

0482234

218

OBTS Number			ARREST / NOTICE TO APPEAR Juvenile Referral Report					1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile <input checked="" type="checkbox"/> N			
ADMINISTRATIVE	Agency ORI Number	Agency Name						Agency Report Number (N.T.A.'s only)							
	FLO 5 0 2 6 0 0	PALM BEACH GARDENS POLICE DEPT.						7 8 - 1 6 1 - 0 0 5 5 8 9 1 1 , 1 1							
Charge Type: Check as many as apply.		<input 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		If Weapon Seized Enter Type			Multiple Clearance Indicator				
Location of Arrest (Including Name of Business)			Location of Offense (Business Name, Address)												
4109 Northlake Blvd. PBG			4109 Northlake Blvd. PBG												
Date of arrest		Time of Arrest		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle							
10/28/16		0438													
Name (Last, First, Middle)						Alias (Name, DOB, Soc. Sec. #, Etc.)									
Corcimiglia, Austin, Taylor															
Race W - White B - Black		Sex I - American Indian O - Oriental/Asian		Date of Birth W M 0 1 1 6 9 5		Height 5'9"	Weight 150	Eye Color BRO		Hair Color BRO		Complexion Light			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status		Religion		Indication of: Alcohol Influence Drug Influence					
Local Address (Street, Apt. Number)						(City) Fremont		(State) IN		(Zip) 46137		()		Residence Type: 1. City 2. County	
20LN 201 BARTON LK												()		3. Florida 4. Out of State	
Permanent Address (Street, Apt. Number)						(City) Fremont		(State) IN		(Zip) 46137		()		Address Source	
20 LN 201 Barton LK												()		IN ID	
Business Address (Name, Street)						(City)		(State)		(Zip)		()		Occupation	
D/L Number, State			SSN Number			INS Number			Place of Birth (City, State)			Citizenship			
3041-22-8558, IN									Anoka, IN			US			
CO-DEF.	Co-Defendant Name (Last, First, Middle)						Race W	Sex M	Date of Birth 8/20/95		Indication of: 1. Arrested 2. At Large				
	Cronin, Ryan, M										3. Felony 4. Misdemeanor 5. Juvenile				
Co-Defendant Name (Last, First, Middle)						Race	Sex	Date of Birth		Indication of: 1. Arrested 2. At Large					
										3. Felony 4. Misdemeanor 5. Juvenile					
JUVENILE	Parent Legal Custodian Other:						Name (Last) (First)		(Middle)		Residence Phone				
											()				
Address (Street, Apt. Number)						(City)		(State)		(Zip)		Business Phone			
OR												()			
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 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							
CODE	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 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 8 5 6 1 0 1 1			NN			Violation of ORD #		
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #		Warrant / Capias Number						Bond			
CHARGE	Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number			OCT 28 AM 8:11			Violation of ORD #		
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #		Warrant / Capias Number						Bond			
CHARGE	Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number						Violation of ORD #		
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #		Warrant / Capias Number						Bond			
CHARGE	Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number						Violation of ORD #		
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #		Warrant / Capias Number						Bond			
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address)						1000 AM						
	<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		3188 PGA Blvd, PBG, FL 33418 (North County Courthouse)						Violation of ORD #						
	Court Date and Time														
	Month		November Day 30 Year 2016 Time 8:00 AM 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					
HOLD for other Agency Name:				Signature of Arresting Officer X <i>Mark Maldonado</i>				Name Verification (Printed by Arrestee)							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				Name of Arresting Officer (Print) M. Maldonado 450				(PRINT) SCANNED							
Intake Deputy		I.D. #	Pouch #	Transporting Officer	I.D. #	Agency	Witness here <i>Mark Maldonado</i> Subject signed <i>Mark Maldonado</i> "X"								
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - JAIL GOLD - DEFENDANT															

