel Trammell, snorted some cocaine (from a clear plastic baggie) off of his hand, he then past the baggie to the passenger, Thomas Toothman. At that time, deputies made contact with Toothman and Trammell. Toothman had the baggie in his hand and attempted to hide the bag in the center console cup holder. Trammell and Toothman were removed from the vehicle and detained. Trammell spontaneously uttered that they were just snorting cocaine. Toothman said it (snorting the cocaine) was not a big deal and that it was just cocaine.</p> <p>The cocaine field tested positive using the Cobalt reagent.</p> <p>Based on the above facts, I found probable cause to arrest Thomas Toothman for possession of cocaine in violation of FSS 893.13(6a).</p>											
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH D/S M. GUDERYON (ID #) <u>9720</u> (Signature of Arresting/Investigative Officer) <i>[Signature]</i>										
	The foregoing information was sworn to or affirmed and subscribed before me this <u>6TH</u> day of <u>MARCH</u> 20 <u>21</u> by <u>D/S M. GUDERYON 9720</u> (Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN</u> <u>DEPUTY SHERIFF</u>)										
	Notary Public, Clerk of Court, Officer (U.S.S.) <i>[Signature]</i> ANNIE MAR 05 2021										

NOT A CERTIFICATE



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: 2021005581 WDC	Date: 3/6/21
	Specialist Name/ID: A. Pinkney/7796