

0505723

NH

19MM2834

2020

OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile <input type="checkbox"/> N <input checked="" type="checkbox"/>			
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-19045070							
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2. No		Multiple Clearance Indicator 01							
Location of Arrest (Including Name of Business) 1801 N MILITARY TR WEST PALM BEACH FL 33409				Location of Offense (Business Name, Address) 1801 N MILITARY TR, WEST PALM BEACH FL 33409							
Date of Arrest 03/06/2019	Time of Arrest 1614	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
Name (Last, First, Middle) BURNHAM, ASHLEY, A		Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W F	Date of Birth 01/28/1995	Height 5'2	Weight 130	Eye Color BRO	Hair Color BRO	Complexion FAIR	Build THIN			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATTOO: BACK, LEFT ARM, RIGHT SIDE				Marital Status Single	Religion CHRISTIAN	Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/> Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>					
Local Address (Street, Apt. Number) 2646 WEST WAY, RIVIERA BEACH FL 33403		(City)	(State)	(Zip)	Phone (931) 2864305		Residence Type: 1. City 2. County 3. Florida 4. Out of State				
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		Address Source VERBAL				
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation				
D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State) HARTFORD, CT		Citizenship US			
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile				
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile				
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Address (Street, Apt. Number)		(City)	(State)	(Zip)	Residence 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 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 (Phone 355-2526) informed of any change of address. <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 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 A. Amphetamine	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other	
Charge Description RETAIL THEFT		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 812.015(1D) 0912.014(3a)		Violation of ORD #					
Drug Activity N	Drug Type N	Amount / Unit	Offense # 19045070	Warrant / Capias Number		Bond					
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
Location (Court, Room Number, Address) NC											
Court Date and Time Month April Day 3 Year 2018 Time 8:30 AM PM											
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 03/06/2019											
Signature of Defendant (or Juvenile and Parent /Custodian)						Date Signed 03/06/2019					
HOLD for other Agency Name:		Signature of Arresting Officer JENNIFER GRAMMATICO			Name Verification (Printed by Arrestee) D/S JENNIFER GRAMMATICO 28985						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) D/S JENNIFER GRAMMATICO 28985			I.D. # 28985				
D/S SHATARA #7623		Transporting Officer D/S GRAMMATICO 28985			Agency PBSO			Witness here if subject signed with an -X" 1 of 1			

D/S SHATARA #7623

OR

2019 MAR 7 8:27

MAR 6 PM 5:56 PAGE

SCANNED MAR - 7 2019

PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile N
ADMIN	OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	
		Agency Report Number 06-19045070		Special Notes:	
DEF	Charge Type: Check as many as apply		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		
CHARGES	Name (Last, First, Middle) BURNHAM, ASHLEY, A		Aliases	Race W	Sex F
	Date of Birth 01/28/1995		Charge Description RETAIL THEFT		
	Charge Description 812.015(1D)		Charge Description		
VICTIM	Victim's Name (Last, First, Middle) MARSHALLS DEPT STORE, ,		Race	Sex	Date of Birth
	Local Address (Street, Apt. Number) 1801 N MILITARY TR, WEST PALM BEACH FL 33417		(City)	(State)	(zip)
	Business Address (Name, Street)		(City)	(State)	(zip)
	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 taken into custody		<input type="checkbox"/> committed the below acts in my presence <input type="checkbox"/> confessed to _____ admitting to the below facts.		
	<input type="checkbox"/> was observed by _____ who told that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.		<input type="checkbox"/> A. M. <input checked="" type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)		
	On the 6TH day of MARCH 20 19 at 1639				
PROBABLE CAUSE STATEMENT	<p>On 3/6/19 at 1557 hours, I responded to Marshalls Department Store, 1801 N Military Tr, unincorporated West Palm Beach, in reference to a shoplifter in custody. Upon arrival, I made contact with Loss Prevention Detective Katrina Akers who advised the following: She observed an unknown female, later identified as Ashley Burnham, enter the store at approximately 15:50 hours via CCTV. Ashley selected six items quickly and rolled them up and put them in her purse. Katrina advised that she kept continuous observation of Ashley as she proceeded to exit the store without paying for the concealed merchandise. Katrina further advised that stolen merchandise totaled \$93.94.</p> <p>I then made contact with Ashley who was sitting in the loss prevention office. Ashley was calm and cooperative and advised that she stole the merchandise because she needed clothes for work. Ashley was found to be in violation of FSS 812.015(1d), and was therefore, placed in handcuffs, double-locked and checked for tightness, and transported to the Palm Beach County Jail.</p>				
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH <i>Jennifer Gramma</i> D/S JENNIER GRAMMA (Signature of Arresting/Investigative Officer)				
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>6th</u> day of <u>MARCH</u> 20 <u>19</u> by <u>D/S R BUSH ID#7352</u> <u>LEO</u>				
	(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced) <i>R Bush 7352</i> Notary Public, Clerk of Court, Officer (F.S.S. 117.10)				
					PAGE 1 OF 1

SCANNED
MAR - 7 2019



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	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)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), 2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2019007833	Date: 3/6/2019
	Specialist Name/ID: J. Beck/9007

SCANNED
MAR -7 2019