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ARREST / NOTICE TO APPEAR

OBTS Number	Agency ORI Number 0500-100		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 1 0 23-000011		1 Arrest 2 N.T.A. 3 Request for Warrant 4 Request for Capias 1		JUVENILE		
Charge Type Check as many as apply: ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other	If Weapon Seized		Enter Type UNARMED		Multiple Clearance Indicator 1						
Location of Arrest (Including Name of Business) 5352 W LINTON BLVD, Delray Beach, FL 33484		Location of Offense (Business Name, Address) 5352 W LINTON BLVD, DELRAY BEACH, FL 33484									
Date of Arrest 01/01/2023	Time of Arrest 05:50	Booking Date 01/01/2023	Booking Time 06:00	Jail Date 01/01/2023	Jail Time 05:58	Location of Vehicle					
Name (Last, First, Middle) KARAN, DAVID		Alias: Alias (Name, DOB, Sec. #, Etc.)									
Race W - White B - Black O - Oriental/Asian W	Sex M	Date of Birth 03/29/1951	Height 5'07	Weight 160	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build Medium			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status U		Religion		Indication of: Alcohol Influence Drug Influence Yes ☐ No ☒ Unk ☐					
Local Address (Street, Apt. Number) 28 RICHIE ST, ASHEVILLE, NC 28801		(City)		(State)		(Zip)		Phone		Residence Type: 1. City 2. County 3. Florida 4. Out of State 14	
Permanent Address (Street, Apt. Number) 28 RICHIE ST, ASHEVILLE, NC 28801		(City)		(State)		(Zip)		Phone		Address Source	
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		Occupation	
D/L Number, State 000047139058 / NC		[REDACTED]		Date of Birth (City, State) Brooklyn, NY		Citizenship US					
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile			
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile			
☐ Parent ☐ 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. Incarcerated					
Released To: (Name)		Relationship		Date		Time					
The above address was provided by ☐ defendant and/or ☐ 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							
☐ Yes, by: ☐ No		Property "Crime" ☐ Yes ☒ No		Description of Property		Value of Property					
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Snuggle D. Deliver E. Use		K. Disperse/ 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. Synthetic		U. Unknown Z. Other			
Charge Description FALSE FIRE ALARM		Statute Violation Number 806.101		Violation of ORD #							
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence ☐ Y ☒ N	
Charge Description		Statute Violation Number		Violation of ORD #							
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Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence ☐ Y ☒ N	
Health / Apparent Physical Condition of Defendant		Any knowledge of the following Explain:		☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries							
Check which applies: ☐ Released O.R. ☐ Pooled Bond ☐ Released to Parent/Guardian ☐ South County Mental Health		PROPERTY - Received By		Released By		Released To					
Transported By		Date Transported 01/01/2023		Time Transported 05:59		Other					
☒ INSTRUCTION NO. 1 - Mandatory appearance in court ☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time 01/24/2023 08:30:00							
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		Signature of Arresting Officer 1191		Name Verification (Printed by Arrestee) 1191		(PRINT)					
☐ Dangerous ☐ Suicidal ☐ Reinstated Arrest ☐ Other		Name of Arresting Officer (Print) STROUD, ELIZABETH		ID # 1191		Agency DBPD		PAGE 1 OF 1			
Initials 1/10/23		Transporting Officer REINHART, ANNA		ID # 1156		Agency DBPD		Witness here if subject signed with an "X"			

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

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OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 N.T.A.		3 Request for Warrant 4 Request for Capias		1	JUVENILE		
ADMINISTRATIVE	Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 23-000011						
	Charge Type: ☐ 1 Felony ☒ 3 Misdemeanor ☐ 5 Ordinance ☐ 2 Traffic Felony ☐ 4 Traffic Misdemeanor ☐ 6 Other				Special Notes						
DEFENSE	Name (Last, First, Middle) KARAN, DAVID				Race W		Sex M		Date of Birth 03/29/1951		
	Charge Description 806.101 FALSE FIRE ALARM				Charge Description						
CHARGES	Charge Description				Charge Description						
	Charge Description				Charge Description						
VICTIM	Victim's Name (Last, First, Middle) DELRAY MEDICAL CENTER,				Race		Sex		Date of Birth		
	Local Address (Street, Apt. Number) (City) (State) (Zip) 5352 W LINTON BLVD, DELRAY BEACH, FL 33484				Phone		Address Source				
M	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation				
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 ☐ committed the below acts in my presence. ☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. ☐ confessed to _____ admitting to the below facts. ☒ was found to have committed the below acts, resulting from my (described) investigation. On the <u>1</u> day of <u>January</u> , <u>2023</u> at <u>06:00</u> (Specifically include facts constituting cause for arrest.)											
The following incident occurred in the City of Delray Beach, Palm Beach County Florida. On 01/01/2022 I responded to 5352 Linton Blvd (Delray Medical Center) in reference to a white male pulling the fire alarm. Upon arrival officers met with Philip Isadore who stated that he was waiting in the emergency room lobby when he observed a white male enter and stated "This is how I will get attention" and pulled the fire alarm. This white male was later identified as David Karan, who was brought to Delray Medical Center earlier in the evening. Karan was positively identified by his North Carolina ID. It should be noted post Miranda Warnings, Karan admitted to pulling the fire alarm. Based on the above events, David Karan was charged with False alarms of Fire which is pursuant with F.S.S. 806.101											
SWORN AND SUBSCRIBED before me PAUL J. ADAN NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 01/01/2023 DATE <i>[Signature]</i> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER STROUD, ELIZABETH (1191) NAME OF OFFICER (PLEASE PRINT) 01/01/2023 DATE											
PAGE 1 OF 1											

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.



**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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2023000044	Date: 12/02/2023
	Specialist Name/ID: T.Howard/7185