

0501185

N 11/18 CP 8/22/2 104

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBT Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-18116128								
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 <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Multiple Clearance Indicator <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10		01								
Location of Arrest (Including Name of Business) 20405 AMPHITHEATER CIR BOCA RATON, FL 33498				Location of Offense (Business Name, Address) 20405 AMPHITHEATER CIR BOCA RATON, FL 33498										
Date of Arrest 9/2/18	Time of Arrest 1648	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle								
Name (Last, First, Middle) WAGNER CATHERINE				Alias (Name, DOB, Soc. Sec. #, Etc.) R										
Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex F	Date of Birth 1/28/2000	Height 5'3"	Weight 110	Eye Color brn	Hair Color blonde	Complexion light	Build small						
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Mental Status single		Religion NONE		Indication of Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U						
Local Address (Street, Apt. Number) 1526 RHODESWELL LN DOVER, FL 33527		(City) (State) (Zip)		Phone (813) 9577968		Residence Type: <input type="checkbox"/> 1. City <input type="checkbox"/> 2. County <input checked="" type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State								
Permanent Address (Street, Apt. Number) SAME AS ABOVE		(City) (State) (Zip)		Phone		Address Source VERBAL								
Business Address (Name, Street)		(City) (State) (Zip)		Phone		Occupation								
DL Number, State W-256-136-00-528-0		Lic. Sec. Number		INS Number		Place of Birth (City, State) DOVER, 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 <input type="checkbox"/> Other		Name (Last) (First) (Middle)		Relationship		Residence Phone								
Address (Street, Apt. Number)		(City) (State) (Zip)		Business Phone										
Notified by (Name)		Date (9/2/18) Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated										
Released To (Name)		Relationship		Date		Time								
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parent the child and / or parent was told to keep the Juvenile Court Clerk (Phone 335-2528) informed of any change of address. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)				School Attended		Grade								
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. Synthetics	U. Unknown Z. Other
Charge Description POSSESSION OF MDMA		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 893.13 (6A)		Violation of ORD #						
Drug Activity P		Drug Type H		Amount / Unit 2.36		Offense # 18116128		Warrant / Capias Number	Bond					
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of 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 of 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 of ORD #						
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	Bond					
Location (Court, Room Number, Address)		Court Date and Time Month Day Year Time AM		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		Signature of Defendant (or Juvenile and Parent / Custodian)		Date Signed						
HOLD for other Agency Name		Signature of Arresting Officer D/S SCHWARTZ		Name Verification (Printed by Arrestee) D/S SCHWARTZ		ID # 13670		PAGE 1 OF 1						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Substantial		<input type="checkbox"/> Recited Arrest		Name of Arresting Officer (Print) D/S SCHWARTZ		ID # 13670		Agency 06-18116128						
Initials/Date		ID #		Pouch #		Transporting Officer M. C. Jones		ID # 65272-0850						

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile n

OSTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06- 18116128
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	Special Notes.

Name (Last, First, Middle) WAGNER CATHERINE	Alias R	Race W	Sex F	Date of Birth 1/28/2000
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Charge Description POSSESSION OF MDMA 893.13 (6A)	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) STATE OF FLORIDA	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 2 day of SEPTEMBER 2018 at 1648 A.M. P.M. (Specifically include facts constituting cause for arrest.)

I was working an extra duty permit at Sunset Cove Amphitheater located at 20405 Amphitheater Cir., Boca Raton, FL 33498. I was alerted by security at the front entrance that an individual identified verbally as, Catherine Wagner w/f DOB 1/28/2000, was in possession of a suspicious item inside her backpack. I met with Catherine and recovered a clear plastic bag containing 6 clear capsules with an unknown light brown powder substance. Catherine spontaneously uttered the capsules contained "Molly/MDMA" and apologized for attempting to bring it into the concert. Catherine was placed into handcuffs which were double locked and checked for proper fit.

A field test of the unknown powder substance tested positive for MDMA using PBSO issued Sodium Nitroprusside Reagent with a total packaged weight of 2.3 grams. Based on the facts of my investigation, I find there to be probable to charge, Catherine Wagner, with FSS 893.13 (6a); Possession of MDMA. D/S ___ responded and transported Catherine to the Palm Beach County Jail without incident. The MDMA capsules were placed into evidence. This case is cleared by arrest.

NOT A

SCANNED
SEP 06 2018

STATE OF FLORIDA COUNTY OF PALM BEACH	D/S SCHWARTZ	(Signature of Arresting/Investigative Officer)
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>2</u> day of <u>SEPTEMBER</u> 20 <u>18</u> by <u>D/S M. Lopez</u> D/S SCHWARTZ 13670	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification Type of identification produced <u>Known LEO</u>	
Notary Public, Clerk of Court, Officer (F.S.S 117 10)	PAGE <u>1</u> OF <u>1</u>	



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"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018029491	Date: 09/03/2018
	Specialist Name/ID: AM/31562