

0403965

1893

Rough
Arrest
Only ☐

ADMINISTRATION	OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1 Arrest 3 Request for Warrant 2 N/A 4 Request for Capias		1	Juvenile	N
	Agency ORI Number FL0500700		Agency Name RIVIERA BEACH POLICE DEPARTMENT				Agency Report Number BA 16-09242				
	Charge Type: Check as many as apply ☒ 1 Felony ☐ 2 Traffic Felony ☐ 3 Misdemeanor ☐ 4 Traffic Misdemeanor ☐ 5 Ordinance ☐ 6 Other		Weapon Seized/Type 1 Yes 2 No ☒ N/A		Multiple Clearance Indicator 1						
DEFENDANT	Location of Offense (Business Name, Address) 3741 W Blue Heron Blvd Riviera Beach FL										
	Date of Arrest 11/19/2016		Time of Arrest 0233		Booking Date		Booking Time		Jail Date		Jail Time
	Name (Last, First, Middle) Levine Amanda B										
	Alias (Name, DOB, Soc Sec #, Etc)										
	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex M F		Date of Birth 04/13/1990		Height 5'5		Weight 130		Eye Color Brown
Hair Color Black		Complexion Light		Build Small		Marital Status Married		Religion Catholic		Indication of Alcohol Influence Y N ☒ ☒	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Tattoo on arm and back		Residence Type 1 City 3 Florida 2 County 4 Out of State ☒ 2		Address Source							
Local Address (Street, Apt. Number) 2301 South Congress Avenue		(City) Boynton Beach		(State) FL		(Zip) 33404		Phone 631-944-5039			
Permanent Address (Street, Apt. Number) Same		(City)		(State)		(Zip)		Phone			
Business Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Occupation	
D/I Number, State		INS Number		Place of Birth New York		Citizenship USA					
CO-DEF	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		☐ 1 Arrested ☐ 3 Felony ☐ 5 Juvenile		
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		☐ 2 At Large ☐ 4 Misdemeanor ☐ 6 Other		
JUVENILE	Parent ☒ Legal Custodian Other		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 Dept and Released 2 TOT HRS/CYF 3 Incarcerated				
	Released To (Name)		Relationship		FCIC/NCIC		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 informed of any change of address. ☐ Yes, by (Name) ☐ No (Reason)								School Attended		Grade
CODE	Recovery Information 0 N/A 1 Voluntary 2 Located Not Returned 3 Hospitalized 4 HRS Custody 5 Law Enforcement Custody 6 Returned to Parent 7 Deceased 8 Other										
	Drug Activity S Sell R Smuggle K Dispense/ Distribute M Manufacture/ Produce/ Cultivate N N/A B Buy D Deliver E Use P Possess T Traffic		Drug Type N N/A A Amphetamine B Barbiturate C Cocaine E Heroin H Hallucinogen M Marijuana O Opium/Deriv S Synthetic P Paraphernalia/ Equipment Z Other		Statute Violation Number 827.03(1)(c)		Violation of ORD #				
CHARGE	Charge Description Child Neglect		Counts 1		Domestic Violence ☐ Yes ☒ No		Statute Violation Number		Violation of ORD #		
	Drug Activity N		Drug Type N		Amount/Unit N/A		Offense # 16-09242		Warrant/Capias Number		Bond
CHARGE	Charge Description		Counts		Domestic Violence ☐ Yes ☐ No		Statute Violation Number		Violation of ORD #		
	Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond
CHARGE	Charge Description		Counts		Domestic Violence ☐ Yes ☐ No		Statute Violation Number		Violation of ORD #		
	Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond
CHARGE	Charge Description		Counts		Domestic Violence ☐ Yes ☐ No		Statute Violation Number		Violation of ORD #		
	Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond
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 reverse side		Location (Court, Room Number, Address)								
			Court Date and Time Month Day Year Time AM PM								
I AGREE TO APPEAR AT THE TIME AND PLACE OF SIGNATURE TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT IF I DO NOT FULLY 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											
ADMIN	HOLD for other Agency		Signature of Arresting Officer X		Name Verification (Printed by Arresting Officer) (PRINT)						
	☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other		Name of Arresting Officer (Print) L Wright		ID # 6330		PAGE				
	Intake Deputy Ds Paul		ID # 840		Pouch #		Transporting Officer L Wright		ID # 6330		Agency RIBPD
Witness here is subject signed with an "X"											
1 OF 1											

DISTRIBUTION 1st WHITE - COURT

2nd WHITE - RECORDS

GREEN - STATE ATTY

YELLOW - CID

PINK - JAIL (Rough Arrest)

GOLD - DEFENDANT (Misd.) or BLOTTER (Felony)

