

J#0488440

17MM 6730

PCH#3316

NH

ARREST NOTICE TO APPEAR

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

1

JUVENILE

OBTS Number		Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)							
0500400		Delray Beach Police Department				4 0 17-008532							
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				If Weapon Seized		Multiple Clearance Indicator					
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	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle							
05/29/2017	21:25												
Name (Last, First, Middle) ARMSTRONG, CHAD DAVID Alias: _____													
Race W - White B - Black		Sex W - M		Date of Birth 05/16/1979	Height 6'00	Weight 155	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build MEDIUM			
Scars, Marks, Unique Physical Features (Location, Type, Description)													
Local Address (Street, Apt. Number)		(City)		(State)	(Zip)	Phone							
3129 MILLWOOD TERRACE M234, BOCA RATON, FL 33431													
Permanent Address (Street, Apt. Number)		(City)		(State)	(Zip)	Phone		Address Source					
3129 MILLWOOD TERRACE M234, BOCA RATON, FL 33431								VERBAL					
Business Address (Name, Street)		(City)		(State)	(Zip)	Phone		Occupation					
D/L Number, State A652104791760 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) , NJ		Citizenship					
Co-Defendant Name (Last, First, Middle)						Race	Sex	Date of Birth					
								<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <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"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	Residence Phone				
<input type="checkbox"/> Parent <input type="checkbox"/> Other:		Name (Last, First, Middle)											
<input type="checkbox"/> Legal Custodian													
Address (Street, Apt. Number)		(City)		(State)	(Zip)	Business Phone							
(1) DR													
Notified by: (Name)				Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released		2. TOT JAC 3. Incarcerated					
Released To: (Name)		Relationship		Date	Time								
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.						School Attended				Grade			
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:						Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Description of Property	Value of Property		
C O D E Drug Activity S. Sell R. Smuggle K. Disperses/ M. Manufacture/ Z. Other						Drug Type N. N/A B. Buy D. Deliver E. Use	B. Barbiturate C. Cocaine A. Amphetamine	H. Hallucinogen M. Marijuana E. Heroin	P. Paraphernalia/ Equipment O. Opium/Derv. S. Synthetic	U. Unknown Z. Other			
C H A R G E Charge Description DISORDERLY INTOXICATION						Statute Violation Number 856.011				Violation of ORD #			
Drug Activity Drug Type Amount / Unit Offense # N / 17-008532						Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number				Bond	
C H A R G 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	Warrant / Capias Number				Bond	
C H A R G 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	Warrant / Capias Number				Bond	
I N T E R V I E W Health / Apparent Physical Condition of Defendant						Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escaped Risk <input type="checkbox"/> Incapacitated <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain: _____							
T A K E Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health						PROPERTY - Received By		Released By					
Transported By						Date Transported	Time Transported	Other					
I N S T R U C T I O N S <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				No Photo Available			
						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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.													
X Signature of Defendant (or Juvenile and Parent Custodian)						Date Signed							
HOLD for Other Agency			Signature of Arresting Officer			Name Verification (Printed by Arrestee) MAY 30 AM 12:58 (PRINT)							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other			Name of Arresting Officer (Print) LEHE, JASMINE N.			I.D. # 1078							
Intake Deputy I.D. #			Transporting Officer I.D. #			Agency							
Lehe 1078													
Witness here if subject signed with an "X".													

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JUN 01 2017

OBTS Number		PROBABLE CAUSE AFFIDAVIT			1 Arrest 2. N.T.A		3 Request for Warrant 4 Request for Capias		1 JUVENILE	
A D M I N I S T R A T I V E	Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 17-008532			Special Notes				
N C H A R G E S	Charge Type Check as many as apply	<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other								
D E F	Name (Last, First, Middle) ARMSTRONG, CHAD DAVID	Alias			Race W		Sex M		Date of Birth 05/16/1979	
C H A R G E S	Charge Description 856.011 DISORDERLY INTOXICATION	Charge Description								
V I C T I M	Victim's Name (Last, First, Middle) State of FL				Race		Sex		Date of Birth	
P R O B A B L E C A U S E S T A T E M E N T	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"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>29</u> day of <u>May</u>, <u>2017</u> at <u>21:35</u> (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>										
<p>SWORN AND SUBSCRIBED BEFORE ME <i>Orrell #852</i></p> <p>PACHECO, ADAM</p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. #17-10)</p> <p>SCANNED</p> <p>05/29/2017 DATE</p> <p>JUN 01 2017</p>										
<p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>Jasmine N. Lehe</i></p> <p>LEHE, JASMINE N. (1078)</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p>05/29/2017 DATE</p>										

SWORN AND SUBSCRIBED BEFORE ME,

PAGINAS ADAN

~~NOTARY PUBLIC / CLERK OF COURT / OFFICER (E.S.S. 117-19)~~

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NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117-18) **SCAN**

NOTARY PUBLIC / CLERK OF COURT / OFFICER (E.S.S. 117-18) **SCAN**

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

LEHE, JASMINE N. (1978)

NAME OF OFFICER (PLEASE PRINT)

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