

ARREST / NOTICE TO APPEAR Juvenile Referral Report

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

1 Juvenile N

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-17036954	
	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		Weapon Seized / Type 2 1. Yes 2. No	
	Location of Arrest (Including Name of Business) 10891 HAYDN DR, Boca Raton, FL 33498				Location of Offense (Business Name, Address) 10891 HAYDN DR, Boca Raton, FL 33498			
	Date of Arrest 02/08/2017	Time of Arrest 0201	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
DEFENDANT	Name (Last, First, Middle) Llovet Venturini, Carlos Eduardo							
	Alias (Name, DOB, Soc. Sec. #, Etc.)							
	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 04/20/1965	Height 5'11	Weight 197	Eye Color brown	Hair Color gray	Complexion light
	Build medium							
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None				Marital Status Married	Religion CATHOLIC	Indication of: Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.	
	Local Address (Street, Apt. Number) (City) (State) (Zip) 10891 Haydn Dr, Boca Raton, FL 33498				Phone (561) 213-4665		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2	
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 10891 Haydn Dr, Boca Raton, FL 33498				Phone ()		Address Source verbal/driver's license	
	Business Address (Name, Street) (City) (State) (Zip) ()				Phone ()		Occupation	
	D/L Number, State L131105651400, FL		Soc. Sec. Number ()		INS Number		Place of Birth (City, State) Montevideo, UY	
	Citizenship USA							
CO-DEF.	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"/> 5. Juvenile
	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"/> 5. Juvenile
JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:							
	Address (Street, Apt. Number) (City) (State) (Zip)				Residence Phone ()			
	Business Phone ()							
	Notified by: (Name) Date Time				Juvenile Disposition: 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated			
CHARGE	Released To: (Name) Relationship				Date		Time	
	The above address 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 (Phone 355-2526) informed of any change of address.				School Attended		Grade	
	<input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason) <input type="checkbox"/> Yes <input type="checkbox"/> No				Value of Property			
	Description of Property							
	Drug Activity				S. Sell B. Buy P. Possess R. Smuggle D. Deliver E. Use K. Dispense/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other			
	Drug Type				B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetics U. Unknown Z. Other			
	Charge Description Battery (domestic)				Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1)(a)(1)	
	Drug Activity N				Drug Type N	Amount / Unit	Offense # 17036954	Warrant / Capias Number
	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	
	Drug Activity				Drug Type	Amount / Unit	Offense #	Warrant / Capias Number
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	
	Drug Activity				Drug Type	Amount / Unit	Offense #	Warrant / Capias Number
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	Drug Activity				Drug Type	Amount / Unit	Offense #	Warrant / Capias Number
	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	
	Drug Activity				Drug Type	Amount / Unit	Offense #	Warrant / Capias Number
NOTICE TO APPEAR	Location (Court, Room Number, Address)							
	Court Date and Time Month Day Year Time AM PM 02/08/2017							
	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 FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.							
	Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed			
ADMIN	HOLD for other Agency		Signature of Arresting Officer (Signature)		Name Verification (Printed by Arrestee)			PAGE OF
	Name:		Name of Arresting Officer (Print) D/S Jacob Frey		(PRINT)			
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		I.D. # 9658			
	Intake Deputy		Transporting Officer D/S Jacob Frey		ID # 9658			

FEB 08 2017