OBTS Number		PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE	
D M I	Agency ORI Number FL 0502600	Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 16-005589						
N	Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other				Special Notes:			
D E F	Name (Last, First, Middle) CORCIMIGLIA, AUSTIN TAYLOR			Alias	Race W	Sex M	Date of Birth 01/16/1995		
C H A R G E S	Charge Description 856.011 DISORDERLY CONDUCT - DISORDERLY INTOXICATION		Charge Description						
V I C T I M	Charge Description		Charge Description						
Victim's Name (Last, First, Middle) PUBLIC SOCIETY,					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			
<p>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.</p> <p>The Person taken into custody . . .</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>28</u> day of <u>October</u> <u>2016</u> at <u>06:09</u> (Specifically include facts constituting cause for arrest.)</p>									
<p>On Friday, October 28, 2016 at 3:15 a.m., I (Officer Maldonado) was dispatched to the Shell Service Station located at 4150 PGA Boulevard (Palm Beach Gardens, Palm Beach County, FL) in reference to two males who were intoxicated and were refusing to pay their cab fare.</p> <p>Upon my arrival, I made contact with the complainant, Jean who was a taxi driver. He advised that the two individuals identified as Austin T. Corcimiglia (DOB: 01/16/1995) and Ryan M. Cronin (DOB: 08/20/1995) would not or could not provide him with their home address. He stated that he was unable to provide service for them due to their level of intoxication and their demeanor. I made contact with Austin and Ryan and determined them to be decidedly intoxicated as evidenced by slurred speech, unsteady gait and the strong smell of unknown alcoholic beverages. I observed Ryan trying to use the ATM at the gas station with his gift cards, insurance card and other miscellaneous cards.</p> <p>I assisted them at that time in contacting another taxi company in order to have them transported to their home. I was able to determine an address (after being given multiple different addresses) and provided the new cab driver with it. Soon thereafter, our police department was contacted by the taxi driver stating that he was stopped at the Sunoco service station located at 4109 Northlake Boulevard. He had stopped because the two individuals were being disruptive inside of his taxi and were stating that they were not going to pay for his services. I again made contact with them at the Sunoco Station.</p> <p>Neither individual was willing to provide a name for a friend or acquaintance that would be able to pick them up. They were also unwilling to contact a taxi on their own to procure safe passage home. Austin stated he was going to dial 911 to get a ride home. He was warned not to do so as this would be a misuse of 911. Based on the totality of these instances, I found probable cause to charge both Austin and Ryan with one count of</p>									
ADM IN IS TR AT IVE	SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>01/28/16</u> DATE		 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER MALDONADO, MARK-ANTHONY (450) NAME OF OFFICER (PLEASE PRINT) <u>10/28/2016</u> DATE						
		PAGE 1 OF 2							

COURT

STATE ATTORNEY

CENTRAL RECORDS

SCANNED

CRIME ANALYSIS

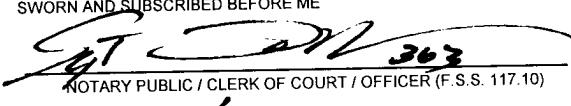
P. I. O.

OCT 31 2016

A	OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
D	Agency ORI Number	Agency Name				Agency Report Number			
M	FL 0502600	PALM BEACH GARDENS POLICE				7 8 16-005589			
N	Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other				Special Notes:			
D	Name (Last, First, Middle)	Alias			Race	Sex	Date of Birth		
E	CORCIMIGLIA, AUSTIN TAYLOR				W	M	01/16/1995		
<p>Disorderly Intoxication as they did cause disturbances at both the Shell Service Station and the Sunoco Station and in the course of doing so, endanger the safety of both taxi drivers and the persons at the Shell Station contrary to F.S.S. 856.011.</p> <p>The incidents were captured on my issued body warn camera.</p>									

NOT A CERTIFIED COPY

PROBABLE CAUSE STATEMENT

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)
	<u>10/28/16</u>
	DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER 
MALDONADO, MARK-ANTHONY (450)
NAME OF OFFICER (PLEASE PRINT)
<u>10/28/2016</u>
DATE

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COURT

STATE ATTORNEY

CENTRAL RECORDS

OCT 31 2016

CRIME ANALYSIS

P. I. O.

SCANNED