

0547419

2024 MD 403 ASB 2148  
ARREST / NOTICE TO APPEAR

A D M I N I S T R A T I O N	OBTs Number		Agency ORI Number <b>0500400</b>		Agency Name <b>Delray Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>4, 0</b>		Arrest 1 N.T.A. 2 Request for Warrant 3 Request for Capias <b>1</b>		JUVENILE																				
	Charge Type Check as many as apply <input type="checkbox"/> 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		If Weapon Seized Enter Type <b>UNARMED</b>		Multiple Clearance Indicator <b>1</b>																										
	Location of Arrest (Including Name of Business) <b>32 NE 2ND AVE, DELRAY BEACH, FL</b>						Location of Offense (Business Name, Address) <b>32 NE 2ND AVE, DELRAY BEACH, FL 33444</b>																								
	Date of Arrest <b>02/28/2024</b>		Time of Arrest <b>01:16</b>		Booking Date <b>02/28/2024</b>		Booking Time <b>01:26</b>		Jail Date		Jail Time		Location of Vehicle <b>N/A</b>																		
	Name (Last, First, Middle) <b>HERRANEN, DANA MICAH</b>																														
	Alias (Name, DOB, Soc. Sec. #, Etc.)																														
	Race W - White B - Black O - Oriental/Asian <b>W</b>		Sex <b>M</b>		Date of Birth <b>01/25/1981</b>		Height <b>5'10</b>		Weight <b>215</b>		Eye Color <b>BLUE</b>		Hair Color <b>BROWN</b>		Complexion <b>FAIR</b>		Build <b>LARGE</b>														
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Martial Status <b>U</b>		Religion <b>NOT INDICA</b>		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>																		
	Local Address (Street, Apt. Number) <b>3491 S FEDERAL HWY K, BOYNTON BEACH, FL 33435</b>				(City) <b>BOYNTON BEACH, FL</b>		(State) <b>FL</b>		(Zip) <b>33435</b>		Phone <b>(561) 452-2628</b>		Residence Type 1 City 3 Florida 2 County 4 Out of State <b>2</b>		Address Source <b>VERBAL</b>																
	Permanent Address (Street, Apt. Number) <b>3491 S FEDERAL HWY K, BOYNTON BEACH, FL 33435</b>				(City) <b>BOYNTON BEACH, FL</b>		(State) <b>FL</b>		(Zip) <b>33435</b>		Phone <b>(561) 452-2628</b>		Occupation <b>Insurance Contr</b>																		
Business Address (Name, Street) <b>H655173810250 / FL</b>				(City) <b>BOYNTON BEACH, FL</b>		(State) <b>FL</b>		(Zip) <b>33435</b>		Phone <b>(561) 452-2628</b>		Occupation <b>Insurance Contr</b>																			
DL Number, State <b>H655173810250 / FL</b>		Soc. Sec. Number <b>[REDACTED]</b>		INS Number		Place of Birth (City, State) <b>KAUAI, HI</b>		Citizenship <b>US</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													
<input type="checkbox"/> Parent <input type="checkbox"/> Other <input type="checkbox"/> Legal Custodian		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 Department and Released 2 TOT JAC 3 Incorporated																							
Released To (Name)				Relationship		Date		Time																							
The above address was 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's Office (Phone 355-2526) informed of any change of address.												School Attended		Grade		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property											
Drug Activity S Sell 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/Opium		P Paraphernalia/ Equipment S Synthetic		U Unknown Z Other	
Charge Description <b>DISORDERLY INTOXICATION</b>												Statute Violation Number				Violation of ORD # <b>101.36(E)(8)</b>															
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number																			
Charge Description												Statute Violation Number				Violation of ORD #															
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number																			
Charge Description												Statute Violation Number				Violation of ORD #															
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number																			
Health / Apparent Physical Condition of Defendant												Any knowledge of the following <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain																			
Check which applies <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posed Bond												<input type="checkbox"/> Released to Parent/Guardian		<input checked="" type="checkbox"/> TOT County Jail		PROPERTY - Received By		Released By		Released To											
Transported By						Date Transported		Time Transported		Other																					
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.								Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>				Court Date and Time <b>03/28/2024 08:30:00</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.												No Photo Available																			
Signature of Defendant (or Juvenile and Parent/Custodian)												Date Signed																			
HOLD For Other Agency						Signature of Arresting Officer <b>[Signature]</b> 1094				Name Verification (Printed by Arrestee) <b>PIMENTEL, LOISE A</b> ID # <b>1094</b>																					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Transporting Officer <b>PIMENTEL</b>		ID # <b>1094</b>		Agency <b>DBPD</b>		PAGE: 1 OF 1																					
Witness here if subject signed with an "X"																															

