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ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

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ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 50000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20-027152																								
	Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>																								
	Location of Arrest (Including Name of Business)		21700 Boca Falls Dr, Boca Raton, FL 33428		Location of Offense (Business Name, Address)		21700 Boca Falls Dr, Boca Raton, FL 33428																								
	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle																								
Name (Last, First, Middle) Cahill, William, Richard		Sex M		Date of Birth 5/17/1967		Height 5'10		Weight 180		Eye Color blue		Hair Color brown		Complexion light		Build medium															
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) none		Marital Status Married		Religion CATHOLIC		Indication of Alcohol Influence Drug Influence		Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		Residence Type:		1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input checked="" type="checkbox"/>		Address Source DL		Occupation airline pilot															
Local Address (Street, Apt. Number) (City) (State) (Zip)		22236 Waterside Dr, Boca Raton, FL 33428		Phone (561) 715 7574		Permanent Address (Street, Apt. Number) (City) (State) (Zip)		Phone () () ()		Business Address (Name, Street) (City) (State) (Zip)		Phone () () ()		D/L Number, State C400936671770, FL		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) Chelmsford, Mass		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									
Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other <input type="checkbox"/>		Name (Last) (First) (Middle)		Address (Street, Apt. Number) (City) (State) (Zip)		Residence Phone () () ()		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 365-2528) 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 Driving Under the Influence		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1) A		Violation of ORD #	
Drug Activity N		Drug Type N		Amount / Unit		Offense # 20-027152		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 N		Drug Type N		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 N		Drug Type N		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 N		Drug Type N		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 #											
Location (Court, Room Number, Address) Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600		Court Date and Time Month February Day 10 Year 2020 Time 1:00 AM PM X		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) [Signature]		Date Signed 01/17/2020 JAN 17 AM 7:23		HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee) [Signature]		PAGE 1 OF 1															
Name of Arresting Officer (Print) D/S POINTU P.		I.D. # 16032		Transporting Officer D/S POINTU P.		ID # 16032		Agency PBSO		Witness here if subject signed with an "X"		PAGE 1 OF 1																			

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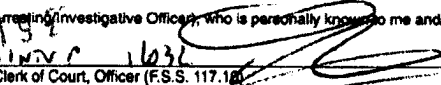
GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - DEFENDANT (N.T.A.'s ONLY)

JAN 19 2020

PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	7	Jvenile <input type="checkbox"/>
OBTS Number	Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 0 6 1 2 0 1 0 2 7 1 5 2 (1 1)
ADMIN	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 checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:
DEF.	Name (Last, First, Middle) Cahill William			Alias	Race W
CHARGES	Charge Description DUI		Charge Description		
VICTIM	Victim's Name (Last, First, Middle) State of Florida			Race	Sex M
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 ...</p> <p><input checked="" 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 type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>17</u> day of <u>January</u> 20<u>20</u> at <u>4:44</u> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>I observed the defendant, William Cahill, behind the wheel of a black crew bearing FL TAG # LCBP26. Mr. Cahill had the vehicle keys in the passenger seat and looked to be disoriented. Mr. Cahill's vehicle was facing the opposite way of travel. The vehicle's hood was under the entrance gate bar consistent with Mr. Cahill attempting to exit the community through the entrance. When Mr. Cahill was asked if he knew where he was he stated he did not know and was trying to get home. As I spoke with Mr. Cahill his speech was slurred and the faint smell of an alcoholic beverage emanated from the vehicle. I asked Mr. Cahill if he knew he was facing the wrong way of travel and had almost drive through the entrance gate. He stated he was unsure of what I was saying and why the vehicle was facing the improper way.</p>					
PROBABLE CAUSE STATEMENT	STATE OF FLORIDA COUNTY OF PALM BEACH  (Signature of Arresting/Investigative Officer)				
ADMINISTRATIVE	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>17</u> day of <u>January</u> 20 <u>20</u> by _____ (Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced _____)  Notary Public, Clerk of Court, Officer (F.S.S. 117.18)				
					PAGE 1 OF 1



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: 2020001941	Date: 01/18/2020
	Specialist Name/ID: AM/31562