	0494586	NR	(12 mm	810000	2977							
A D M	OBTS Number	ARREST / NOTICE	E T O APPEAR	2. N.T.A. 4. Request for Ca	2. N.T.A. 4. Request for Capias							
- Z -		Police Department	Agency 4	1200000								
S T R	Charge Type: 1. Felony 3. Misdemeanor Check as many as apply. 2. Traffic Felony 4. Traffic Misden	5. Ordinance		If Weapon Seized Enter Type None/not Applicable								
A T I	Location of Arrest (Including Name of Business) 119 E ATLANTIC AVE, DB FL 33444			CAVE, DELRAY BEAC								
O N	Date of Arrest Fime of Arrest Booking Date	Booking Time 19:47	Jail Date	Jail Time Location of	l'Vehicle							
	Name (Last, First, Middle) ROSENTHAL, AMY Alias: (Name, DOB, Soc. Sec. 4, Etc.)											
	Race W - White I - American Indian B - Black O - Oriental/Asian W F 12/13	/1982 5'03 Wei	140 BROW.	N BROWN	Complexion Build LIGHT							
D E F	Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)		Marital Status F	Religion	Indication of: Alcohol influence Drug Influence No Unk.							
E N D	Local Address (Street, Apt. Number) (City) 5035 E RUSSELL RD 1044, LAS VEGAS, N	(State) (State)	(Zip)	Phone (702) 334-6622	Residence Type: 1. City 3. Florida 2. County 4. Out of State 4							
A N T	Permanent Address (Street, Apt. Number) (City) 5035 E RUSSELL RD 1044, LAS VEGAS, N	(State) (State)	(Zip)	Phone (702) 334-6622	Address Source NV DL							
	Business Address (Name, Street) (City)	(State)	(Zip)	Phone	Occupation							
	D/L Number, State Soc. Sec. Number 1602234039 / NV	INS Number	Place of Birth NEW 1	(City, State) Citizen CORK, NY, United Citizen	•							
C O	Co-Defendant Name (Last, First, Middle)	R	Race Sex Date of Bli	10"	Arrested 3. Felony 5. Juvenile At Large 4. Misdemeanor							
D E F	Co-Defendant Name (Last, First, Middle)	A R	Race Sex Date of Bla		Arrested 3. Felony 5. Juvenile At Large 4. Misdemeanor							
1	Parent Other: Legal Custodian	Name (Last, First, Middle)			Residence Phone							
VE	Address (Street, Apt. Number) (C	ity) (State)	(Zip)		Business Phone							
L	Notified by: (Name) Date Time JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 3. Incarcorates											
	Released To: (Name) Relationship Date Time											
	The above address was provided by defendant ar The child and/or parent was told to keep the Juvenile (dor 1□ defendant's parents. Court Clerk's Office	School	Attended	Grade							
	(Phone 355-2526) informed of any change of address. ☐ Yes, by: ☐ No:		Property Crime? Descrip	tion of Property	Value of Property							
C O D E	Drug Activity S. Sell R. Smuggle K. Disperses/ N. N./A B. Buy D. Deliver Distribute P. P. Possess T. Teraffic E. Use	f. Manufacture/ Z. Other Produce/ Cultivate	Drug Type B. Barbi N. N/A C. Coca A. Amphetamine E. Heroi	ine M.Marijuana E	araphernalia/ U. Unknown quipment Z. Other ynthetic							
C H	Charge Description DISORDERLY INTOXICATION]	Statute Violation Number	Violation of ORD #							
A R G E	Drug Activity Drug Type Amount / Unit Officase #	000032 Counts Domestic Vio		856.011	Bond							
С	Charge Description RESIST/OBSTRUCT OFFICER W/O VIOLE		3 14	Statute Violation Number 843.02	Violation of ORD #							
H A R G E	Drug Activity Drug Type Amount / Unit Offense #	Counts Domestic Vio	lence Warrant / Capias Number		Bond							
C H	Charge Description	7 2 2	3	Statute Violation Number	Violation of ORD #							
R G E	Drug Activity Drug Type Amount / Unit Offense #	Counts Domestic Vie	_ '		Bond							
ı	Health / Apparent Physical Condition of Defendant		Any knowledge of the foll Explain:	owing: Mental Escape Risk	k ☐ Medication ☐ Deformities ☐ Injuries							
N T A	Check which applies: Released O.R. Released to Parent/Guardia Posted Bond South County Mental Healt	_ , ,	RTY - Received By	Released By Released To								
K E	Transported By		ansported Time Transported	Other	Market Control of the							
N O T	INSTRUCTION NO. 1 - Mandatory appearance in	lantic Ave Delrav Beach	ı. FL 33444									
INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2. South County 200 W Atlantic Ave Delray Beach, FL 33444 Court Date and Time 01/25/2018 08:30:00 No 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 COMTEMPT OF COURT AND A WARRATSF.												
										A P P	FOR MY ARREST SHALL BE ISSUED.	
