

J#0488440

ARREST NOTICE TO APPEAR

17mm 6730 PCH#3316

JUVENILE

AD M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 0 17-008532		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1		JUVENILE	
D E F E N D A N T	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		If Weapon Seized Enter Type: None/not Applicable		Multiple Clearance Indicator 1							
	Location of Arrest (Including Name of Business) 15 NE 2ND AVE DELRAY BEACH FL 33444						Location of Offense (Business Name, Address) 15 NE 2ND AVE, DELRAY BEACH, FL 33444					
	Date of Arrest 05/29/2017		Time of Arrest 21:25		Booking Date		Booking Time		Jail Date		Jail Time	
	Name (Last, First, Middle) ARMSTRONG, CHAD DAVID		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)							
C O D E F	Race W - White B - Black W		Sex M		Date of Birth 05/16/1979		Height 6'00		Weight 155		Eye Color BROWN	
	Hair Color BROWN		Complexion LIGHT		Build MEDIUM							
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status		Religion		Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
	Local Address (Street, Apt. Number) 3129 MILLWOOD TERRACE M234, BOCA RATON, FL 33431						Phone		Residence Type: 1. City 2. County 3. Florida 4. Out of State			
	Permanent Address (Street, Apt. Number) 3129 MILLWOOD TERRACE M234, BOCA RATON, FL 33431						Phone		Address Source VERBAL			
	Business Address (Name, Street) 3129 MILLWOOD TERRACE M234, BOCA RATON, FL 33431						Phone		Occupation			
J U V E N I L E	D/L Number, State A652104791760 / FL		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) NJ Edison		Citizenship			
	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) (11) OR		(City)		(State)		(Zip)		Business Phone			
	Notified by: (Name)		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated					
C H A R G E	Released To: (Name)		Relationship		Date		Time		School Attended		Grade	
	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.						Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property	
	<input type="checkbox"/> Yes, by:		<input type="checkbox"/> No:		Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Disperse/ 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 DISORDERLY INTOXICATION		Statute Violation Number 856.011		Violation of ORD #			
	Drug Activity N		Amount / Unit /		Offense # 17-008532		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number	
I N T A K E	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	
	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	
	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	
N O T I C E T O A P P E A R	Health / Apparent Physical Condition of Defendant		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Infection <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries									
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input type="checkbox"/> T.O.F. 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 06/29/2017 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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.											
	X		Signature of Defendant (or Juvenile and Parent Custodian)		Date Signed							
A D M I N	HOLD for Other Agency		Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee) MAY 30 AM 12:58							
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) LEHE, JASMINE N.		I.D. # 1078					
	Intake Deputy [Signature]		I.D. # 1078		Pouch #		Transporting Officer [Signature]		I.D. # 1078		Agency	
	Witness here if subject signed with an "X"											

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OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 N.T.A.		3 Request for Warrant 4 Request for Capias		1	JUVENILE
Agency ORI Number	FL 0500400		Agency Name	DELRAY BEACH POLICE DEPARTMENT		Agency Report Number			
				4 0 17-008532					
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		Special Notes		
Name (Last, First, Middle)						Race	Sex	Date of Birth	
ARMSTRONG, CHAD DAVID						W	M	05/16/1979	
Charge Description					Charge Description				
856.011 DISORDERLY INTOXICATION									
Charge Description					Charge Description				
Victim's Name (Last, First, Middle)						Race	Sex	Date of Birth	
State of FL									
Local Address (Street, Apt. Number)					(City)	(State)	(Zip)	Phone	
								Address Source	
Business Address (Name, Street)					(City)	(State)	(Zip)	Phone	
								Occupation	
<p>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.</p> <p>The Person taken into custody...</p> <p> <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. </p> <p> <input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. </p> <p>On the 29 day of May, 2017 at 21:35 (Specifically include facts constituting cause for arrest.)</p>									
<p>This incident occurred in the City of Delray Beach, Palm Beach County, FL;</p> <p>On 5/29/17 at 2048 hours, I was dispatched to El Camino located at 15 NE 2nd Ave regarding a white male refusing to leave and causing a disturbance inside the restaurant. Upon my arrival, I observed a white male, later identified by his FL Driver's License as Chad Armstrong, yelling inside the establishment, refusing to leave, and disturbing the other patrons inside. Armstrong was visibly intoxicated, his eyes were bloodshot, speech was slurred and I told Armstrong to leave numerous times. Armstrong would walk away from the business and returned within 5 minutes. Armstrong would repeatedly yell fuck you from across the street and was very belligerent. Armstrong stated "this is a full on fuck you!" to me. Armstrong kept throwing up his arms, sticking up his middle finger at myself and other patrons.</p> <p>Based on the above facts, Chad Armstrong is being charged with Disorderly Intoxication in violation of FSS 856.011.</p>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p></p> <p>PACHECO, ADAN #82</p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p>05/29/2017</p> <p>DATE</p> </div> <div style="width: 45%;"> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p></p> <p>LEHE, JASMINE N (1078)</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p>05/29/2017</p> <p>DATE</p> </div> </div>									

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

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