0403905

1893

Rough Arrest Only

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATION

OBTS Number		
Agency ORI Number: FL0500700	Agency Name: RIVIERA BEACH POLICE DEPARTMENT	Agency Report Number: 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 — 2, N/A | Multiple Clearance Indicator: 1

[redacted]

Location of Offense (Business Name, Address): 3741 W Blue Heron Blvd Riviera Beach FL

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
11/19/2016	0233					

DEFENDANT

Name (Last, First, Middle): Levine Amanda B

Alias (Name, DOB, Soc Sec #, Etc.):

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	04/13/1990	5'5	130	Brown	Black	Light	Small

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): Tattoo on arm and back

Marital Status: Married | Religion: Catholic | Indication of Alcohol Influence / Drug Influence: Y N Unk (Unk marked)

Local Address (Street, Apt. Number): 2301 South Congress Avenue | (City): Boynton Beach | (State): FL | (Zip): 33404 | Phone: 631-944-5039 | Residence Type (1 City 2 County 3 Florida 4 Out of State): 2

Permanent Address (Street, Apt. Number): Same | (City) | (State) | (Zip) | Phone | Address Source

Business Address (Street, Apt. Number) | (City) | (State) | (Zip) | Phone | Occupation

D/L Number, State: [redacted] | INS Number | Place of Birth: New York | Citizenship: USA

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 ☐ Legal Custodian ☐ Other — Name (Last) (First) (Middle) | Residence Phone

CT-5000

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: N N/A, P Possess, S Sell, B Buy, T Traffic, R Smuggle, D Deliver, E Use, K Dispense/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	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Child Neglect	1	☐ Yes ☑ No	827.03 ~~(1) (e)~~ (2D)	

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
N	N	N/A	16-09242		

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 #

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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 A.M. P.M.

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

ADMIN

HOLD for other Agency — Name | Signature of Arresting Officer: X [signature] | Name Verification (Printed by Arrestee) (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other | Name of Arresting Officer (Print): L. Wright | ID #: 6330

Intake Deputy: [signature] | ID #: 8480 | Pouch # | Transporting Officer: ~~L. Wright~~ | ID #: ~~6330~~ | Agency: RBPD | Witness here is subject signed with an "X". | PAGE 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-MENSAH 6324

2016 NOV 20 AM 5:58

SCANNED NOV 20 2016

NOT A CERTIFIED COPY

PROBABLE CAUSE AFFIDAVIT

OBTS Number

1 Arrest 3 Request for Warrant
2 N T 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 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
Levine Amanda B		W	F	04/13/1990

CHARGE

Charge Description	Charge Description
Child Neglect	
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 _____ admitting the below facts

☒ was found to have committed the below acts, resulting from my (described) investigation

On the 18 day of November, 2016 at 18:14 ☐ 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 [redacted] (W/M 06/20/2010) after she told him she was going to use the restroom. [redacted] advised he went to check on her and saw her on the ground. [redacted] then crawled under the bathroom stall and tried to alert Levine by pinching her, she was unresponsive. [redacted] 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. [redacted] 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

Sgt Wyatt #4151

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

NOT A CERTIFIED COPY

SCANNED NOV 20 2016

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1 | JUVENILE | N

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2. ☐ Traffic Felony 4. ☐ Traffic Misdemeanor 6. ☐ Other

Special Notes

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date Of Birth
Levine Amanda B		W	F	04/13/1990

CHARGE

Charge Description: Child Neglect

Charge Description

Charge Description

Charge Description

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PROBABLE CAUSE STATEMENT

[redacted] 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 [redacted] in the Wendy's lobby for a period of time unattended so she could go shoot up with the syringe. I responded to [redacted] Boynton Beach with the help of Boynton Beach Police and at 0233 hours, Levine was arrested without incident.

NOT A CERTIFIED COPY

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

SCANNED
NOV 20 2016