0496658

/353

| ADMINISTRATION | OBTS Number | Jı | ARREST / NOTICE TO APPEAR Juvenile Referral Report | | | 1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias 1 | | | | | | |
|------------------|--|---|---|---|--|--|--------------------------------|--|--|--|--|--|
| | Agency ORI Number FL 0 5 0 0 3 0 0 | Agency Name BOYNTON | BEACH P | OLICE DEPT. | 1 - | Agency Report Number 34-18-015410 | | | | | | |
| | Charge Type: Check as many as Apply. 1. Felony 2. Traffic Felony | ■ 3. Misdemean | | 5. Ordinance 6. Other | | n Seized Enter Type | fultiple Clearance | | | | | |
| | Location of Arrest (Including Name of Business) 100 NE 4TH ST BOYNTON BEACH | | Location of Offen | ise (Business Name, Addre H ST BOYNTON | Indicator less Name, Address) BOYNTON BEACH FL | | | | | | | |
| | Date of Arrest Time of Arrest | Booking Date | Booking Time | | Jail Time | Location of Vehicle | | | | | | |
| | 03/17/2018 2146 Alias (Name, DOB, Soc. Sec. #, Etc) CARLAND, AIMEE, ELIZABETH | | | | | | | | | | | |
| | W - White I American Indian Race Sex D | ate of Birth 0-09-87 | Height 503 | Weight 150 | | rir Color Complexion FAIR | Build MED | | | | | |
| Ę | Scars, Marks, Tattoos, Unique Physical Features (Location, TATS ON WRIST | Type, Description) | <u> </u> | | | eligion Indication of: NA Alcohol Influen Drug Influence | Y N Unk. | | | | | |
| DEFENDANT | | (City) DERDALE | (Stat | (Zip) 33312 | Phone (561)870 - | Residence Ty | pe lorida 3 | | | | | |
| ۵ | Permanent Address (Street, Apt. Number) SAME AS ABOVE | (City) | (Stat | e) (Zip) | Phone (| Address Source DAVID | e | | | | | |
| | Business Address (Street, Apt. Number) | (City) | (Stat | , , , , , | Phone () | Occupation UNEMPL(| | | | | | |
| | D/L Number, State C645-005-87-869-0 / FL | Soc Soc Number | | INS Number | Place of FLORI | DA BOLOTON DE US | zenship A | | | | | |
| SODEF | Co-Defendant Name (Last, First, Middle) Co-Defendant Name (Last, First, Middle) | | Race | Sex Date of Bir | □ 2. | At Large 4. Misdemeanor | | | | | | |
| 8 | □ Parent Name (Last) | (First) | (Middle) | Sex Date of Bil | 7 1 1 1 1 1 1 1 1 1 | Arrested 3. Felony At Large 4. Misdemeanor Residence | 5. Juvenile | | | | | |
| | Legal Custodian Other | · , | | | | | | | | | | |
| | Address (Street, Apt. Number) | | (City) | (State) | (Zip) | Business Pl | none | | | | | |
| JUVENILE | Notified by: (Name) | | Date | | 1. Handied | Juvenile Disposition 1. Handled/Processed within 2. TOT F Dept. and Released 3. Incarc | | | | | | |
| J. | Released To: (Name) Relationship Date Time | | | | | | | | | | | |
| | The above address was provided by ☐ defendant and/or ☐ Court Clerk's Office (Phone 561-355-2526) informed of any cl ☐ Yes, By: (Name) | defendant's parents. The c nange of address: No: (Reason) | child and/or parent | was told to keep the Ju | | | Grade | | | | | |
| | Property Crime? Description of Property Yes No D | $A\lambda$ | y | | Value of Pro | | | | | | | |
| CHARGE CODE | Drug Activity S. Sell R. Smuggle K. Dispens N. N/A B. Buy D. Deliver Distribu P. Possess T. Traffic E. Use | | N A | I. N/A C. Co Amphetamine E. He | roin O. Opium/Deri | Equipment Z. v. S. Synthetic | Unknown Other on of ORD# | | | | | |
| RGE | Charge Description BATTERY ON LAW ENFORCEMENT | OFFICER | Counts 1 | Domestic Violence Yes No | Statute Violation Numb | 5 " | | | | | | |
| हे | Drug Activity Drug Type Amount/Unit NA NA | | Offense # 18-015410 Counts | Domestic Violence | Warrant/Capias Number | H | 500 | | | | | |
| CHARGE | Charge Description DISORDERLY INTOXICATION | | Offense # | Yes No | 856.011 Warrant/Capias Number | WAD 10 1:17 | | | | | | |
| ᅙ | Drug Activity Drug Type Amount/Unit NA | | 18-015410 | L Domostic Violence | | | ion of ORD# | | | | | |
| CHARGE | Charge Description Drug Activity Drug Type Amount/Unit | | Counts Offense # | Domestic Violence Yes No | Statute Violation Numb Warrant/Capias Numbe | lDt | | | | | | |
| ᆼ | Charge Description | | Counts | Domestic Violence | Statute Violation Numb | × | n of ORD# | | | | | |
| CHARGE | Drug Activity Drug Type Amount/Unit | | Offense # | ☐Yes ☐No | Warrant/Capias Numbe | | | | | | | |
| | | | | | | | | | | | | |
| PPEAR | Mandatory Appearance in Court Instruction No. 2 You need not appear in Court but must | IL Dele and Time | | | | ach, (EL 33444 CO) | | | | | | |
| NOTICE TO APPEAR | Comply with instruction on reverse side. Month Day Year Time A.M. P.M. LAGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND HAT SHOULD WILL 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 BEJSSUED. Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed: | | | | | | | | | | | |
| | HOLD for other Agency | | and Parent/Custodian) Atturb of Meding Officer H95/ | | | Name Verification (Printed by Arrestee) | | | | | | |
| ADMIN. | Name: Dangerous Resisted Arrest Nam Suicidal Other: D.1 | | resting Office/ (Print) I.D. # NTOUTE-HOWARD 956 | | BU# | | | | | | | |
| | Intake Deputy I.D. # Pour | | to the me | I.D.# Agend | | | Page 1 OF 1 | | | | | |

