

0515370

2020MM 2227

838

OBTS Number		<b>ARREST/NOTICE TO APPEAR</b>		1 Arrest	3 Request for Warrant	1	Juvenile	N		
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06- 20-046808</b>						
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 type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Multiple Clearance Indicator		1				
Location of Arrest (Including Name of Business) <b>724 Orchid Dr</b>		Royal Palm Beach, FL 33411		Location of Offense (Business Name, Address) <b>9990 BELVEDERE ROAD</b>		Royal Palm Beach, FL 33411				
Date of Arrest <b>03/07/20</b>	Time of Arrest <b>1015</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
Name (Last) <b>Coursen</b>		(First) <b>Zachary</b>		(Middle) <b>Michael</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>02/13/1992</b>	Height <b>5'08</b>	Weight <b>265</b>	Eye Color <b>green</b>	Hair Color <b>brown</b>	Complexion <b>WHITE</b>	Build <b>LARGE</b>		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>NONE</b>		Marital Status <b>Married</b>	Religion <b>Christianity</b>	Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>				
Local Address (Street, Apt. Number) <b>724 Orchid Dr</b>		Royal Palm Beach, FL 33411		Phone <b>561-398-0493</b>		Residence Type: 1 City 2 County 3 Florida 4 Out of State <b>3</b>				
Permanent Address (Street, Apt. Number)		(City) (State) (Zip)		Phone		Address Source <b>FL DL</b>				
Business Address (Name, Street)		(City) (State) (Zip)		Phone		Occupation <b>DISTRICT MANAGER I</b>				
D/L Number, State <b>C625993920530, FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>PENNSYLVANIA NORTH HAMPTON</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		
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 <input type="checkbox"/> Other		(Last) (First) (Middle)		Residence Phone		Business 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 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	2. Other	Drug Type N N/A A Amphetamine	B Barbiturate C Cocaine H Heroin	H Hallucinogen M Marijuana O Opium/Deriv	P Paraphernalia/ Equipment S Synthetics	U Unknown Z Other
Charge Description <b>Criminal Mischief, (201-999)</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>806.13(1b2)</b>		Violation of ORD #				
Drug Activity <b>UK</b>	Drug Type <b>UK</b>	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				
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 <input type="checkbox"/> PM <input type="checkbox"/>		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 <b>03/07/20</b>						
Signature of Defendant (or Juvenile and Parent /Custodian)		Date Signed								
HOLD for other Agency Name		Signature of Arresting Officer <b>DS R. ORAGENE 7759</b>		Name Verification (Printed by Arrestee)						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Arresting Officer (Print) <b>DS R. ORAGENE</b>		ID # <b>7759</b>		(PRINT)				
Transporting Officer <b>J. Carmona</b>		ID # <b>35059</b>		Agency <b>PBSO</b>		Witness here if subject signed with an "X"				
PAGE <b>1</b>		OF <b>1</b>								

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'S ONLY)

PBSO #148 REV. 8/97

3-8-20 @ 0148

		<b>PROBABLE CAUSE AFFIDAVIT</b>		1 Arrest 2 N T A	3 Request for Warrant 4 Request for Capias	1	Juvenile	N	
ADMIN	OBTS Number			Agency Report Number		06- 20-046808			
	Agency ORI Number	Agency Name		Agency Report Number					
	FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE		06- 20-046808					
	Charge Type: Check as many as apply		Special Notes:						
	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance						
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other						
DEF	Name (Last, First, Middle)		Alias		Race	Sex	Date of Birth		
	Coursen Zachary Michael				W	M	02/13/1992		
CHARGES	Criminal Mischief, (201-999)		806.13(1b2)						
VICTIM	Victim's Name (Last, First, Middle)		Race		Sex	Date of Birth			
	Emery Nicole Ellen		W		F	06/24/1992			
	Local Address (Street, Apt. Number)		(City)	(State)	(zip)	Phone	Address Source		
	6019 Fleming Street		Jupiter, FL 33458			561-339-7802			
	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 type="checkbox"/> committed the below acts in my presence <span style="margin-left: 200px;"><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</span></p> <p><input type="checkbox"/> confessed to _____ <span style="margin-left: 200px;"><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</span></p> <p>admitting to the below facts.</p> <p>On the <u>07</u> day of <u>March</u> 20<u>20</u> at <u>2120</u> <input type="checkbox"/> A. M. <input checked="" type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest)</p> <p><b>On 03/07/20 at approximately 2120 hours I responded to 9998 Belvedere Road Royal Palm Beach FL 33411 located in Palm Beach County. I was dispatched to this location in reference to a Vandalism complaint.</b></p> <p><b>Upon my arrival, I met with Complainant/Victim Nicole Emery W/F DOB 06/24/1992. Who stated the following; She and her friend Kelli Donovan W/F DOB 3/27/92 met with Zachary Coursen W/M DOB02/13/1992 to get their belonging out of his car. Nicole Emery said they met Zachary in the parking lot at Wall-Mart. Both Nicole Emery and Kelli Donovan said Zachary got upset at them and broke the rear right passenger window. Nicole Emery stated to me that the 2013 light blue Hyundai SUV bearing tag # CVRM97 belong to her and she advised me that she wants to prosecute. The registration of the vehicle showed that Nicole is the Owner.</b></p> <p><b>I then observed a The rear passenger window shattered and the glass were on the grown. Both Nicole Emery and Kelli Donovan completed a sworn witness statement. Nicole Emery advised that the damages to her car will cost 240.00.</b></p> <p><b>I then made contact with the arrestee Zachary Coursen W/M DOB02/13/1992 at his residence. I asked him what happen. He stated to me that he do not want to talk to me. I then told him that he was under arrest for vandalism. I handcuff Zachary, the handcuff was check for proper fit and double lock. While in my patrol car Zachary admitted to me that he broke the window because he was upset at his friends Kelli and Nicole.</b></p> <p><b>Based of my investigation I found that Zachary Coursen W/M DOB02/13/1992 is in violation of FSS 806.13 (1b2)Criminal Mischief, (201-999)</b></p> <p><b>Zachary was transported to district 9 to complete paperwork and then to PBSO jail where was booked and processed.</b></p> <p><b>This case will be cleared by arrest.</b></p>									
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		DS R. ORAGENE		(ID #) 7759				
	(Signature of Arresting/Investigative Officer)								
	The foregoing instrument was sworn to or affirmed and subscribed before me this		7		day of		March		
			20		by		DS R. ORAGENE 7759		
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced		J. Carmenate		35059		KNOWN			
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)									
						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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	415.107 (1)	Other:	
	<input type="checkbox"/>	415.107 (1)	Other: In order to protect the rights of the individual or other persons responsible for the welfare of a vulnerable adult, all records concerning reports of abuse, neglect, or exploitation of the vulnerable adult.	

REVIEW COMPLETED BY

Booking Number: 2020007650 WDC	Date: 3/8/2020
	Specialist Name/ID: M. Tooks #8557