E A R	Signature of Defendant (or Juvenile and P	arent Custodian)	SC/	SCANNED								
A D	HOLD for Other Agency	Signature of Arresting Officer	JAN	Name Verification (Printed by Arrestee) 0 2 2018	/4 # 8 B							
M - N		Name of Arresting Office (Fin) SCHWARKA, MICHAEL		(PRINT)	PAGE							
L	105 10 MM 4 8, 9 3 Pouch #	Transporting Officer SCHWARTZ	I.D.# Agency 1047 DBPD	Witness here if subject signed with an	1 OF 1							
netrolia.		And the second of the second o			B 08							

A	OBTS Number	S Number PROBABLE C					Request for Warrant Request for Capias					
D M	Agency ORI Number Agency Nam FL 0500400 DELR						ency Report Number 4 0 18-000032					
'n	Charge Type: 1. Felony 3.	Misdemeanor Traffic Misdemeanor	5. Ordinance			Special Notes				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
D E	Name (Last, First, Middle)	Traine Misdemeanor	Alias				l i		Date of Birth			
F C	ROSENTHAL, AMY Charge Description			W F 12/13/1982 Charge Description								
Ä	856.011 DISORDERLY INTOXICATION	ON		843.02 RESIST/OBSTRUCT OFFICER W/O VIOLENCE								
GES	Charge Description			Charge Description								
v	Victim's Name (Last, First, Middle)			Race	Sex E	Date of Birth						
I C	State Of Florida Local Address (Street, Apt. Number) (C	City)	(State)	(Zip)	Phone			Addre	ss Source			
7	D. Address (March 2000)	24.3	(0)						1			
М	Business Address (Name, Street) (C	City)	(State)	(Žip)	Phone			Occur	pation			
	The undersigned certifies and swears that he/she has just and resonable 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. Confessed to Confesse											
The following incident occurred in the City of Delray Beach, Palm Beach County, Florida. On 1/1/18, I was dispatched to 119 E Atlantic Ave (Tramonti Restaurant) regarding an unruly female. The manager, Glen Abood stated there was a w/f refusing to pay her tab and creating a disturbance inside of the restaurant. Abood stated she was harassing sustomers by accusing people of sexually harassing her and was live streaming the incident on Facebook. She was very loud, creating a disturbance and making multiple people around her upset as Glen received a few complaints from customers inside of the completely filled restaurant. Abood also said she finally paid after being asked multiple times and now refusing to leave the establishment while live streaming this on Facebook as well. Abood advised she had two glasses of wine and an employee at City Oyster (213 E Atlantic Ave) advised she had three Martinis also earlier in the night. Abood pointed her out and I made contact with her. When I made contact with her she had an almost empty glass of wine and the smell of alcohol coming from her breathe. I told the that the manager just wanted her to leave and there would be no further action. She refused to leave multiple times while still broadcasting our interaction on Facebook Live. She began getting more disorderly and loud which created the entire restaurant to focus their attention on her. She finally decided to leave but now shoving her phone in the managers face in which I thought she was attempting to hit him with it. I then tried to escort her out of the establishment and she shoved the phone in my face while doing so and screaming. Abood refused my lawful commands to leave the establishment. I then grabbed her hand with the phone in it and escorted her out of the restaurant while she was still screaming. She flailed her arms, starting to resist but I grabbed her arms and escorted her out. She tried to squirm out of my grip by rotating her body. When we exited the retaurant, Ofc. Barbire and I placed handcuffs on he												
4 D M - 1	SWORN AND SUBSCRIBED BEFORE ME			21	2 /2			1	SCA	NNE		
N-STRAT	PERIOR I LINCOLD	SIGNATURE OF ARRESTING PINVESTIGATING OFFICER AND 0 2 2018 SCHWARTZ, MICHAEL A (1047)							18			
ATIV	DATE		_		01/0	ICER (PLEAS 1/2018	E PRINT)			- 1	PAGE	
E						DATE					1 5 4	

5 TA				PROBABLE CAUSE AFFIDAVIT SUPPLEMENT				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias 1 JUVENILE					
D Aq M	gency ORI Numb	0500400	Agency Name		OLICE DEPA	DTMFNT	Agency Report	Number 18-00	บบรว				
N C	harge Type: heck as many	1. Felony		isdemeanor	5. Ordinance	KIMENI_	1710	Special Not					
as	ame (Last, First, I	2. Traffic Felony	4. T	raffic Misdemeanor	6. Other				Race	Sex	Date of Birth		
- 1		HAL, AMY			Alido				W	F	12/13/	1982	
PROBABLE CAUSE STATEMENT		D SUBSCRIBED BEFOR		Resisting	g W/O Viole	ence contra	ary to	F.S.S.			CANA N 0 2 2	I ED	
M		DEDDE	MTCUA!			SIGNATU	RE OF ARRE	STING / INVE	STIMATI	JA NG OFF	IV UZ Z	2018	
7 - ST	NOTA	DEBREE RY PUBLIC / CLERK O	F COURT OF	FICER (F.S.S. 117.10))		WARTZ,		_		IOEI (
R A		01/0	1/2018			<u>SCIN</u>	NAME OF OF	FICER (PLE	ASE PRI	VT)		r.	PAGE
ADM - N - STRATIVE			DATE		_		01/	01/201 DATE	8				2 OF 2