

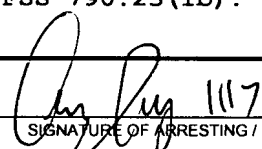
0198999

1409

ARREST / NOTICE TO APPEAR

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 0 17-001668		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1		JUVENILE										
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 HANDGUN		Multiple Clearance Indicator 1															
	Location of Arrest (Including Name of Business) 16201 S MILITARY TRL DELRAY BCH FL 33445					Location of Offense (Business Name, Address) 16201 S MILITARY TRL, DELRAY BEACH, FL 33445														
	Date of Arrest 01/30/2017	Time of Arrest 18:31	Booking Date 01/30/2017	Booking Time 18:41	Jail Date // ::	Jail Time	Location of Vehicle													
	Name (Last, First, Middle) PADILLA, ADALBERTO										Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:									
C O D E F	Race W - White B - Black W	Sex M M	Date of Birth 05/19/1977	Height 5'10	Weight 220	Eye Color Brown	Hair Color Blk	Complexion Light	Build STOCKY											
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status	Religion Catholic	Indication of: Alcohol Influence Drug Influence Yes ☐ No ☒ Unk. ☐												
	Local Address (Street, Apt. Number) 8649 BOCA GLADES BLVD W, BOCA RATON, FL 33434					(City)	(State)	(Zip)	Phone		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2									
	Permanent Address (Street, Apt. Number) 8649 BOCA GLADES BLVD W, BOCA RATON, FL 33434					(City)	(State)	(Zip)	Phone		Address Source									
J U V E N I L E	Business Address (Name, Street) 7					(City)	(State)	(Zip)	Phone		Occupation									
	D/L Number, State P340000771790 / FL		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) Queens, NY		Citizenship US											
	Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth	☐ 1. Arrested ☐ 3. Felony ☐ 5. Juvenile ☐ 2. At Large ☐ 4. Misdemeanor											
	Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth	☐ 1. Arrested ☐ 3. Felony ☐ 5. Juvenile ☐ 2. At Large ☐ 4. Misdemeanor											
C H A R G E	☐ Parent ☐ Other: _____ Name (Last, First, Middle)										Residence Phone									
	☐ Legal Custodian										Business Phone									
	Address (Street, Apt. Number) 5000										(City) (State) (Zip)									
	Notified by: (Name)										Date	Time	JUVENILE DISPOSITION Handled/Processed within Department and Released							
C H A R G E	Released To: (Name)										Relationship	Date	Time	2. TOT JAC 3. Incarcerated						
	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. Disperses/ 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 POSSESS FIREARM/CONCEALED WEAPON										Statute Violation Number 790.23(1B)		Violation of ORD #							
	Drug Activity	Drug Type N	Amount / Unit /	Offense # 17-001668	Counts 1	Domestic Violence ☐ Y ☒ N	Warrant / Capias Number		Bond ASSET											
	Charge Description										Statute Violation Number		Violation of ORD #							
C H A R G E	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence ☐ Y ☐ N	Warrant / Capias Number		Bond											
	Charge Description										Statute Violation Number		Violation of ORD #							
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence ☐ Y ☐ N	Warrant / Capias Number		Bond											
	Charge Description										Statute Violation Number		Violation of ORD #							
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										PROPERTY - Received By		Released By		Released To					
	☐ Posted Bond ☐ South County Mental Health										Date Transported // ::		Time Transported		Other JAN 31 AM 12:20					
	Transported By																			
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 33434		Court Date and Time		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							
	HOLD for Other Agency										Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee) [Signature]		PAGE 1 OF 1					
	☐ Dangerous ☐ Restricted Arrest ☐ Suicidal ☐ Other										Name of Arresting Officer (Print) Perez, Anthony R.		I.D. # 1117		Agency Gordon 1087 DBPD					
Intake Deputy [Signature]										Pouch #		Witness here if subject signed with an "X".								

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

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 17-001668				
	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) PADILLA, ADALBERTO				Alias		Race W	Sex M	Date of Birth 05/19/1977
	Charge Description 790.23(1B) POSSESS FIREARM/CONCEALED WEAPON				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 W		Sex M	Date of Birth	
	Local Address (Street, Apt. Number) (City) (State) (Zip) FLORIDA, FL				Phone (561) -		Address Source		
	Business Address (Name, Street) (City) (State) (Zip)				Phone (561) -		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 30 day of January, 2017 at 18:40 (Specifically include facts constituting cause for arrest.) The following incident occurred in the City of Delray Beach, Palm Beach County, FL; On 1/30/2017 at approximately 1526 hours, I responded to 16201 S Military Trl in reference to a traffic accident involving a white male who had backed his vehicle up on to a curb in the Delray Eye Associates parking lot. Dispatch advised that the male was unresponsive inside of his vehicle and as a result, Delray Beach FD was dispatched. DBFD arrived to the location first and attempted to make contact with the driver, later identified as Alberto Padilla (DOB 5/19/1977), who was still unresponsive and in the driver seat. DBFD observed a silver revolver inside of the vehicle and immediately backed away while notifying DBPD dispatch. DBFD advised he was the sole occupant in that vehicle. I arrived in the area first while maintaining a safe distance from vehicle but still with a good visual of the suspect who was still inside of the vehicle. I waited for additional Officers to arrive on scene before making contact with the suspect. Once on scene, Sgt. Jacobson, Ofc. Brown, and I utilized a shield to approach the passenger side window of the vehicle. Sgt. Jacobson broke the front passenger window and removed the revolver which was wedged between the passenger seat and passenger side door unholstered and readily accessible to Padilla. The firearm was a Taurus Ultra-Light revolver which was fully loaded with six rounds of .38 Special ammunition. The gun was able to fire at any time with a single pull of the trigger. It should be noted Padilla does not have a concealed weapons permit. DBPD Crime Scene responded to the scene and collected the revolver as evidence. The suspect was transported to Delray Medical Center due to his health status. The suspect consented to a blood draw and a DUI investigation is pending. Based on my investigation, Probable Cause exists to charge Alberto Padilla (DOB 5/19/1977) Possess Firearm/Concealed Weapon per FSS 790.23(1b).									
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME								
	SKEBERIS, LUIS NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)				 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER				
	01/30/2017 DATE				PEREZ, ANTHONY R. (1117) NAME OF OFFICER (PLEASE PRINT)				
					01/30/2017 DATE				

SCANNED
JAN 31 2017