

JK# 0525880

21CT15285 MBP 1500

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile				
Agency ORI Number FLO 50000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-21-105735								
Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 1. Yes 2. No N/A		Multiple Clearance Indicator 01				
Location of Arrest (Including Name of Business) S MILITARY TRAIL / HYPOLUXO RD, LAKE WORTH, FL 33462				Location of Offense (Business Name, Address) S MILITARY TRAIL / HYPOLUXO RD, LAKE WORTH, FL 33462								
Date of Arrest 09/12/2021	Time of Arrest 0106	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle						
Name (Last, First, Middle) Dean, Zachary, Harper				Alias (Name, DOB, Soc. Sec. #, Etc.)								
Race W - White - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 5/29/1996	Height 6'03	Weight 250	Eye Color brown	Hair Color brown	Complexion light	Build medium				
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status Single	Religion NONE	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>						
Local Address (Street, Apt. Number) (City) (State) (Zip) 1560 Via Alferi, Boynton Beach, FL 33426				Phone (561) 929-7932		Residence Type 1. City 2. County 3. Florida 4. Out of State 2						
Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source FL, DL						
Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation security						
D/L Number, State D500988961890, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) Boca Raton, FL		Citizenship USA				
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile					
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (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 355-2526) 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 checked="" 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 Attached tag not assigned				Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 320.261		Violation of ORD #				
Drug Activity N	Drug Type N	Amount / Unit	Offense # 21-105735	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) Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600												
Court Date and Time Month OCTOBER Day 6TH Year 2021 Time 0830 AM <input checked="" type="checkbox"/> PM												
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 09/12/2021												
Signature of Defendant (or Juvenile and Parent /Custodian)						Date Signed						
HOLD for other Agency Name:		Signature of Arresting Officer [Signature]				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) D/S R. Gonzalez		I.D. # 31774		(PRINT) SEP 12 AM 2:22				
Intake Deputy [Signature]		I.D. #		Pouch #		Transporting Officer D/S R. Gonzalez		ID # 31774		Agency PBSO		
Witness here if subject signed with an <input checked="" type="checkbox"/>						PAGE 1 OF 1						

OBTs Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	N
ADMIN	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06- 21-105735					
	Charge Type: Check as many as apply.		Special Notes:					
	<input 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		
DEF	Name (Last, First, Middle) Dean, Zachary, Harper			Alias	Race W	Sex M	Date of Birth 5/29/1996	
	Charge Description Attached tag not assigned		320.261	Charge Description				
CHARGES	Charge Description		Charge Description					
	Charge Description		Charge Description					
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</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____</p> <p><input type="checkbox"/> confessed to _____ <input type="checkbox"/> that he/she saw the arrested person commit the below acts.</p> <p>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>12</u> day of <u>September</u> 20<u>21</u> at <u>0058</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On Sunday, September 12, 2021, at approximately 0058 hours, I was conducted traffic enforcement at the 6500 block of S Military Trail, unincorporated Palm Beach County, 33462.</p> <p>I first observed a vehicle travelling southbound on S Military trail from Lantana rd. I observed the vehicle, a black Mazda 6 with FL tag # WJK3N travelling at a high rate of speed. I maintained visual observation of the vehicle and confirmed the speed of the vehicle as 77 mph with the audio Doppler and visual read out of my PBSO issued STALKER DUAL SL SERIAL # DC108113 / FRONT ANTENNA # KC064072 / REAR ANTENNA KC064467. I then caught up to the vehicle and conducted a traffic stop in my marked PBSO issued vehicle (asset # 69655) at the location of S Military Trail and Hypoluxo Rd. I then approached the vehicle on the driver's side and made contact with the driver of the vehicle identified by a Florida Drivers License as Zachary Dean.</p> <p>Upon receiving initial communication reference the tag, the tag belonged to a different vehicle. I then spoke with Zachary who stated he recently purchased the vehicle and placed his old tag from his old car onto this current vehicle. I ran the vehicle by the VIN # 1YVHP80D675M15895, which upon a records check from FCIC / NCIC had no tag assigned to the VIN and no assigned registered owner.</p> <p>At this time, I found probable cause to arrest Zachary Dean for Attached tag not assigned, pursuant to F.S.S 320.261.</p>								
NOT A CERTIFIED COPY								
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		D/S R. Gonzalez					
	(Signature of Arresting/Investigative Officer)							
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>12</u> day of <u>September</u> 20 <u>21</u> by <u>D/S R. Gonzalez</u>						Known LEO	
(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced								
D/S Labrys # 12782		12782						
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)								
								PAGE 1 OF 1



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: 2021022755	Date: 9/12/2021
	Specialist Name/ID: M. Toaks #8557