

J# 050326

P# 3227

ARREST / NOTICE TO APPEAR

OBFS Number	ARREST / NOTICE TO APPEAR			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Captus	1	JUVENILE			
Agency ORI Number 0500400	Agency Name Delray Beach Police Department	Agency Report Number (N.T.A.'s only) 4 0 18-018659								
Charge Type: Check as many as apply: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	If Weapon Seized	Enter Type None/not Applicable	Multiple Clearance Indicator 2					
Location of Arrest (Including Name of Business) 1999 W LINTO BLVD/S CONGRES AVE, Delray Beach, FL			Location of Offense (Business Name, Address) 1999 W LINTON BLVD/S CONGRESS AVE, DELRAY BEACH, FL							
Date of Arrest 12/16/2018	Time of Arrest 01:56	Booking Date 12/16/2018	Booking Time 02:06	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) APUZZO, BRITTANY MARIE		Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)								
Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex W	Date of Birth 08/07/1995	Height 5'01	Weight 110	Eye Color BLUE	Hair Color BROWN			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Complexion FAIR	Build SMALL	Marital Status	Religion CATHOLIC	Indication of: Alcohol Intoxication Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Intoxication Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>				
Local Address (Street, Apt. Number) 1201 ALTA MEADOWS LN 102, DELRAY BEACH, FL 33444			(City)	(State)	(Zip)	Phone (954) 793-2732	Residence Type: 1. City 2. County 3. Florida 4. Out of State 3			
Permanent Address (Street, Apt. Number) 1201 ALTA MEADOWS LN 102, DELRAY BEACH, FL 33444			(City)	(State)	(Zip)	Phone (954) 793-2732	Address Source VERBAL			
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone	Occupation			
D/L Number, State A120073957871 / FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) CORAL SPRINGS, 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			
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian	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. 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. 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 DL SUSPENDED/ REVOKED- OPERATING WHILE (2ND OFFENSE)			Statute Violation Number 322.34(2)(B)		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Captus Number	Bond			
	N	/	18-018659	1						
Charge Description FAIL TO APPEAR ON BAIL FOR MISDEMEANOR OFFENSE			Statute Violation Number 843.15(1B)		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Captus Number 18009039	Bond \$2,000			
	N	/	18-018659	1						
Charge Description			Statute Violation Number		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Captus Number	Bond			
Health / Apparent Physical Condition of Defendant			Any knowledge of the following: Explain: <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"/> Pooled Bond			<input type="checkbox"/> Released to Parent/Guardian	<input checked="" type="checkbox"/> T.O.T. County Jail	PROPERTY - Received By	Released By	Released To			
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) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time 02/19/2019 08:30:00					
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.			Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed					
HOLD for Other Agency			Signature of Arresting Officer GREEN, TRAVIS		Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		(PRINT)					
Arresting Agency Officer H. ON PA 17200			Pouch #	Transporting Officer GREEN	I.D. # 1155	Agency DBPD	Page 1 OF 1			

SCANNED
DEC 16 2018
90:06

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 18-018659
Charge Type: Check as many as apply.			Special Notes	
<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other				

Name (Last, First, Middle) APUZZO, BRITTANY MARIE	Alias	Race W	Sex F	Date of Birth 08/07/1995
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Charge Description 843.15(1B) FAIL TO APPEAR ON BAIL FOR MISDEMEANOR	Charge Description 322.34(2)(A)
Charge Description	Charge Description

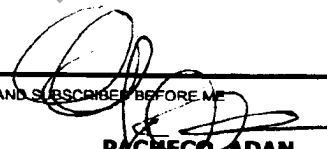
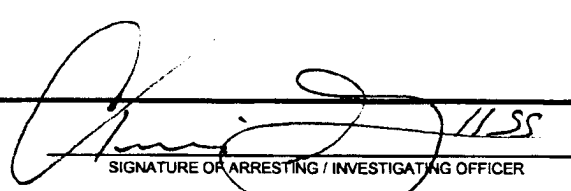
Victim's Name (Last, First, Middle) STATE OF FLORIDA,	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) 605 SUWANNEE STREET, TALLAHASSEE, FL 32399	(City)	(State)	(Zip)
Business Address (Name, Street)	(City)	(State)	(Zip)

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 16 day of December, 2018 at 02:38 (Specifically include facts constituting cause for arrest.)

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

On December 16, 2018, while on my routine patrol, I conducted a traffic stop at Linton Blvd and S Congress Ave on a Blue Ford Mustang bearing Florida tag DRUI147. I ran the tag of the vehicle and it was registered to Brittany Apuzzo whose driver's license was suspended on 08/23/2018. I made contact with the driver and confirmed that is was Apuzzo. I asked Apuzzo for her driver's license, registration and proof of insurance. Upon my request, Apuzzo stated she did not have her driver's license on her person. Teletype confirmed that Apuzzo's driver's license was suspended on 08/23/2018. Teletype also confirmed that Apuzzo had a warrant out for her arrest, for failure to appear to court (Warrant# 18-009039). Apuzzo was placed under arrest with double locked handcuffs.

Due to the above stated facts, probable cause exist to charge Brittany Apuzzo with DL SUSPENDED/ REVOKED- OPERATING WHILE (2ND OFFENSE) pursuant to F.S.S322.34(2) (b) and Warrant (FTA) pursuant to F.S.S 843.15. (1) (B)

SWORN AND SUBSCRIBED BEFORE ME  PACHECO, ADAN NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>12/16/2018</u> DATE	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER GREEN, TRAVIS (1155) NAME OF OFFICER (PLEASE PRINT) <u>12/16/2018</u> DATE
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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"/>	119.014(3A)(13)(1-3C)	Other: Keep Separate - Court Documents/Official Records	
	<input type="checkbox"/>	119.071(2c)	Other: Active Criminal intelligence information	

REVIEW COMPLETED BY

Booking Number: 2018041516	Date: 12/16/2018
	Specialist Name/ID: WATSON/6665