

0375266

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ARREST / NOTICE TO APPEAR

OBTS Number	ARREST / NOTICE TO APPEAR			1. Arrest	3. Request for Warrant	1	JUVENILE
Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)		2. N.T.A.	4. Request for Capias		
0500400	Delray Beach Police Department	4	0	18-002314			
Charge Type	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	If Weapon Seized		Multiple Clearance Indicator	
Check as many as apply	<input checked="" type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	Enter Type		None/not Applicable	
Location of Arrest (Including Name of Business)				Location of Offense (Business Name, Address)			
600 NE 4TH ST				600 NE 4TH ST, DELRAY BEACH, FL 33483			
Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
02/13/2018	19:36	02/13/2018	19:46				
Name (Last, First, Middle)				Alias (Name, DOB, Soc. Sec. #, Etc.)			
THOMPSON, BRITTANY ANN				Alias:			
Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion
W - White B - Black I - American Indian O - Oriental/Asian	W F	09/28/1991	5'03	160	BLUE	BLOND OR	FAIR
Build				Indication of Alcohol Influence			
MEDIUM				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status		Religion	
Local Address (Street, Apt. Number)				(City)		(State) (Zip)	
905 WITHERSPOON LN W, DELRAY BEACH, FL 33483							
Phone				Residence Type:			
(561) 708-2881				1. City 3. Florida 2. County 4. Out of State			
Permanent Address (Street, Apt. Number)				(City)		(State) (Zip)	
905 WITHERSPOON LN W, DELRAY BEACH, FL 33483							
Phone				Address Source			
(561) 708-2881				HERSELF			
Business Address (Name, Street)				(City)		(State) (Zip)	
D/L Number, State				Sec. Sec. Number		INS Number	
T512061918480 / FL							
Place of Birth (City, State)				Citizenship			
DALLAS, TX, United							
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____				Residence Phone			
<input type="checkbox"/> Legal Custodian				Business Phone			
Address (Street, Apt. Number)				(City)	(State)	(Zip)	
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			
The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.				Grade			
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No:				Property Crime?			
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Drug Activity				Drug Type		Description of Property	
S. Sell N. N/A P. Possess				A. Amphetamine		Value of Property	
R. Smuggle D. Deliver E. Use				B. Barbiturate C. Cocaine E. Heroin			
K. Disperses/ Distribute				M. Manufacture/ Product/ Cultivate		H. Hallucinogen O. Marijuana U. Unknown Z. Other	
Z. Other				P. Paraphernalia/ Equipment S. Synthetic			
Charge Description				Statute Violation Number		Violation of ORD #	
DL SUSPENDED/ REVOKED- OPERATING WHILE (3RD AND SUBSEQUENT)				322.34(2)(C)			
Drug Activity				Drug Type	Amount / Unit	Offense #	Counts
N					/	18-002314	1
Domestic Violence				Warrant / Capias Number			
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N							
Bond							
Charge Description				Statute Violation Number		Violation of ORD #	
Drug Activity				Drug Type	Amount / Unit	Offense #	Counts
					/		
Domestic Violence				Warrant / Capias Number			
<input type="checkbox"/> Y <input type="checkbox"/> N							
Bond							
Charge Description				Statute Violation Number		Violation of ORD #	
Drug Activity				Drug Type	Amount / Unit	Offense #	Counts
					/		
Domestic Violence				Warrant / Capias Number			
<input type="checkbox"/> Y <input type="checkbox"/> N							
Bond							
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:				PROPERTY - Received By			
<input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail							
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				Released By			
				Released To			
Transported By				Date Transported	Time Transported	Other	
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court				Location (Court, Room)			
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court				South County 200 W Atlantic Ave Delray Beach, FL 33444			
but must comply with instructions on Page 2.				Court Date and 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 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"/> Resisted Arrest				Mohammed		1139	
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Officer (Print)		(PRINT)	
				MOHAMMED, JOSHUA A.		1139	
Inmate Deputy				Pouch #	Transporting Officer	I.D. #	Agency
1139					MOHAMMED	1139	DELRA
				Witness here if subject signed with an			

2018 FEB 14 AM 29

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number <b>FL 0500400</b>		Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>	Agency Report Number <b>4 0 18-002314</b>
Charge Type Check as many as apply <input type="checkbox"/> 1. Felony <input checked="" 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

Name (Last, First, Middle) <b>THOMPSON, BRITTANY ANN</b>	Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>09/28/1991</b>
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Charge Description <b>322.34(2)(C) DL SUSPENDED/ REVOKED- OPERATING WHILE</b>	Charge Description
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 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 **13** day of **February**, **2018** at **19:47** (Specifically include facts constituting cause for arrest.)

The following incident occurred in the City of Delray Beach, Palm Beach County, Florida.

I was traveling northbound from the 200 block of NE 6th Ave from E Atlantic Ave when I observed a vehicle traveling ahead of me failing to drive within a single lane. I initiated a traffic stop on the vehicle, a Volkswagon Bettle (FL Tag HTEJ19) in the 600 Blk of NE 4th St. Upon contact with the driver (later identified as Brittany Thompson by FL ID) I informed her of the reason for the stop. Thompson stated she was not carrying her license but she knows that it is currently suspended.

Upon checking DAVID it showed that Thompson`s license was revoked as of 3/7/16. DAVID also showed that Thomson was found guilty of driving while license is canceled, suspended, or revoked, on the following dates: 8/14/14, 6/22/15, 1/28/16, 8/8/16, 1/10/17, 1/29/18. Teletype also confirmed that Thompson`s FL DL was revoked as well.

Based on the above information, probable cause exists to charge Brittany Thompson with driving on a revoked license 3rd and subsequent offense F.S.S. 322.34(2)(C).

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
<b>STEVENSON, RODNEY</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	<b>MOHAMMED, JOSHUA A (1139)</b> NAME OF OFFICER (PLEASE PRINT)
<b>02/13/2018</b> DATE	<b>02/13/2018</b> DATE