

0500 948

327

OBTS Number		ARREST / NOTICE TO APPEAR			1 Arrest	3 Request for Warrant	1	Juvenile	N														
Agency ORI Number FL0 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 8 1 0 0 5 1 6 5 1 1																		
Charge Type: Check as many as apply		<input checked="" 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) HOOD RD / ALTERNATE AIR P36 FL					Location of Offense (Business Name, Address) HOOD RD / ALTERNATE AIR, P36, FL																		
Date of arrest 0.8.25.18		Time of Arrest 0.0.1.9		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle											
Name (Last, First, Middle) CHORENKO, BARBARA, EMILIA										Alias (Name, DOB, Soc Sec. #, Etc.)													
Race W - White B - Black		1 - American Indian 0 - Oriental		Sex W F		Date of Birth 0.5.3.1.0.0		Height 5'06		Weight 105		Eye Color BRO		Hair Color BRO		Complexion MEDIUM		Build SMALL					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status SINGLE		Religion CHRISTIAN		Indication of Alcohol Influence Drug Influence		Y N Unk.							
Local Address (Street, Apt. Number) 135 8TH ST				(City) JUPITER		(State) FL		(Zip) 33458		Phone (561) 562-0165		Residence Type: 1. City 2. County 3. Florida 4. Out of State											
Permanent Address (Street, Apt. Number) 135 8TH ST				(City) JUPITER		(State) FL		(Zip) 33458		Phone (-)		Address Source ARRESTEE											
Business Address (Name, Street)				(City)		(State)		(Zip)		Phone (-)		Occupation HOSTESS											
DL Number, State C652-065-00-691-0				Sec. Sec. Number				INS Number				Place of Birth (City, State) JUPITER, FL		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											
Parent Legal Custodian Name (Last, First, Middle)		Name (Last, First, Middle)		Address (Street, Apt. Number)		(City)		(State)		(Zip)		Residence Phone											
Other:												Business Phone											
Notified by: (Name)				Date		Time		Juv. Disposition		1. Handled/Processed within Dept. and Released		2. TOT DCF 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 parent. 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											
Property Crime?		Description of Property						Value of Property															
<input type="checkbox"/> Yes <input type="checkbox"/> No																							
Drug Activity		S. Sell		R. Smuggle		K. Dispense/Distribute		M. Manufacture/Produce/Cultivate		Z. Other		Drug Type		B. Barbiturate		H. Hallucinogen		P. Paraphernalia/Equipment		U. Unknown			
N. N/A		B. Buy		D. Deliver		E. Use						N. N/A		C. Cocaine		M. Marijuana		S. Synthetic		Z. Other			
P. Possess		T. Traffic										A. Amphetamine		F. Heroin		O. Opium/Deriv.							
Charge Description Poss CONTROLLED SUBSTANCE				Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 8,9,3,1,1,3, K16.A, 1				Violation of ORD #											
Drug Activity P		Drug Type M		Amount / Unit 1 GRAM		Offense # 18-005165		Warrant / Capias Number				Bond											
Charge Description Poss UNDER 20 GRAMS MARIJUANA				Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 8,9,3,1,1,3, K16.B, 1				Violation of ORD #											
Drug Activity P		Drug Type M		Amount / Unit 0.1 GRAM		Offense # 18-005165		Warrant / Capias Number				Bond											
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				Bond											
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				Bond											
Instruction No. 1 Mandatory Appearance in Court				Location (Court, Room Number, Address)								Date Signed											
Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.				Court Date and Time								Date Signed											
				Month								Day				Year				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 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 [Signature]				Name Verification (Printed by Arresting Officer)															
<input type="checkbox"/> Dangerous <input type="checkbox"/> Re-arrested Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:				Name of Arresting Officer (Print) TYLER WITT				I.D.# 492				(PRINT) SCANNED											
Intake Deputy SPAIN 8101				I.D.#		Pouch #		Transferring Officer WITT				I.D.# 492		Agency P36PA		Witness here if subject signed with an X							
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - JAIL GOLD - DEFENDANT																							

