

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"/>	
Agency ORI Number FLD, 5, 0, 2, 6, 0, 0		Agency Name PALM BEACH GARDENS POLICE DEPT.		Agency Report Number (N.T.A.'s only) 7, 8, 1, 1, 6, 1, 0, 0, 5, 5, 8, 9, 11					
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		If Weapon Seized Enter Type		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) 4109 Northlake Blvd, PBG				Location of Offense (Business Name, Address) 4109 Northlake Blvd, PBG					
Date of arrest 1, 0, 2, 8, 1, 6		Time of Arrest 0, 4, 3, 8		Booking Date		Booking Time		Jail Date	
Jail Time		Location of Vehicle							
Name (Last, First, Middle) Conciminia, Austin, Taylor				Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White B - Black		Sex M		Date of Birth 0, 1, 1, 6, 9, 5		Height 5'9"		Weight 150	
Eye Color BRO		Hair Color BRO		Complexion Light		Build Med.			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status		Religion		Indication of: Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/>	
Local Address (Street, Apt. Number) 20 LN 201 BARTON LK		(City) Fremont		(State) IN		(Zip) 46137		Phone ()	
Permanent Address (Street, Apt. Number) 20 LN 201 Barton LK		(City) Fremont		(State) IN		(Zip) 46137		Phone ()	
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone ()	
D/L Number, State 3041-22-8558, IN		INS Number		Place of Birth (City, State) Angola, IN		Citizenship US			
Co-Defendant Name (Last, First, Middle) Cronin, Ryan, M		Race W		Sex M		Date of Birth 4/20/95		<input checked="" 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:		Name (Last)		(First)		(Middle)		Residence Phone	
Address (Street, Apt. Number)		(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 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		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 Disorderly Intoxication		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 8, 5, 6, 1, 0, 1, 1	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Instruction No. 1 Mandatory Appearance in Court		Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		Location (Court, Room Number, Address) 3188 PGA Blvd, PBG, FL 33418 (North County Courthouse)		Court Date and Time Month November Day 30 Year 2016 Time 8:00 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 M. Maldonado		Name Verification (Printed by Arrestee) SCANNED		I.D. # 450		PAGE 1 OF 1	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Intake Deputy Mark Maldonado		I.D. # 450		Pouch #		Witness here Subject and "X"	

DISTRIBUTION:

WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - JAIL

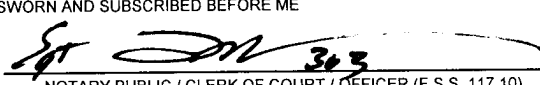

GOLD - DEFENDANT

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 0502600		Agency Name PALM BEACH GARDENS POLICE		Agency Report Number 7 8 16-005589	
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	
Special Notes:						
Name (Last, First, Middle) CORCIMIGLIA, AUSTIN TAYLOR				Race W	Sex M	Date of Birth 01/16/1995
Charge Description 856.011 DISORDERLY CONDUCT - DISORDERLY INTOXICATION			Charge Description			
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"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 28 day of October, 2016 at 06:09 (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>						
SWORN AND SUBSCRIBED BEFORE ME						
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)			 #450 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER			
10/28/16 DATE			MALDONADO, MARK-ANTHONY (450) NAME OF OFFICER (PLEASE PRINT)			
			10/28/2016 DATE			
PAGE 1 OF 2						

COURT

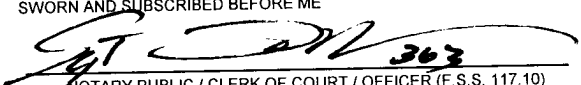

STATE ATTORNEY

CENTRAL RECORDS

SCANNED
OCT 31 2016

CRIME ANALYSIS

P. I. O.

A D M I N I S T R A T I V E	OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE		
	Agency ORI Number FL 0502600		Agency Name PALM BEACH GARDENS POLICE			Agency Report Number 7 8 16-005589							
	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			Special Notes:									
D E F	Name (Last, First, Middle) CORCIMIGLIA, AUSTIN TAYLOR					Alias		Race W		Sex M		Date of Birth 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>												
<p>NOT A CERTIFIED COPY</p>													
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME												
	 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)												
	10/28/14 DATE												
 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER													
MALDONADO, MARK-ANTHONY (450) NAME OF OFFICER (PLEASE PRINT)													
10/28/2016 DATE													
PAGE 2 OF 2													