

0268917

993

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number		Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 18159720	
-------------	--	---	--	--	--	--	--

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	Weapons Seized Enter Type	N/A	Multiple Offenses Indicator <input type="checkbox"/> 0 <input type="checkbox"/> 1
---------------------------------------	--	---	--	------------------------------	-----	--

Location of Arrest (Including Name of Business) 2900 OKEECHOBEE BLVD WEST PALM BEACH, FL 334	Location of Offense (Including Name of Business) 2900 OKEECHOBEE BLVD WEST PALM BEACH, FL 334
--	---

Date of Arrest Dec 26, 2018	Time of Arrest 0839	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle N/A
---------------------------------------	-------------------------------	--------------	--------------	-----------	-----------	-----------------------------------

Name (Last, First, Middle) BUCELL CANDACE LYNN	Alias (Name, DOB, Soc. Sec. #, Etc.)
--	--------------------------------------

Race W. White 1. American Indian B. Black 0. Oriental/Asian	Sex F	Date of Birth 10/27/1983	Height 5'03	Weight 123	Eye Color BLUE	Hair Color BLONDE	Complexion FAIR	Build SMALL
---	-----------------	------------------------------------	-----------------------	----------------------	--------------------------	-----------------------------	---------------------------	-----------------------

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) ANGEL ON BACK, SISSORS ON WRIST, DANIEL ON THIGH	Marital Status SINGLE	Religion CATHOLIC	Indication of Alcohol Influence <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Indication of Drug Influence <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
--	---------------------------------	-----------------------------	---	--

Local Address (Street, Apt. Number) 61 GONDOLA DR WEST PALM BEACH FL 33415	City	State	Zip	Phone 772-501-6232	Residence Type 1. City 2. County 3. Florida 4. Out of State	2
--	------	-------	-----	------------------------------	--	----------

Permanent Address (Street, Apt. Number) 61 GONDOLA DR WEST PALM BEACH FL 33415	City	State	Zip	Phone 772-501-6232	Address Source FL DL
--	------	-------	-----	------------------------------	--------------------------------

Business Address (Street, Apt. Number) N/A	City	State	Zip	Phone	Occupation HAIR DRESSER
--	------	-------	-----	-------	-----------------------------------

DL Number, State B240-112-83-887-0, FL	Social Security Number	INS Number	Place of Birth WEST PALM BEACH, FL	Citizenship US
--	------------------------	------------	--	--------------------------

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony	<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"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor
---	------	-----	---------------	---	--

<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	Name (Last, First, Middle)	Phone
--	----------------------------	-------

Address (Street, Apt. No.)	City	State	Zip	Business Phone
----------------------------	------	-------	-----	----------------

Notified By (Name)	Date	Time	Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/DAYS 3. Incarcerated
--------------------	------	------	--

Released To (Name)	Relationship	Date	Time
--------------------	--------------	------	------

The above address was provided by defendant and/or defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561-366-2626) informed of any address change.
 Yes, by (Name) No (Parent)

Property Crime? <input type="checkbox"/> Yes <input 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	V. Manufacture/ Produce/ Cultivate	Z. Other	Drug type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana	P. Paraphernalia/ Equipment	U. Unknown Z. Other
---------------------------------------	---------------------------------	------------------------------------	----------------------------	--	----------	---------------------------------------	---	---------------------------------	--------------------------------	------------------------

Charge Description DRIVING UNDER SUSPENSION W/ KNOWLEDGE	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 322.34(2)	Violation or ORD. #
--	--------------------	---	--	---------------------

Drug Activity N	Drug Type N	Amount/Unit N/A	Offense # 18159720	Warrant/Capias Number	Bond
---------------------------	-----------------------	---------------------------	------------------------------	-----------------------	------

Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation or ORD. #
--------------------	--------	---	--------------------------	---------------------

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
---------------	-----------	-------------	-----------	-----------------------	------

Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation or ORD. #
--------------------	--------	---	--------------------------	---------------------

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
---------------	-----------	-------------	-----------	-----------------------	------

Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation or ORD. #
--------------------	--------	---	--------------------------	---------------------

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
---------------	-----------	-------------	-----------	-----------------------	------

Location (Court, Address, Room Number)
--

Court Date and Time Month JANUARY Day 23RD Year 2019 Time 8:30 AM <input checked="" type="checkbox"/>	DEC 26 2018
--	--------------------

I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Dec 26, 2018

Signature of Defendant (or Juvenile and Parent/Custodian) _____ Date Signed _____

HOLD For Other Agency _____ Signature of Arresting Officer _____ Name Verification (Printed by Arrestee) _____

Name _____ ID# **9709** (PRINT)

Name of Arresting Officer **SHACKELFORD** ID# **9709** Agency **PBSO**

Transporting Officer ID# **SHACKELFORD 9709** Agency **PBSO** Witness here if subject signed with an "X" _____

SCANNED
DEC 28 2018



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
I/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: 2018042455	Date: 12/26/2018
	Specialist Name/ID: J. Beck/9007