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OSTS Number	Agency ORI Number FL 0502600		Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 18-005165
Charge Type Check as many as apply <input checked="" 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

Name (Last, First, Middle) CHORENKO, BARBARA EMILIA	Race W	Sex F	Date of Birth 05/31/2000
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Charge Description 893.13(6)(A) DRUGS - CONTROLLED SUBST W/O PRESCRIPTION	Charge Description 893.13(6)(B) DRUGS - POSSESS MARIJUANA NOT MORE TH
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Victim's Name (Last, First, Middle) State Of Florida	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	

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 _____ admitting to the below facts was found to have committed the below acts, resulting from my (described) investigation
 On the 25 day of August, 2018 at 00:07 (Specifically include facts constituting cause for arrest)

On Saturday, August 25th, 2018, at approximately 0007 hours, I was on patrol in the area of Gardens Parkway and Alternate A1A. I observed a green Nissan Altima bearing Florida Tag JWOD09 traveling west on Gardens Parkway. The vehicle had an inoperable headlight on the driver's side which is a violation of F.S.S. 316.610(1) equipment violation. I conducted a traffic stop on the vehicle at Hood Road and Alternate A1A. My Body Worn Camera was used for this incident.

Upon making contact with the driver, identified as Barbara Emilia Chorenko, I immediately smelled the strong odor of marijuana coming from inside the vehicle. I observed a passenger inside the vehicle, identified as Jon Ryan Acevedo Tirado. I explained to Barbara the reason for the traffic stop. I then asked her to exit the vehicle based on the plain smell of marijuana coming from inside the vehicle. Prior to searching the vehicle, I explained to Barbara that I smelled marijuana and asked her if she had any. She denied any illegal drugs inside the vehicle.

Upon a search of the vehicle I found a plastic bag containing a green leafy substance inside the center console. This later tested positive for marijuana. The weight of the marijuana was 0.1 Grams. I continued to search and in a purse on the passenger side floor I found an unopened container of "Wedding Cake Exotic Carts" Indica THC Oil. This package was unopened and showed the THC Oil was 80-85% THC. It should be noted in the purse showed items with Barbara's name on it showing ownership. I asked Barbara who's purse it was in the car and she took ownership.

I find probable cause to place Barbara under arrest for violation of F.S.S. 893.13(6A) Possession of Controlled Substance for possession of THC Oil. I find probable cause to arrest Barbara for violation of F.S.S. 893.13(6B) Possession of Under 20 Grams of Marijuana for possession of 0.1 grams of marijuana. I issued Barbara a Written Warning for F.S.S. 316.610(1) Equipment Violation for the headlight being inoperable.

SWORN AND SUBSCRIBED BEFORE ME Paul 2M 376 LEFFLER, PAUL D JR NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 117 10) 08/25/2018 DATE	492 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER WITT, TYLER (492) NAME OF OFFICER (PLEASE PRINT) 08/25/2018 DATE
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PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

1 Arrest
2 NTA
3 Request for Warrant
4 Request for Capas

1 JUVENILE

A D M I N	CBTS Number	Agency ORI Number FL 0502600		Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 18-005165
	Charge Type Check as many as apply	<input checked="" 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) CHORENKO, BARBARA EMILIA	Alias	Race W	Sex F	Date of Birth 05/31/2000
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I transported Barbara to the Palm Beach County Jail without incident.
Nothing further to report from this Officer.

NOT A CERTIFIED COPY

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A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME	<i>Paul D Jr 376</i>	<i>Witt Tyler 492</i>
	LEFFLER, PAUL D JR	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 117 10)	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	08/25/2018	DATE	WITT, TYLER (492)
			NAME OF OFFICER (PLEASE PRINT)
		08/25/2018	DATE
			PAGE 2 OF 2



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
U/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: 2018028428	Date: 08/26/2018
	Specialist Name/ID: AM/31562