COURT  STATE ATTORNEY  AGENCY  CENTRAL RECORDS  JAIL  CRIME ANALYSIS  P.I.O.  DEFENDANT

APPROVED  
FEB 29 2024

PROBABLE CAUSE AFFIDAVIT

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

Agency ORI Number: FL 0500400 Agency Name: DELRAY BEACH POLICE DEPARTMENT Agency Report Number: 4 0 24-002810

Charge Type: 5 Ordinance Special Notes

Name (Last, First, Middle): HERRANEN, DANA MICAH Race: W Sex: M Date of Birth: 01/25/1981

Charge Description: 101.36(E)(8) DISORDERLY INTOXICATION

Victim's Name (Last, First, Middle): CITY OF DELRAY BEACH, Local Address (Street, Apt. Number): 100 NW 1ST AVE, DELRAY BEACH, FL 33444

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... On the 28 day of February, 2024 at 01:16

This incident occurred in the City of Delray Beach, Palm Beach County, FL. On 02/28/24, at approximately 0030 hours, I responded to the area of 32 NE 2nd Ave regarding a 911 hangup call with no background noise. Upon arrival, I started checking the area for anyone who may need assistance. While driving through alleyway between NE 2nd Ave and the west side of the FEC railroad tracks, I observed a white male sitting on the curb crying. I asked him if he called the police and he continued crying harder and then denying he had called. The white male was later identified by FL/DL as Dana Herranen. It should be noted that while obtaining information for processing paperwork, Herranen provided the same phone number from the 911 caller. While speaking with Herranen, it became extremely apparent that he was intoxicated as there was the odor of an unknown alcoholic beverage emanating from his person, his speech was extremely slurred and, whenever he stood up, he immediately lost his balance. Herranen provided a wrong home address in Boynton Beach as BBPD officers attempted to make contact with Herranen's son with negative results. Herranen ultimately could not advise of a proper home address, could not provide any family or friend information and, refused several times to order an Uber to be able to get home safely. Officers continued urging Herranen to contact an Uber to get home and he did so. While waiting for the Uber ride, Herranen became hostile and belligerent towards officers - yelling and screaming to 'leave him alone'. Officers attempted to explain to him several times that it would be a liability if officers were to leave him to walk home considering his intoxicated status. Herranen continued yelling at officers and eventually canceled the ride. Herranen's belligerence caused several passersby to momentarily stop and gather. Based on the above stated facts, Probable Cause exists to charge the defendant, Dana Herranen with one count of Disorderly Intoxication in violation of COV 101.36(E)(8).

SWORN AND SUBSCRIBED BEFORE ME BAKER, STEPHANIE NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10) 02/28/2024 DATE SIGNATURE OF ARRESTING / INVESTIGATING OFFICER PIMENTEL, LOISE A (1094) NAME OF OFFICER (PLEASE PRINT) 02/28/2024 DATE PAGE 1 OF 1



**Palm Beach County Sheriff's Office**  
 Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel	
	<input type="checkbox"/>	119.071(2)(e)	Confession	
Public Info. Exemptions	<input type="checkbox"/>	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	
	<input type="checkbox"/>	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	<input type="checkbox"/>	119.0712(2)	Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	316.650(11)	Driver information contained in a uniform traffic citation	
	<input type="checkbox"/>	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	<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"/>	(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"/>			
Other	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

REVIEW COMPLETED BY

Booking Number: 2024005431	Date: 2/29/2024
	Specialist Name/ID#: ANGELA PINKNEYP

SCANNED  
 FEB 29 2024