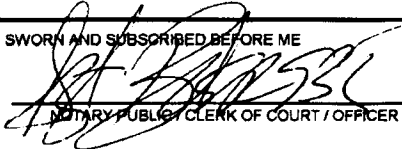


J# 0538306 23MM 1404 SB 2055

A D M I N I S T R A T I O N	OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE		
	Agency ORI Number 0500-100		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) J 0 23-002368							
D E F E N D A N T	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		01			
	Location of Arrest (Including Name of Business) 1299 E ATLANTIC AVE				Location of Offense (Business Name, Address) 1299 E ATLANTIC AVE, DELRAY BEACH, FL 33483							
	Date of Arrest 02/18/2023	Time of Arrest 00:12	Booking Date 02/18/2023	Booking Time 00:22	Jail Date //	Jail Time	Location of Vehicle					
	Name (Last, First, Middle) WEINSTEIN, ERIC				Alias (Name, DOB, Soc. Sec. #, Etc.)							
	Race W - White B - Black O - Oriental/Asian W	Sex M	Date of Birth 03/05/1975	Height 5'09	Weight 200	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build MEDIUM			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status S	Religion JEWISH	Indication of: Alcohol Influence Yes ☐ No ☐ Unk ☒ Drug Influence Yes ☐ No ☐ Unk ☒					
	Local Address (Street, Apt. Number) (City) (State) (Zip) 28947 THOUSAND OAKS BLVD, AGOURA HILLS, CA 91310				Phone (917) 570-6633		Residence Type: 1. City 3. Florida 2. County 4. Out of State 2					
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 28947 THOUSAND OAKS BLVD, AGOURA HILLS, CA 91310				Phone (917) 570-6633		Address Source VERBAL					
	Business Address (Name, Street) (City) (State) (Zip) SELF				Phone		Occupation Investor					
	DL Number, State W22922326403752 / NJ		Soc. Sec. Number		INS Number		Place of Birth (City, State) NEW YORK CITY, NY, US		Citizenship			
C O D E F	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				
J U V E N I L E	☐ Parent ☐ Other _____ Name (Last, First, Middle)				Residence Phone							
	☐ Legal Custodian 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 IAC 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			
C H A R G E	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle 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 INHALE/INGEST HARMFUL CHEMICALS		Statute Violation Number 877.111(1)		Violation of ORD #							
	Drug Activity	Drug Type	Amount / Unit	Offense #	Courts	Domestic Violence ☐ Y ☒ N	Warrant / Capias Number	Bond				
	Charge Description		Statute Violation Number		Violation of ORD #							
	Drug Activity	Drug Type	Amount / Unit	Offense #	Courts	Domestic Violence ☐ Y ☒ N	Warrant / Capias Number	Bond				
	Charge Description		Statute Violation Number		Violation of ORD #							
	Drug Activity	Drug Type	Amount / Unit	Offense #	Courts	Domestic Violence ☐ Y ☒ N	Warrant / Capias Number	Bond				
I N T A K E	Health / Apparent Physical Condition of Defendant				Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries							
	Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☒ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health				PROPERTY - Received By		Released By		Released To			
	Transported By				Date Transported	Time Transported	Other					
N O T I C E T O A P P E A R	☒ 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 03/16/2023 00:00:00 8:30 AM				No Photo Available			
	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			
A D M I N	HOLD for Other Agency		Signature of Arresting Officer UMBRIAC, FRANK		Name Verification (Printed by Arrestee) FRANK UMBRIAC							
	☐ Dangerous ☐ Suicidal		☐ Revoked Arrest ☐ Other		Name of Arresting Officer (Print) UMBRIAC, FRANK ID # 0816		(PRINT) FRANK UMBRIAC		PAGE 1 OF 1			
	Inmate Deputy OT HONDA 7204		Pouch # A. SMITH		ID # 1016		Agency DEPP		Witness here if subject signed with an "X"			

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 23-002368				
	Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony		☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor		☐ 5. Ordinance ☐ 6. Other		Special Notes:		
D E F E N D A N T	Name (Last, First, Middle) WEINSTEIN, ERIC				Race W	Sex M	Date of Birth 03/05/1975		
	Charge Description 877.111(1) INHALE/INGEST HARMFUL CHEMICALS				Charge Description				
C H A R G E S	Charge Description				Charge Description				
	Charge Description				Charge Description				
V I C T I M	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		
P R O B A B L E C A U S E S T A T E M E N T	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 OFFICERS admitting to the below facts. ☐ was found to have committed the below acts, resulting from my (described) investigation. On the 18 day of February, 2023 at 00:32 (Specifically include facts constituting cause for arrest.) The following incident occurred at 1299 E Atlantic Ave, in the City of Delray Beach, Palm Beach County Florida. Officer A. Smith and myself were standing in the first block of N Ocean Blvd, when we heard a weird intermittent hissing type sound. While checking the area, we located Weinstein, sitting on the steps, on the east side of the intersection of Atlantic Avenue and SR A1A, "huffing" from a 1liter Galaxy gas/ nitrous oxide metal pressurized can. As we approached Weinstein, he was rocking back and forth and actively "huffing" and there was a chemical mist around his face and head. While we were standing right next to him, he was unaware of our presence. When he saw us, he began apologizing and post Miranda he said he was doing whipets. Based on the above stated facts, Weinstein is charged with FSS 877.111(1) Inhaling/ ingesting Harmful Chemicals.								
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER				
	 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 02/18/2023 DATE				UMBRIAC, FRANK (0816) NAME OF OFFICER (PLEASE PRINT) 02/18/2023 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: 2023004622	Date: 2/18/2023
	Specialist Name/ID: R.Castro/40259