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DWD

FCIC CHECK: ☒ YES ☐ NO OBTS #		ARREST / NOTICE TO APPEAR JUVENILE REFERRAL 15TH JUDICIAL CIRCUIT		1. Arrest 2. Notice to Appear 3. Arrest Affidavit 4. Compl. Affidavit 5. Request Capias 6. Juvenile Ref. 1 Juvenile ☐	
Agency ORI Number FL0503700		Agency Name FLORIDA ATLANTIC UNIVERSITY POLICE		Agency Case # 19-0027	
Check Type: Check as many as apply: ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other/Capias		1. Felony ☐ 2. Traffic Felony ☐ 3. Weapon Seized? ☐ Yes ☒ No		Type Agency Arrest # or Court Case #	
Location of Arrest (Include Name of Business) 980 NORTH UNIVERSITY DRIVE		City BOCA RATON		Business Name, Address FLORIDA ATLANTIC UNIVERSITY	
Date of Arrest 01/11/2019		Time of Arrest 04:03 AM		Date of Booking 01/11/2019	
Time of Booking 04:03 AM		Jail Date 01/11/2019		Jail Time 04:03 AM	
Booking #		SPN #		Other ID #	
FCIC/NCIC #		DOC #		FBI #	
Name (Last, First, Middle, Suffix) KAZAN ALYSSA HALLIE					
Race: W-White I-American Indian B-Black A-Oriental/Asian O-Other ☒ W Sex ☒ F Date Of Birth 12/4/1999 Height 5'05" Weight 118 LBS Eye Color BRO Hair Color BLN Complexion TAN Build THIN M					
SCARS/MARKS/TATOOS (Location/Describe)					
Indication of Alcohol Influence ☐ Yes ☒ No ☐ Unk.					
Local Address 59 KINGS WALK					
City MASSAPEQUA					
State NY					
Zip Code 11762					
Phone # (516) 493-7964					
Permanent Address 777 GLADES ROAD BUILDING 92 ROOM 730C					
City BOCA RATON					
State FL					
Zip Code 33431					
Phone # (516) 493-7964					
Address Source STUDENT RECORDS					
Street Address 240047852					
City MASSAPEQUA, NY					
State NY					
Zip Code 11762					
Phone #					
Occupation					
DL # 240047852		DL State NY		INS #	
Sec. Sec. #		INS #		Place Of Birth MASSAPEQUA, NY	
Country of Citizenship US					
Co-Defendant Name (Last, First, Middle)		Race		Sex	
Date Of Birth		Arrested		Felony	
At Large		Misdemeanor		Juvenile	
Co-Defendant Name (Last, First, Middle)		Race		Sex	
Date Of Birth		Arrested		Felony	
At Large		Misdemeanor		Juvenile	
ACTIVITY: S. Sell R. Smuggle K. Dispense/Distribute T. Traffic D. Deliver M. Manufacture/Produce/Cultivate Z. Other N. N/A B. Buy P. Possess T. Traffic D. Deliver M. Manufacture/Produce/Cultivate Z. Other 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 BATTERY - TOUCH OR STRIKE (DATING VIOLENCE) Domestic		Counts 1		F.S.S. ☒ F.S.S. ☐ Ordinance	
State Statute 784.03(1a1)		Ordinance #		Bond Amount NONE	
Drug Activity N		Drug Type N		Drug Amount	
State Attorney Number		Court Number		Bond Amount	
Offense/Issued Date 01/11/2019		Writ. Att.		Injunction	
Order of Arrest		#		#	
Charge Description		Counts		F.S.S.	
State Statute		Ordinance #		Bond Amount	
Drug Activity		Drug Type		Drug Amount	
State Attorney Number		Court Number		Bond Amount	
Offense/Issued Date		Writ. Att.		Injunction	
Order of Arrest		#		#	
Charge Description		Counts		F.S.S.	
State Statute		Ordinance #		Bond Amount	
Drug Activity		Drug Type		Drug Amount	
State Attorney Number		Court Number		Bond Amount	
Offense/Issued Date		Writ. Att.		Injunction	
Order of Arrest		#		#	
Mandatory Appearance in Court.		Location			
You need not appear in Court, but must comply with attached instructions.		Date:			
Time:		Time:			
Defendant/Juvenile Signature		Parent/Guardian Signature		Released To:	
Date		Date		Time	
I swear/affirm the above and attached statements are true and correct.		Sworn and subscribed before me, the undersigned authority this <u>11</u> day of <u>January</u> , 20 <u>19</u> .			
Officer's / Complainant's Signature RICKEY LEON BETHEL 0338		Signature of Person Administering Oath Gary Granda Sgt			
Name(Printed)		Name(Printed)			
ID NO.		Title			
Bond Date		Bond Charge #		Bond Charge #	
Type: 1. ROR 2. Cash 3. Surety 4. Bail/Bond 5. Cert. 6. Other		Bond Type		Bond Type	
Return to Court		Date:		Time:	
Released		Date:		Time:	
Released by:		Page		1 of 2	

Dls Welch 6015

Kink 445

PROBABLE CAUSE CONTINUATION

Agency OR# Number FL0503700	Agency Name FLORIDA ATLANTIC UNIVERSIT	Agency Case # 19-0027	OBTS #
Name (Last, First, Middle, Suffix) KAZAN ALYSSA HALLIE		Date Of Birth 12/4/1999	
The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named defendant committed the following violation of law: On _____, at _____ (Specifically include facts constituting cause for arrest.) On January 11, 2019 at approximately 0341 hours at the location of 777 Glades Road Building 98 which is located within the jurisdictional limits of the City of Boca Raton, within Palm Beach County and the Sate of Florida, the above named defendant did commit a battery upon the victim, herein identified as John Cardis. Alyssa Hallie did intentionally touch or strike John Cardis against his will. Alyssa Hallie intentionally caused bodily harm to John Cardis.			

PROBABLE CAUSE STATEMENT 1

NOT A CERTIFIED COPY

 Officer's / Complainant's Signature	RICKEY LEON BETHEL Name (Printed)	0338 ID NO.	<table border="1" style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">Page 2 of 2</td> </tr> </table>	Page 2 of 2
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VICTIM NOTIFICATION FORM

@PJL EOJ

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (F.S. 784.048)

- Domestic Violence - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.)

Upon completion, this form must accompany the booking paperwork.
If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 19-0027 Agency: FAU PD
 Offense: BATTERY (DATING VIOLENCE)
 Suspect/Offender: KAZAN Aiyssa HALLIE
 D.O.B. 12-4-1999 Race: WHITE Sex: FEMALE

2. Warrant #(s): K

3.a. Victim's name: JOHN CARDIS D.O.B. 2-13-98 Race: W Sex: M
 Address: 628 HICKSVILLE ROAD
 City: MASQUEQUA State: NY Zip: 11758
 Home #: 516-376-6886 Work #: _____ Other: 516-376-6886

b. Victim's next of kin, friend or neighbor: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Other: _____

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY.

Victim/Relation Notification Waiver and Confidential Information Request

(check applicable boxes)

☒ Waiver: I choose not to be notified when the arrestee is released from custody.

☐ Confidential: I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: [Signature]

Printed name of person waiving notification: _____

Deputy's Name: Randy Bethel PEKEY BETHEL I.D.# 338 Date: 1-11-19

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records
 PISO 00224 REV 4/08

SUSPECT/OFFENDER:

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#:



**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: 2019001269

Date: 01/12/2019

Specialist Name/ID: AM/31562