

0160368

3170

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 Juvenile

OBTS Number	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number (N.T.A.'s only) 06- 17142968
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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 type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Weapon Seized / Type 2 1. Yes 2. No	Multiple Clearance Indicator 01
Location of Arrest (Including Name of Business) 325 Gatling Court West Palm Beach, FL 33415		Location of Offense (Business Name, Address)
Date of Arrest 10/23/2017	Time of Arrest 21:59	Booking Date, Booking Time, Jail Date, Jail Time, Location of Vehicle N/A

Name (Last, First, Middle) Strano, Carmela, Lori	Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex F	Date of Birth 07/03/1974	Height 5'03"	Weight 120	Eye Color Hazel	Hair Color Brown	Complexion Light	Build Medium

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Tattoo of roses on right ankle	Marital Status Divorced	Religion CHRISTIAN	Indication of: Alcohol Influence Drug Influence Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Local Address (Street, Apt. Number) (City) (State) (Zip) 325 Gatling Court, West Palm Beach FL 33415	Phone (561-) 291-2027	Residence Type: 1. City 3. Florida 2. County 4. Out of State 2	
Permanent Address (Street, Apt. Number) (City) (State) (Zip) SAME AS ABOVE	Phone ()	Address Source Verbal, DHSMV	
Business Address (Name, Street) (City) (State) (Zip) ()	Phone ()	Occupation Unemployed	
DL Number, State S-365-112-74-743-0	Soc. Sec. Number [REDACTED]	INS Number	Place of Birth (City, State) Citizenship Mount Vernon, NY USA

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 Legal Custodian <input type="checkbox"/> Other:	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 2. TOT HRS / DYS 3. Incarcerated 1
Released To: (Name)	Relationship	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. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)			School Attendance Grade
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	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. Synthetics	U. Unknown Z. Other
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Charge Description Simple Battery (Victim >65)	Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.08(2)(c)	Violation of ORD #
Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # 17142968	Warrant / Capias Number 784.08(2)(c)
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #
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	Violation of ORD #
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	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number

Location (Court, Room Number, Address)	2017 OCT 24 5:30 PM PALM BEACH COUNTY SHERIFF'S OFFICE
Court Date and Time Month Day Year Time AM PM	

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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED

10/23/2017

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

HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> S. Stolen <input type="checkbox"/> Other <input type="checkbox"/> Intake Deputy	Signature of Arresting Officer D/S Schnell	Name Verification (Printed by Arrestee) D/S Schnell
D/S BRYANT #8241	Name of Arresting Officer (Print) I.D. # D/S Schnell 21303	(PRINT)
Transporting Officer I.D. # Patch # D/S Schnell 21303	Agency PBSO	PAGE 1 OF 1
Witness here if subject signed with an "X"		1

