

**ARREST / NOTICE TO APPEAR
Juvenile Referral Report**

1. Arrest 3. Request For Warrant
2. N.T.A. 4. Request For Capias

1 Juvenile

OBTS Number		Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 17-139355	
Charge Type: Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		# Weapon Seized Enter Type	
Multiple Clearance Indicator 0 1		Location of Arrest (Including Name of Business) Military Trail/Melaleuca Lane Lake Worth, FL 33463					
Date of Arrest Oct 14, 2017		Time of Arrest 175hrs		Booking Date Oct 14, 2017		Booking Time 1800hrs	
Jail Date Oct 14, 2017		Jail Time 1900		Location of Vehicle 4774 Military Trail			
Name (Last, First, Middle) Vetere Anthony Victor						Alias (Name, DOB, Soc. Sec. #. Etc.)	
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex M		Date of Birth 12-19-63		Height 5-08	
Weight 175		Eye Color Hazel		Hair Color Gray		Complexion Light	
Build Med		Marital Status Unk		Religion Unk		Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input checked="" type="checkbox"/>	
Local Address (Street, Apt. Number) 4 Crossing Cir		City Boynton Beach		State FL		Zip 33435	
Phone 561-299-7857		Residence Type: 1. City 3. Florida 2. County 4. Out of State		2			
Permanent Address (Street, Apt. Number) Same As Above		City		State		Zip	
Phone		Address Source Defendant-Verbal		Occupation None			
Business Address (Street, Apt. Number)		City		State		Zip	
Phone		Occupation		None			
O/I Number, State V360-018-63-459-0 FL		Social Security Number		INS Number		Place of Birth Brooklyn, NY	
Citizenship U.S.		Co-Defendant Name (Last, First, Middle)					
Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other		Name (Last, First, Middle)		Phone		Address (Street, Apt. No.)	
City		State		Zip		Business Phone	
Notified By (Name)		Date		Time		Juvenile Disposition: 1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS 3. Incarcerated	
Released To (Name)		Relationship		Date		Time	
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561 355-2526) informed of any address change <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No (Reason)		School Attended		Grade			
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property	
Drug Activity S. Sell N. N/A P. Possess		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	
P. Paraphernalia/ Equipment		U. Unknown Z. Other		Charge Description Possession Of Cocaine			
Counts 01		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 893.13 (6)(A)		Violation or ORD. #	
Drug Activity P		Drug Type C		Amount/Unit .6 Grams		Offense # 17-139355	
Warrant/Capias Number		Bond		Charge Description			
Counts		Domestic Violence		Statute Violation Number		Violation or ORD. #	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Bond		Charge Description			
Counts		Domestic Violence		Statute Violation Number		Violation or ORD. #	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Bond		Charge Description			
Counts		Domestic Violence		Statute Violation Number		Violation or ORD. #	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Bond		Location (Court, Address, Room Number) 3228 GUN CLUB RD, WEST PALM BEACH FL			
Court Date and Time Month Day Year Time AM <input checked="" type="checkbox"/> PM		I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.					
Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed		Signature of Arresting Officer SCANNED OCT 15 2017			
Name Verification (Printed by Arrestee)		Name of Arresting Officer Knight		ID # 25013		Page 1 of 1	
Intake Deputy D/S L. BRYANT #8241		Transporting Officer Knight #25013		Agency PBSO		Witness here if subject signed with an "X"	