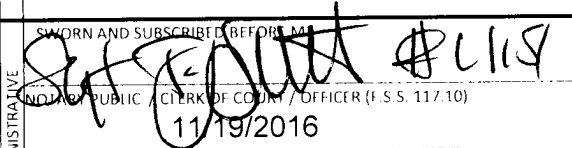
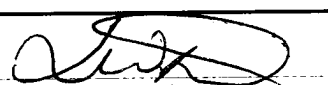
D. SACKIE - MENSAL 6324

NOV 19 2016

NOV 20 2016

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 3 Request for Warrant 2 N/A 4 Request for Capias		1	JUVENILE	N
ADMIN	Agency ORI Number FL0500700		Agency Name RIVIERA BEACH POLICE DEPARTMENT		Agency Report Number 84 - 16 - 09242			
	Charge Type Check As Many As Apply 1 ☒ Felony 3 ☐ Misdemeanor 5 ☐ Ordinance 2 ☐ Traffic Felony 4 ☐ Traffic Misdemeanor 6 ☐ Other		Special Notes					
DEF	Name (Last, First, Middle) Levine Amanda B				Race W	Sex F	Date Of Birth 04/13/1990	
	Alias							
CHARGE	Charge Description Child Neglect				Charge Description			
	Charge Description				Charge Description			
VICTIM	Victims Name (Last, First, Middle)				Race	Sex	Date of Birth	
	Local Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source	
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation	
PROBABLE CAUSE STATEMENT	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 in custody...							
	☐ committed the below acts in my presence				☐ was observed by _____ who told _____ that he/she saw the arrest person commit the below acts.			
	☐ confessed to _____				☒ was found to have committed the below acts, resulting from my (described) investigation			
	☐ admitting the below facts							
	On the <u>18</u> day of <u>November</u> 2016 at <u>18:14</u> ☐ A.M. ☒ P.M. (Specifically include facts constituting cause for arrest.)							
	In the City of Riviera Beach, Palm Beach County, Florida, the following incident occurred;							
	On Friday, November 18, 2016 at approximately 1814 hours, I was dispatched to 3741 West Blue Heron Blvd (Wendy's) in reference to an overdose.							
	Upon my arrival, I made contact with Riviera Beach Battalion Chief who advised that Amanda B Levine (W/F 04/13/1990) was found in the restroom on the floor with her pants down to her knees and a syringe in her arms. Levine was found at the location by _____ (W/M 06/20/2010) after she told him she was going to use the restroom. _____ advised he went to check on her and saw her on the ground. _____ then crawled under the bathroom stall and tried to alert Levine by pinching her, she was unresponsive. _____ advised he picked up the syringe and tried to squirt all the blood out of it. He then called the police after Levine would not respond. The Riviera Beach Medics responded to the scene and confiscated the syringe, Levine was transported to JFK North Medical Center.							
	One of the officers on scene was able to speak to Levine, who advised that she made contact with an old friend who gave her a capsule with a powdery substance inside. Department of Children and Families was contacted in regards to this incident. _____							
	_____ Amanda also advised DCF that she was constipated and was having hot flashes as to why she was pass out on the bathroom floor.							
ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME #4151							
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 11/19/2016				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER 			
	DATE				NAME OF OFFICER (PLEASE PRINT) L. Wright			
					NAME OF OFFICER (PLEASE PRINT) 11/19/2016 DATE			

SCANNED
NOV 20 2016

OBS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 3 Request for Warrant 2 N.T.A. 4 Request for Capias		1 JUVENILE N	
ADMIN	Agency On Number FL0500700	Agency Name RIVIERA BEACH POLICE DEPARTMENT		Agency Report Number 84 - 16-09242			
	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) Levine Amanda B			Alias	Race W	Sex F	Date Of Birth 04/13/1990
CHARGE	Charge Description Child Neglect			Charge Description			
	Charge Description			Charge Description			
VICTIM	Victims Name (Last, First, Middle)			Race	Sex	Date Of Birth	
	Local Address (Street, Apt. Number) (City) (State) (Zip)			Phone		Address Source	
	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 in custody... ☐ committed the below acts in my presence. ☐ was observed by _____ who told _____ that he/she saw the arrest person commit the below acts. ☐ confessed to _____ ☒ was found to have committed the below acts, resulting from my (described) investigation On the <u>18</u> day of <u>November</u> 2016 at <u>18:14</u> ☐ A.M. ☒ P.M. (Specifically include facts constituting cause for arrest.) _____ also advised right before going to Wendy's Levine told him she had to get some money from someone who owed her. Pursuant to F.S.S. (827.03(1)(e) Child neglect, Levine knowingly left _____ in the Wendy's lobby for a period of time unattended so she could go shoot up with the syringe. I responded to _____ Boynton Beach with the help of Boynton Beach Police and at 0233 hours, Levine was arrested without incident.							
ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 11/19/2016 DATE			SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  L. Wright NAME OF OFFICER (PLEASE PRINT) 11/19/2016 DATE			

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NOV 20 2016