

0489287

1707

ARREST / NOTICE TO APPEAR				1. Arrest		3. Request for Warrant		1		JUVENILE	
OBTS Number		Agency ORI Number		Agency Name		17CF 6493		5   4   17-003168		Agency Report Number (N.T.A.'s only)	
S	Check as many	Charge Type:	<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	If Weapon Seized		Multiple Clearance Indicator
Location of Arrest (Including Name of Business) <b>MILITARY TRL/ INDIAN CREEK, JUPITER, FL,8</b> Location of Offense (Business Name, Address) <b>3399 MILITARY TRL/DAKOTA DR, JUPITER, FL 33458</b>											
Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time	
06/28/2017		22:31									
Name (Last, First, Middle) <b>STEINBERG, BENJAMIN RICHARD</b> Alias: <b></b>											
Race		Sex	Date of Birth		Height	Weight	Eye Color	Hair Color		Complexion	Build
W - White B - Black		M	10/08/1985		6'00	180	BLUE	BROWN		LIGHT	M
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)											
Local Address (Street, Apt. Number)		(City)		(State)		(Zip)		Marital Status		Religion	
8453 BEACONHILL ROAD, PALM BEACH GARDENS, FL 33410								S			
Phone <b>(561) 624-5677</b>											
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Address Source	
8453 BEACONHILL ROAD, PALM BEACH GARDENS, FL 33410								(561) 624-5677			
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		Occupation	
<b>UNEMPLOYED,</b>											
D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State)		Citizenship		US	
S351076853680 / FL						NEW YORK, NY, United					
Co-Defendant Name (Last, First, Middle)											
Co-Defendant Name (Last, First, Middle)											
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 Department and Released											
2. TOT JAC											
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. School Attended Grade											
The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.											
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Description of Property Value of Property											
Yes, by: <input type="checkbox"/> No:											
Drug Activity S. Sell R. Smuggle K. Disperses/ M. Manufacture/ Z. Other Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown											
N. N/A B. Buy D. Deliver E. Use Produce/ Cultivate C. Cocaine M. Marijuana O. Opium/Derv. Z. Other											
P. Possess T. Traffic E. Use A. Amphetamine E. Heroin S. Synthetic											
Charge Description DRUGS - CONTROLLED SUBST W/O PRESCRIPTION (INCL MARIJUANA) Statute Violation Number 893.13(6)(A) Violation of ORD #											
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond											
N / 17-003168 1 <input type="checkbox"/> Y <input checked="" type="checkbox"/> N											
Charge Description DRUGS - POSSESS AND/OR USE DRUG PARAPHERNALIA Statute Violation Number 893.147(1) Violation of ORD #											
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond											
N / 17-003168 1 <input type="checkbox"/> Y <input checked="" type="checkbox"/> N											
Charge Description Statute Violation Number Violation of ORD #											
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond											
N / <input type="checkbox"/> Y <input type="checkbox"/> N											
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 Explain:											
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											
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health											
Transported By Date Transported Time Transported Other											
INSTRUCTION NO. 1 - Mandatory appearance in court Location (Court, Room)											
INSTRUCTION NO. 2 - You need not appear in Court Court Date and Time											
but must comply with instructions on Page 2.											
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBCHARGED. 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) Date Signed											
JUN 30 2017											
HOLD for Other Agency Signature of Arresting Officer Name Verification (Printed by Arrestee)											
33711057 I.D. # (PRINT) #32											
Name of Arresting Officer (Print) I.D. # DAMPIER, GREGORY 1154											
Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other											
Suicidal <input type="checkbox"/> Other											
Intake Deputy I.D. # Pouch # Transporting Officer I.D. # Agency											
Dampier 337 JPD											
Witness here if subject signed with an "X".											
2017 JUN 29 AM 5:41 PAGE 1 OF 1											

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## PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

Agency ORI Number <b>FL 0501700</b>	Agency Name <b>JUPITER POLICE DEPARTMENT</b>	Agency Report Number <b>5 4 17-003168</b>
Charge Type: Check as many as apply: <input checked="" type="checkbox"/> 1. Felony <input checked="" 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		Special Notes:
Name (Last, First, Middle) <b>STEINBERG, BENJAMIN RICHARD</b>		Alias
		Race      Sex      Date of Birth <b>W      M      10/08/1985</b>
Charge Description <b>893.13(6)(A) DRUGS - CONTROLLED SUBST W/O PRESCRIPTION</b>		Charge Description <b>893.147(1) DRUGS - POSSESS AND/OR USE DRUG PARAPHE</b>
Charge Description		Charge Description
Victim's Name (Last, First, Middle) <b>State Of Florida</b>		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 resonable 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 \_\_\_\_\_  
 confessed to \_\_\_\_\_ that he/she saw the arrested person committ the below acts.  
admitting to the below facts.       was found to have committed the below acts, resulting from my (described) investigation.

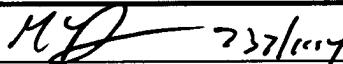
On the 28 day of June, 2017 at 23:50 (Specifically include facts constituting cause for arrest.)

On Wednesday 6/28/17, at approximately 2139 hours, I was patrolling Military Trl and Dakota Dr. when I observed a white Honda (FL Tag: 349RJL) pass me with what I believed to be dark tint. I then ran the tag of the vehicle and found that the Registered Owner of the vehicles (W/M Benjamin Steinberg 10/08/1985) Driver's License was expired. I then activated my emergency lights to stop the vehicle. The vehicle came to a final stop at Military Trl and Indian Creek Pkwy.

