

JKT #0515852

Pch 2-12-2006 20CF3006 MB

ARREST / NOTICE TO APPEAR		1. Arrest		3. Request for Warrant		Jvenile				
Juvenile Referral Report		2. N.I.A.		4. Request for Capias		N				
OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-20-055502</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		Weapon Seized / Type 1. Yes 2. No <b>N/A</b>		Multiple Clearance Indicator <b>01</b>						
Location of Arrest (Including Name of Business) <b>9820 GLADES RD, BOCA RATON/ FLORIDA/ 33434</b>				Location of Offense (Business Name, Address) <b>9820 GLADES RD, BOCA RATON/ FLORIDA/ 33434</b>						
Date of Arrest <b>04/03/2020</b>	Time of Arrest <b>1327</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) <b>Jacobs, Victoria, Teresa</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White I - American Indian B - Black O - Oriental/Asian <b>W</b>	Sex <b>F</b>	Date of Birth <b>5/28/1964</b>	Height <b>5'05</b>	Weight <b>135</b>	Eye Color <b>GRN</b>	Hair Color <b>BRO</b>	Complexion <b>LIGHT</b>	Build <b>SMALL</b>		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>Divorced</b>	Religion <b>CATHOLIC</b>	Indication of Alcohol Influence 1. Yes 2. No 3. Florida 4. Out of State <b>3</b>				
Local Address (Street, Apt. Number) <b>245 NE MACARTHUR BLVD UNIT 8, STUART/ FL/ 34996</b>		City <b>STUART</b>		State <b>FL</b>		Zip <b>34996</b>				
Permanent Address (Street, Apt. Number) <b>245 NE MACARTHUR BLVD UNIT 8, STUART/ FL/ 34996</b>		City <b>STUART</b>		State <b>FL</b>		Zip <b>34996</b>				
Business Address (Name, Street) <b>2900 S MILITARY TRAIL, BOCA RATON, FL 33496</b>		City <b>BOCA RATON</b>		State <b>FL</b>		Zip <b>33496</b>				
DL Number, State <b>J212878646881, FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>PONTIAC, MI</b>				
Citizenship <b>USA</b>		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			
Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last)		(First)	(Middle)	Residence Phone				
Address (Street, Apt. Number)		City		State		Zip				
Notified by (Name)		Relationship		Date		Time				
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. Synthetics	U. Unknown Z. Other
Charge Description <b>SHOPPING Grand theft</b>		Counts <b>01</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>812.014(2)(C)(1)</b>		Violation of ORD #				
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit <b>N/A</b>	Offense # <b>20-055502</b>	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 Day Year Time AM PM <b>04/03/2020</b>										
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						
HOLD for other Agency Name:		Signature of Arresting Officer <b>J. HARDING</b>		Name Verification (Printed by Arrestee)						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>J. HARDING</b>		I.O. # <b>28989</b>		(PRINT)				
Initials Deputy <b>0510 Ann-8099</b>		ID # <b>28989</b>		Agency <b>PBSO</b>		PAGE				
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'S ONLY)										

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APR 14 2020

SCANNED APR 04 2020

OBTs Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	N	
ADMIN	Agency ORI Number	Agency Name		Agency Report Number					
	FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE		06-20-055502					
CHARGES	Charge Type: Check as many as apply.		Special Notes						
	<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			
VICTIM	Name (Last, First, Middle)		Alias		Race	Sex	Date of Birth		
	Jacobs, Victoria, Teresa				W	F	5/28/1964		
VICTIM	Charge Description		Charge Description						
	SHOPLIFTING 812.014(2)(C)(1)								
VICTIM	Victim's Name (Last, First, Middle)		Race		Sex	Date of Birth			
	HOME, DEPOT,								
	Local Address (Street, Apt. Number)		(City)	(State)	(zip)	Phone		Address Source	
Business Address (Name, Street)		(City)	(State)	(zip)	Phone		Occupation		
9820 GLADES RD, BOCA RATON, FL 33434					(561) 451-0240				
<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 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 <u>3rd</u> day of <u>APRIL</u> 20<u>20</u> at <u>1327</u> <input type="checkbox"/> A. M. <input checked="" type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)</p> <p><b>On Friday, April 03, 2020 at approximately 1150 hours, I responded to 9820 Glades Rd (Home Depot), in unincorporated Boca Raton, FL 33434 in reference to a shoplifting incident where loss prevention had an adult female in custody.</b></p> <p><b>Upon my arrival, I made contact with Loss Prevention Officer Sean Kelly who advised on this date he physically witnessed a white female inside the business select multiple miscellaneous door handle/locks, a portable A/C, a bundle pack of smoke detectors, and place them into her shopping cart. The subject then proceeded to the returns desk where she returned three (3) door locks for \$111.73 worth of store credit. The subject takes the shopping cart containing the items and proceeds to exit the business passing all points of sale failing to pay for any of the items. Kelly would make contact with the subject and had her follow him to the Loss Prevention Office where he notified Law Enforcement of the incident. Kelly provided me a receipt of the stolen/recovered items which had a total value of \$1044.21.</b></p> <p><b>I made contact with the female subject in question who identified herself as Victoria Jacobs through her Florida Driver's License. Jacobs stated this was all a "misunderstanding" and that she entered the store to pick up an online order and all other items inside the shopping cart she brought into the business with her.</b></p> <p><b>Kelly provided surveillance footage from the business which revealed Jacobs entering the business at 1101 hours, pushing a shopping cart containing a white in color bag. The bag appeared to be empty. Jacobs is then captured on surveillance footage at the returns desk with a shopping cart filled with items. The white bag was now completely filled. After the transaction at the returns desk, Jacobs exits the business with the shopping cart at 1137 hours, passing all points of sale failing to purchase the items.</b></p> <p><b>I read Jacobs her Miranda Rights from a preprinted department issued card. Post Miranda, Jacobs admitted to knowingly and intentionally stealing the A/C unit but claimed she brought all other items from the shopping cart inside the business with her.</b></p> <p><b>Based on my investigation I find probable cause to charge Victoria Jacobs with Grand Theft per FSS 812.014(2)(c)(1) due to Jacobs knowingly obtaining the property of Home Depot with the intent to permanently deprive Home Depot of their property for a total value of \$1044.21.</b></p>									
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		<b>J. HARDING</b>						
	(Signature of Arresting Investigative Officer)								
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>3RD</u> day of <u>APRIL</u> 20 <u>20</u> by <u>J. HARDING</u>								
(Print name of Arresting Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced				KNOWN LEO					
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)									

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PAGE  
**APR 04 2020**



**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)
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: 2020009892	Date: 04/04/2020	SCANNED APR 04 2020
	Specialist Name/ID: AM/31562	