

0511327 2019mm11038 ASB 2093

ARREST / NOTICE TO APPEAR

OBTS Number	Agency ORI Number <b>0500400</b>		Agency Name <b>Delray Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>4, 0 19-015329</b>	1 Arrest 2 N.T.A.	3 Request for Warrant 4 Request for Capias	<b>1</b>	JUVENILE		
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 <b>None/not Applicable</b>		Multiple Charge Indicator <b>2</b>					
Location of Arrest (Including Name of Business) <b>16 E ATLANTIC AVE</b>				Location of Offense (Business Name, Address) <b>16 E ATLANTIC AVE, DELRAY BEACH, FL 33444</b>							
Date of Arrest <b>09/28/2019</b>	Time of Arrest <b>00:35</b>	Booking Date <b>09/28/2019</b>	Booking Time <b>00:47</b>	Jail Date <b>// : :</b>	Jail Time	Location of Vehicle					
Name (Last, First, Middle) <b>WARD, BRANDYN CHRISTOPHER</b>				Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:							
Race W - White B - Black	1 - American Indian 0 - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>09/22/1997</b>	Height <b>6'03</b>	Weight <b>170</b>	Eye Color <b>BLUE</b>	Hair Color <b>BROWN</b>	Complexion <b>LIGHT</b>	Build <b>MEDIUM</b>		
Swars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>S</b>	Religion <b>CHRISTIAN</b>	Indication of Alcohol Intoxication Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Intoxication Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>2113 RADNOR CT, PALM BEACH GARDENS, FL 33408</b>				Phone <b>(352) 278-6928</b>		Residence Type: 1 City 3 Florida 2 County 4 Out of State <b>1</b>		Address Source <b>VERBAL</b>			
Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>2113 RADNOR CT, PALM BEACH GARDENS, FL 33408</b>				Phone <b>(352) 278-6928</b>		Occupation					
Business Address (Name, Street) (City) (State) (Zip)				Phone							
D/L Number, State <b>W630063973420 / FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>CHICAGO, IL</b>		Citizenship			
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			
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)				Residence Phone							
<input type="checkbox"/> Legal Custodian				Business Phone							
Address (Street, Apt. Number) (City) (State) (Zip)				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. 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. Seizure D. Deliver B. Use	K. Dispense/ Distribute	M. Manufacture/ Produce Cultivate	2. 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. Synthesis	U. Unknown 2. Other
Charge Description <b>DISORDERLY INTOXICATION</b>				Statute Violation Number <b>856.011</b>		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond <b>OR</b>				
<b>N</b>	<b>N</b>	<b>/</b>	<b>/</b>	<b>1</b>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N						
Charge Description <b>RESIST/OBSTRUCT OFFICER W/O VIOLENCE</b>				Statute Violation Number <b>843.02</b>		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond <b>OR.</b>				
<b>N</b>	<b>N</b>	<b>/</b>	<b>/</b>	<b>1</b>	<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				
					<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							
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" 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				Date Transported		Time Transported		Other			
Transported By				Date Transported		Time Transported		Other			
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>							
				Court Date and Time <b>10/24/2019 08:30:00</b>							
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				No Photo Available							
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed							
HOLD for Other Agency				Signature of Arresting Officer		Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Armed Arrest				Name of Arresting Officer (Print)		ID #		(PRINT)			
<input type="checkbox"/> Bureidial <input type="checkbox"/> Other				<b>WILLIAMS, THEODORE R</b>		<b>1188</b>					
Pouch #				Transporting Officer		ID #		AGENCY			
				<b>WILLIAMS</b>		<b>1188</b>		<b>DBPD</b>			
				Checked here if subject signed with an "X"							
				PAGES <b>1 OF 1</b>							





**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
L/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"/>	119.071(2)(j)1	Other: Addresses, telephone numbers and personal assets of domestic vio. and other specified crime victims	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2019031633	Date: 9/28/2019
	Specialist Name/ID: Tiara Jones/34072