I then made contact with the driver of the vehicle who was indeed Steinberg. I informed Steinberg that the reason I stopped him was because his driver's license was expired. I asked Steinberg where did he live and he informed me he stayed in Palm Beach Gardens and that he knew his Florida Driver's License was expired. Steinberg informed me that he had a New York Driver's License. I asked him how long had he been back in Florida and he said a while I informed him that since he was living back in Florida he needed to have a valid Florida Driver's License.

While speaking with Steinberg I could detect the odor which from my training and experience was to be marijuana coming from the vehicle. I then asked Jupiter Dispatch for back up and Officer Kitchens #381 soon arrived on scene. I asked Ofc. Kitchens #381 if he smelled anything coming from the vehicle and he too said that also detected the odor or marijuana coming from the vehicle. I then asked Steinberg to exit the vehicle. Once he was out of the vehicle I asked him did he smoke marijuana in the vehicle and he said he did not. He was then asked if there was anyone in his vehicle that smelled like marijuana and he said it was a friend.

I informed Steinberg due to the fact his vehicle smelled of marijuana I was going to search the vehicle. While searching the vehicle I looked into the center console of the vehicle and observed a syringe sticking out a of a black sunglasses case. I opened the sunglasses case and found a syringe, a spoon with a white powdery residue, and cotton

ADM I N I S T R A T I V E SWORN AND SUBSCRIBED BEFORE ME   <b>KITCHENS, GUY WILLIAM</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <b>06/28/2017</b> DATE	<b>SCANNED</b>   SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <b>DAMPIER, GREGORY (1154)</b> NAME OF OFFICER (PLEASE PRINT) <b>06/28/2017</b> DATE
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

COURT

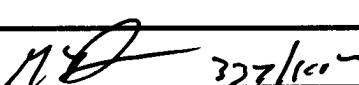
STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	<b>1</b>	JUVENILE
Agency ORI Number <b>FL 0501700</b>	Agency Name <b>JUPITER POLICE DEPARTMENT</b>	Agency Report Number <b>5   4   17-003168</b>					
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:			
Name (Last, First, Middle) <b>STEINBERG, BENJAMIN RICHARD</b>	Alias			Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>10/08/1985</b>	
<p>(from my training and experience these items are drug paraphernalia). I continued to search the vehicle and found a glass pipe with burnt ends (from my training and experience is to be drug paraphernalia) next to the pipe was a white rock substance (from my training and experience was to be Crack Cocaine).</p> <p>I then made contact with Steinberg and asked him was there anything illegal in the vehicle I needed to know about. Steinberg said that he had a syringe in the vehicle he used to inject heroin into his system. I then placed Steinberg into handcuff which were double locked and checked for spacing. Steinberg was then placed in the back seat of my patrol vehicle. I then read Steinberg his Miranda Rights from my department issued Miranda Rights Card which Steinberg stated he understood. I then informed Steinberg about the crack rock that was found in his vehicle. Steinberg said that he used crack about a week ago and forgot that the rock was left in the vehicle. Steinberg stated if he remembered the crack rock was in the vehicle he would have smoked it.</p> <p>Based on my investigation I have probable cause that Benjamin Steinberg did use or possess with the intent to use (Syringe, Spoon and Glass Pipe), drug paraphernalia, for planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packaging, repackaging, storing, containing or concealing a controlled substance, contrary to Florida Statute 893.147(1)(a).</p> <p>I also have Probable Cause that Benjamin Steinberg 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).</p> <p>Steinberg was transported to Jupiter Police Department for processing than transported to Palm Beach County Jail for Booking.</p> <p>The Syringe, Spoon, Pipe and white rock which field tested positive for Cocaine was placed into evidence at the Jupiter Police Department.</p> <p>There is no further information at this time.</p>							
ADMNISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME  <b>KITCHENS, GUY WILLIAM</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <b>06/28/2017</b> DATE			 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <b>DAMPIER, GREGORY (1154)</b> NAME OF OFFICER (PLEASE PRINT) <b>06/28/2017</b> DATE			
				SCANNED <b>6/28/2017</b> <b>JUN 30 2017</b>			
				<b>PAGE 2 OF 3</b>			

OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias
A				1	
D	Agency ORI Number	Agency Name	Agency Report Number		
M	FL 0501700	JUPITER POLICE DEPARTMENT	5   4   17-003168		
I	Charge Type: Check as many as apply: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other			Special Notes:	
N					
D	Name (Last, First, Middle)			Alias	
E	STEINBERG, BENJAMIN RICHARD			Race	Sex
F				W	M
				Date of Birth 10/08/1985	

S-351-076-85-368-0

BENJAMIN, RICHARD, STEINBERG

8453 BEACONHILL ROAD

8453 BEACONHILL ROAD

TYPE LIC: CLASS E OPERATOR

CURRENT LICENSE ISSUED: 07/24/2007 EXPIRED: 10/04/2013 REP. LIC. ISSUED 07/08/10

EXPIRED LICENSE

PALM BEACH GARDENS

FL 33410

PALM BEACH GARDENS

FL 33410

DOB: 10/08/1985 HT: 600 RACE: W SEX: M

SOC SEC: [REDACTED]

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ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME  <b>KITCHENS, GUY WILLIAM</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 06/28/2017 DATE	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <i>MD 337/1esY</i> DAMPIER, GREGORY (1154) NAME OF OFFICER (PLEASE PRINT) 06/28/2017 DATE
	SCANNED JUN 30 2017	PAGE 3 OF 3

COURT

STATE ATTORNEY

CENTRAL RECORDS

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CRIME ANALYSIS

P. I. O.