0542059. 23MM60656 2935

ARREST / NOTICE TO APPEAR

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

ADMINISTRATION

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
0500400	Delray Beach Police Department	4 0 23-009606

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: 2

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
45 NE 2ND AVE	45 NE 2ND AVE, DELRAY BEACH, FL 33444

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
07/21/2023	23:57	07/22/2023	00:07			

DEFENDANT

Name (Last, First, Middle): FIERRA, JAMES FRANCIS | Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	02/06/1989	6'00	225	GREE	BROWN	FAIR	M

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) | Marital Status: S | Religion | Indication of: Alcohol Influence ☒ Yes ☐ No ☒ Unk. ☐ Drug Influence

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
219 DEPOT AVE B117, DELRAY BEACH, FL 33444				(215) 694-2094	2

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
219 DEPOT AVE B117, DELRAY BEACH, FL 33444				(215) 694-2094	VERBAL

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation

D/L Number, State	Soc. Sec. Number	BNS Number	Place of Birth (City, State)	Citizenship
28467350 / PA	[redacted]		HOUSTON, TX, United	US

CO-DEF

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

JUVENILE

☐ Parent ☐ Other: ☐ 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.
☐ Yes, by: ☐ No:

School Attended | Grade

Property Crime? ☐ Yes ☒ No | Description of Property | Value of Property

CODE

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

Charge Description	Statute Violation Number	Violation of ORD #
RESIST/OBSTRUCT OFFICER W/O VIOLENCE	843.02	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DISORDERLY INTOXICATION		101.36(E)(8)

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant | Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries Explain:

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

NOTICE TO APPEAR

☒ 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: 08/17/2023 08:30:00

SCANNED JUL 22 2023

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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian) | Date Signed

No Photo Available

ADMIN

HOLD for Other Agency | Signature of Arresting Officer | Name Verification (Printed by Arrestee)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Name of Arresting Officer (Print): GREEN, TRAVIS | I.D. #: 1155 | (PRINT)

Intake Deputy | I.D. # | Pouch # | Transporting Officer: GREEN | I.D. #: 1155 | Agency: DBPD | Witness here if subject signed with an "X".

FILED PBC - GUN CLUB
'23 JUL 22 AM 7:43

PAGE 1 OF 1

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ DMV ☐ CRIME ANALYSIS ☐ FBI ☐ OTHER

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PROBABLE CAUSE AFFIDAVIT

ADMIN

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

Agency ORI Number	Agency Name	Agency Report Number
FL 0500400	DELRAY BEACH POLICE DEPARTMENT	4 | 0 | 23-009606

Charge Type: Check as many as apply.
☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
FIERRA, JAMES FRANCIS		W	M	02/06/1989

CHARGES

Charge Description	Charge Description
101.36(E)(8) DISORDERLY INTOXICATION	843.02 RESIST/OBSTRUCT OFFICER W/O VICTIM
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)				Race	Sex	Date of Birth
STATE OF FLORIDA,						
Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone		Address Source
Business Address (Name, Street)	(City)	(State)	(Zip)	Phone (561) -		Occupation

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable 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.
☐ confessed to _____ admitting to the below facts.
☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 22 day of July, 2023 at 01:39 (Specifically include facts constituting cause for arrest.)

The following incident occurred in The City of Delray Beach, Florida, Palm Beach County. On July 22, 2023, I was dispatched to 45 NE 2nd Ave (Pure Life), in reference to a fight. DBPD dispatched advise that an unknown white male who was identified as James Fierra (by FL DL) who was fighting with two unknown white males later identified as John Flynn and Brenden Flynn (by FL DL) in front of the business. James appeared to be extremely intoxicated upon first contact with him. James stated that he was sucker punched while walking near the business and continued repeating "my mom is dying from cancer." John and Brenden gave a sworn statement stating the following: While they were walking to their hotel the offender (James) who they do not know, walked up to them and stated, "my mother is dying from cancer." After making this comment to them, James immediately became aggressive and charged towards them both. James managed to hit John with a closed fist. After being struck by a stranger, in attempt to defend himself John began to fight back and that is when officers arrived on scene to break up the fight. It was determined that James was the primary aggressor, however, John declined to prosecute.

While on scene, James continued to be irate by screaming and yelling about his mother dying and refused to cooperate with Law Enforcement and DBFD. James was placed under arrest and transported to the DBPD. I advise that he would be issued a NTA and be transported to the hospital due to his injuries and for being extremely intoxicated, in which he agreed.
The DBFD arrived and I took James to the front parking lot of the DBPD. I removed the handcuffs, so that James could sign and acknowledge his court date for Disorderly Intoxication. However, while not in cuffs, James refused to sign the NTA. I gave James several opportunities to sign and acknowledge the charges against him. James would say "ok I`ll sign" then refuse, he did the approximately 3-4 times before I attempted to place him back under arrest. As I requested for James to place his hands behind his back, he began to tense up his arms refusing to be placed in handcuffs. I repeatedly

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

BAKER, STEPHANIE
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

07/22/2023
DATE

ILSS
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

GREEN, TRAVIS (1155)
NAME OF OFFICER (PLEASE PRINT)

07/22/2023
DATE

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

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL 0500400	DELRAY BEACH POLICE DEPARTMENT	4 0 23-009606

Charge Type: Check as many as apply.
☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
FIERRA, JAMES FRANCIS		W	M	02/06/1989

PROBABLE CAUSE STATEMENT

asked James to place his hands behind his back. He then said, "ok I will sign," then again, he refused. I then placed a handcuff on James`s right wrist and went to grab his left wrist so I could detain him, but he then began to resist by tensing up his arm not allowing me to place his left hand behind his back.

I advised James that I would have to utilize a takedown if he did not place his hands behind his back, but he still resisted. Because he would not place his left arm behind his back, I utilized a rear takedown in order to gain compliance and placed him under arrest.

Based on the facts stated above, Probable Cause exist to Charge James Fierra with Disorderly Intoxication Pursuant to F.S.S 101.36(E)(8) & Resisting W/O violence Pursuant to F.S.S 843.02.

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

BAKER, STEPHANIE
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

07/22/2023
DATE

1155
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

GREEN, TRAVIS (1155)
NAME OF OFFICER (PLEASE PRINT)

07/22/2023
DATE

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:	

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REVIEW COMPLETED BY

Booking Number: 2023019041	**Date:** 7/22/2023
	Specialist Name/ID: Chantel Daniels/30347