

Jct # 0347250 Jan

Pch # 1072

ARREST / NOTICE TO APPEAR

OBTS Number	Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 4 17-006199	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE	
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	Location of Arrest (Including Name of Business) 1570 W INDIANTOWN RD JUPITER FL, 33458		Location of Offense (Business Name, Address) 6099 CENTER ST/W INDIANTOWN RD, JUPITER, FL 33458		Enter Type NONE	Multiple Clearance Indicator
Date of Arrest 12/26/2017	Time of Arrest 23:47	Booking Date 12/26/2017	Booking Time 23:57	Jail Date	Jail Time	Location of Vehicle			
Name (Last, First, Middle) SCAFIDI, AUSTIN NICHOLAS				Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White	Sex M	Date of Birth 08/26/1988	Height 5'10	Weight 170	Eye Color BROWN	Hair Color BROWN	Complexion MEDIUM	Build Medium	
Local Address (Street, Apt. Number) 6052 WOLFE ST, JUPITER, FL 33458				(City)	(State)	(Zip)	Phone (561) 744-3122	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
Permanent Address (Street, Apt. Number) 6052 WOLFE ST, JUPITER, FL 33458				(City)	(State)	(Zip)	Phone (561) 744-3122	Residence Type: 1. City 2. County 3. Florida 4. Out of State	
Business Address (Name, Street)				(City)	(State)	(Zip)	Phone (561) 768-2646	Address Source	
D/L Number, State S130014883060 / FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) West Palm Beach, FL	Citizenship US					
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor		
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor		
Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)				Residence Phone					
Legal Custodian _____				Business Phone					
Address (Street, Apt. Number) (City) (State) (Zip)				Notified by: (Name)					
Released To: (Name)				Relationship	Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated		
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 355-2526) informed of any change of address.				School Attended		Grade			
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____				Property Crime? <input type="checkbox"/> Yes <input checked="" 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. Disperses/ 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 Description DRUGS - POSSESSION OF COCAINE				Statute Violation Number 893.13 (6)(A)			Violation of ORD #		
Drug Activity Y	Drug Type N	Amount / Unit .4g	Offense # 17-006199	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number			
Charge Description				Statute Violation Number			Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number			
Charge Description				Statute Violation Number			Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number			
Health / Apparent Physical Condition of Defendant				Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries					
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail				PROPERTY - Received By		Released By		Released To	
Transported By				Date Transported	Time Transported	Other			
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court				Location (Court, Room)		No Photo Available			
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Court Date and Time					
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 WARRANT FOR MY ARREST SHALL BE ISSUED.				Signature of Defendant (or Juvenile and Parent/Custodian)					
HOLD for Other Agency				Signature of Arresting Officer SCANNED		Name Verification (Printed by Arrestee)		Date Signed DEC 27 AM 3:39	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Officer (Print) HOBBY, MATTHEW		ID.# 1193		Agency JPD	
Pouch #				Transporting Officer HOBBY		ID.# 386		PAGE 1 OF 1	

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 17-006199
Charge Type: Check as many as apply.		<input checked="" type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance
		<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other

Name (Last, First, Middle) SCAFIDI, AUSTIN NICHOLAS	Alias	Race W	Sex M	Date of Birth 08/26/1988
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Charge Description 893.13 DRUGS - POSSESSION OF COCAINE	Charge Description
Charge Description	Charge Description

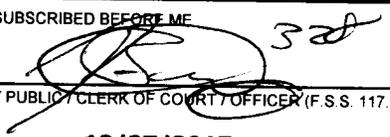
Victim's Name (Last, First, Middle) State Of Florida	Race	Sex	Date of Birth
Local Address (Street, Apt. Number)	(City)	(State)	(Zip)
Business Address (Name, Street)	(City)	(State)	(Zip)

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 . . .
 committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to **OFC HOBBY** admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
 On the **27** day of **December**, **2017** at **01:02** (Specifically include facts constituting cause for arrest.)

On 12/26/2017, at approximately 2332 hours, I was patrolling the area of West Indiantown Road and Center Street in my fully marked Jupiter Police Vehicle (#1105). While driving eastbound on West Indiantown Road, I observed a silver Toyota truck (FL tag # Y91TIN) without an operational tag light. I activated my overhead lights and conducted a traffic stop. The vehicle pulled into a parking spot at 1570 West Indiantown Road (BB&T bank).

I made contact with a W/M driver, later identified as W/M Austin N. Scafidi (08/26/1988); I introduced myself as a Jupiter Police Officer and advised Scafidi the reason for the stop. After explaining the reasoning for the stop, I asked Scafidi for his identification and registration. While Scafidi was searching for his identification; I observed in the center cup holder a clear plastic cup with a small pink bag inside it. Inside the small pink bag was an unknown granular substance. Based on my training and experience I know this type of bag to be used to transport, sell, or distribute narcotics and the granular substance inside to be cocaine. Scafidi was unable to maintain eye contact with me while I was speaking to him and he kept moving around in the vehicle. I watched Scafidi reach into the clear cup, grab the pink bag with his right hand and place it in his pocket in an attempt to conceal the bag and its contents. After watching Scafidi grab the bag, I asked him what he put into his pocket he replied "a pen." Scafidi was still very uneasy and not looking at me while I was talking with him. Due to Scafidi continuously moving around in the vehicle, I asked him to exit the vehicle to speak with him. As Scafidi was exiting the vehicle I watched him reach back into his pocket, grab the pink bag and put it down the seat.

I had Scafidi walk over to the front of my vehicle to speak with him about the pink bag. Scafidi advised me the bag that he put into his pocket contained cocaine, and it was his. Upon searching the vehicle, I located the small pink bag with an unknown white powder inside. I found the above-described oink bag in between the center console and

SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 12/27/2017 DATE	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  HOBBY, MATTHEW (1193) NAME OF OFFICER (PLEASE PRINT) 12/27/2017 DATE
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PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

OBTS Number

Agency ORI Number
FL 0501700

Agency Name
JUPITER POLICE DEPARTMENT

Agency Report Number
5 | 4 | 17-006199

Charge Type: Check as many as apply.
 1. Felony
 2. Traffic Felony
 3. Misdemeanor
 4. Traffic Misdemeanor
 5. Ordinance
 6. Other

Special Notes:

Name (Last, First, Middle)
SCAFIDI, AUSTIN NICHOLAS

Race: **W** Sex: **M** Date of Birth: **08/26/1988**

the driver's seat. After locating the small bag, I walked over to Scafidi and read him his Maranda Rights from a pre-printed card. After Scafidi advised he understood his rights, he stated the cocaine is his. I advised Scafidi that he was under arrest for the possession of cocaine. I placed Scafidi in handcuffs, checked for spacing and double locked.

Based on my investigation, I found probable cause to charge Austin N. Scafidi with possession of cocaine because he was knowingly in actual or constructive possession of cocaine or ecgonine, including any stereoisomer, salt, compound, derivative or preparation of cocaine or ecgonine, a controlled substance, contrary to Florida Statute 893.13(6)(a). (3 DEG FEL) (LEVEL 3)

Scafidi was later transported to Palm Beach County Jail without incident. Evidence located on scene was later placed into Jupiter Police Evidence.

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SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)
12/27/2017
DATE


SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
HOBBY, MATTHEW (1193)
NAME OF OFFICER (PLEASE PRINT)
12/27/2017
DATE

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