| OBTS Number | PROBABLE CAUSE AFFIDAVIT | . , | 1 Arrest 2 NTA | | est for Warrant lest for Capias | 1 | Juvenile N | | | |
|--|--|-------------------------|------------------------------------|-------------------|--|-----------------------------------|--------------------------|--|--|--|
| AgencyORI Number FLO 5 0 0 3 0 0 | BOYNTON BEACH POLICE DEPT. | | Agency Report Number 34 -18-015410 | | | | | | | |
| Charge Type 1 1 Felony Check all that Apply 2 Traffic Felony | 3 Misdemeanor 4 Traffic Misdemeanor | 5 Ordinance | Special Notes | | | | | | | |
| Name (Last, First, Middle) CARLAND, AIMEE, EL | IZABETH AI | ias | | Race W | | Date of Birth 0-09-87 | | | | |
| Charge Description BATTERY ON LAW EN | Charge Description BATTERY ON LAW ENFORCEMENT OFFICER | | | | Charge Description DISORDERLY INTOXICATION | | | | | |
| Charge Description | Charge Description | | Charge Description | | | | | | | |
| Victim's Name (Last, First, Middle) | | 1 | | Race | Sex | Date of Birth | | | | |
| Local Address (Street, Apt Number) | Local Address (Street, Apt Number) (City) (State) | | (Zip) Phone | | | Address Source | | | | |
| Business Address (Name, Street) | (City) (State) | (Zip) Pho | ne | | Occupation | 07 | | | | |
| The undersigned certifies and swears that he The Person taken into custody | e/she has just and reasonable grounds to believe, and does belie | eve that the above name | d Defendant committed the | e following viole | ation of law. | | | | | |
| ☐ Committed the below acts in my presence | Was observed by Admitting the below facts Was found to have com | nmitted the helowacts r | Who told | d) investigation | | e saw the arrested perso | n commit the below acts. | | | |
| On The 17 Day Of MAR | | A.I | | , Jagason | | | | | | |
| | | | | | | | | | | |
| I responded to E Ocean Ave and NE 4th St reference a disturbance. Upon arrival, I spoke to Jade Noel who stated her cousin Aimee Elizabeth Carland (Defendant) was attempting to drive her vehicle while intoxicated. Noel stated that Carland's children were also inside of the vehicle at the time. Noel stated that her mother Rosemary Noel and her were in possession of the vehicle keys and that Carland was upset that they would not give her the keys. Noel advised due to Carland's intoxication she had fallen in the parking lot on her face which caused a bump and abrasion to her right forehead area. I spoke to Carland who was being treated by BBFD for the injury to her head. Carland refused any other further medical treatment from BBFD. While speaking with Carland I observed her to have blood shot glassy eyes, slurred speech and a strong odor of an unknown alcoholic beverage coming from her person. Carland then began to yell and stated "can I just smash those bitches" and began to yell louder and walk towards Noel and Rosemary. Due to Carland's aggressive actions, she was detained in handcuffs (D/L and checked for tightness) and placed in the rear of my patrol car. Carland eventually calmed down and was taken out of handcuffs and sat on the curb waiting for her ride. Carland then got upset that her cigarettes were lost and began to loudly curse and yell again. Carland was advised that she was disturbing the patrons and children inside of Dewey Park and that her yelling and cursing was causing a public disturbance. Carland continued to curse and yell at which time she was arrested for disorderly intoxication. While attempting to place Carland in the rear of my patrol car, she began to kick the window in attempts to break it. She was then removed from the car and hobbled with a leg wrap. While attempting to secure her in the rear for an additional time, Carland kicked me in my chest with both of her feet several times. Carland was successfully secured in my vehicle at which time she was able to get out of the hobble a | | | | | | | | | | |
| The foregoing instrument was swo | orn to or affirmed and subscribed before me | | | \wedge | 1 111 | 10 | | | | |
| | (Signature of Arresting / Investigative Officer) | | | | | | | | | |
| 5871- | A #925 | | | | | UTE-HOWAF | | | | |
| Notary Public, Clerk of Co | ourt, Officer (F.S.S. 117.10) | C/ | CANINE | , | | sting/Investigative Off 1/2018 | cer) | | | |
| | | | CANNEL | | | ate | 1 OF 1 | | | |
| | MAR 1 8 2018 | | | | | | | | | |