

0501997

18CF9625
1969

ADVISORY		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4, 0 18-014855					
Charge Type: Check as many as apply <input checked="" 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 Hands/fist/feet/teeth		Multiple Clearance Indicator 3	
Location of Arrest (Including Name of Business) 3199 S FEDERAL HWY				Location of Offense (Business Name, Address) 3199 S FEDERAL HWY, DELRAY BEACH, FL 33483					
Date of Arrest 10/04/2018		Time of Arrest 22:20		Booking Date 10/04/2018		Booking Time 22:30		Jail Date 10/04/2018	
								Jail Time 22:27	
								Location of Vehicle	
Name (Last, First, Middle) BIAMONT, CHANTEL RENEE									
Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:									
Race W - White O - Black		Sex W F		Date of Birth 09/08/1994		Height 5'05		Weight 120	
Eye Color BLUE		Hair Color BLOND OR		Complexion LIGHT		Build			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)									
Martial Status									
Religion									
Indication of Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>									
Indication of Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>									
Local Address (Street, Apt. Number) 3130 W LATITUDE CIR 302, DELRAY BEACH, FL 33483				(City)		(State)		(Zip)	
Phone (561) 501-9326									
Permanent Address (Street, Apt. Number) 3130 W LATITUDE CIR 302, DELRAY BEACH, FL 33483				(City)		(State)		(Zip)	
Phone (561) 501-9326									
Business Address (Name, Street)				(City)		(State)		(Zip)	
Phone (248) 525-3311									
DVL Number, State B553115734699 / MI		Soc. Sec. Number		INS Number		Place of Birth (City, State) Delray, FL		Citizenship US	
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									
Parent: <input type="checkbox"/> Orphan: <input type="checkbox"/> Name (Last, First, Middle)									
Legal Custodian									
Address (Street, Apt. Number)									
(City)				(State)		(Zip)		Residence Phone	
Business Phone									
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									
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 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/Opium Deriv.									
P. Paraphernalia/Equipment S. Synthetic									
U. Unknown Z. Other									
Charge Description BATTERY ON OFFICER, FIREFIGHTER, EMT ETC									
Statute Violation Number 784.07(2B)									
Violation of ORD #									
Drug Activity									
Drug Type									
Amount / Unit									
Offense #									
Counts									
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N									
Warrant / Capias Number									
Bond 5,000									
Charge Description CHILD NEGLECT									
Statute Violation Number 827.03(L)(b)(2)(D)									
Violation of ORD #									
Drug Activity									
Drug Type									
Amount / Unit									
Offense #									
Counts									
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N									
Warrant / Capias Number									
Bond 3,000									
Charge Description DISORDERLY INTOXICATION									
Statute Violation Number 856.011									
Violation of ORD #									
Drug Activity									
Drug Type									
Amount / Unit									
Offense #									
Counts									
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N									
Warrant / Capias Number									
Bond OR									
Health / Apparent Physical Condition of Defendant									
Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injured									
Explain:									
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail									
PROPERTY - Received By									
Released By									
Released To									
Transported By PEREZ									
Date Transported 10/04/2018									
Time Transported 22:27									
Other									
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									
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									
Signature of Arresting Officer PEREZ, ANTHONY R									
Name Verification (Printed by Arrestee)									
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest									
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other									
Name of Arresting Officer (Print) PEREZ, ANTHONY R									
I.D. # 1117									
Name of Transporting Officer PEREZ									
I.D. # 1117									
Agency DBPD									
Witness here if subject signed with an "X"									
PAGE 1 OF 1									

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS P.I.O. DEFENDANT

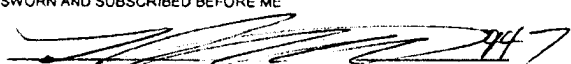
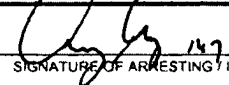
OBTS Number	Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 18-014855
Charge Type Check as many as apply			Special Notes
<input checked="" type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			

Name (Last, First, Middle) BIAMONT, CHANTEL RENEE	Race W	Sex F	Date of Birth 09/08/1994
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child at me. As I was holding the child, Biamont started to become violent and attempted to take the child back. As Biamont attempted to take the child back Ofc. Mitchell started to place Biamont in handcuffs. I then placed the child back in the car seat so that I could assist Ofc. Mitchell. While placing Biamont in handcuffs, she would not obey officers' lawful orders to place her hands behind her back or to stop resisting. After officers were then able to gain physical control and placed Biamont in handcuff's. Officer Mitchell and I then walked her to my marked patrol vehicle where Biamont started to resist officer's again by pulling away and refusing to get in the rear of the police car. Biamont then kicked Ofc. Mitchell in the leg while she was still in the upright position. While in the back of my patrol vehicle, Biamont urinated and threw up in the back seat. Biamont continued to scream and began banging her head against my side passenger window. Due to Biamont's erratic behavior customers began to gather and employees exited their place of business to watch Biamont act out. Subsequently, Biamont was taken directly to Palm Beach County Jail.

Based upon the above facts probable cause exists to charge the defendant Chantel Biamont (9/18/94) with Battery on a police officer pursuant to F.S.S. 784.07(2B), Child neglect per F.S.S 827.03(1) (E), and disorderly intoxication per F.S.S 856.011.

NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) _____ 10/04/2018 DATE	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER PEREZ, ANTHONY R (1117) NAME OF OFFICER (PLEASE PRINT) _____ 10/04/2018 DATE
PAGE 2 OF 2	



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"/>	119.014(3A)(13)(1-3C)	Other: Keep Separate - Court Documents/Official Records	
	<input type="checkbox"/>	119.071(2c)	Other: Active Criminal Intelligence Information	

REVIEW COMPLETED BY

Booking Number: 2018033356	Date: 10/05/2018
	Specialist Name/ID: WATSON/6665