

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 0500400 Agency Name Delray Beach Police Department						Agency Report Number (N.T.A.'s only) 4 0 17-014360		11' Weapon Seized Enter Type None/not Applicable		Multiple Clearance Indicator 2	
Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many as apply. <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Location of Offense (Business Name, Address) 500 SE 5TH AVE BLK, DELRAY BEACH, FL 33483											
Location of Arrest (Including Name of Business) 5352 W LINTON BLVD, DELRAY BEACH, FL 33483		Date of Arrest 09/13/2017 Time of Arrest 04:01 Booking Date 09/13/2017 Booking Time 04:11	Jail Date // : : Jail Time N/A		Location of Vehicle								
Name (Last, First, Middle) BERNSTEIN, CHASE		Alias (Name, DOB, Soc. Sec. #, Etc.) Alias: BERNSTEIN, CHASE FRANCIS											
Race W - White M - American Indian B - Black O - Oriental/Asian		Sex W M	Date of Birth 10/21/1996	Height 5'07	Weight 160	Eye Color BLUE	Hair Color BROWN	Complexion LIGHT	Build MEDIUM				
Sears, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status S	Religion		Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input checked="" type="checkbox"/> Drug Influence						
Local Address (Street, Apt. Number) AT LARGE, DELRAY BEACH, FL 33483		(City) (State) (Zip)		Phone (631) 252-1200		Residence Type: 1. City 3. Florida 2. County 4. Out of State I							
Permanent Address (Street, Apt. Number) AT LARGE, DELRAY BEACH, FL 33483		(City) (State) (Zip)		Phone (631) 252-1200		Address Source VERBAL							
Business Address (Name, Street)		(City) (State) (Zip)		Phone		Occupation							
D/L Number, State 333171856 / NY		SSN: Soc. Sec. Number	INS Number		Place of Birth (City, State) LONG ISLAND, NY,		Citizenship US						
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth							
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth							
Name (Last, First, Middle)		Residence Phone											
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)											
<input type="checkbox"/> Legal Custodian		(City) (State) (Zip)		Business Phone									
Address (Street, Apt. Number)													
Notified by: (Name)				Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released				2. TOT JAC			
Released To: (Name)		Relationship		Date	Time	3. Incarcerated							
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:													
Drug Activity S. Sell R. Smuggle K. Disperses/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other				Drug Type N. N/A C. Cocaine H. Hallucinogen P. Paraphernalia/ Equipment	B. Barbiturate M. Marijuana S. Synthetic	O. Opium/Deriv.	U. Unknown Z. Other						
N. N/A B. Buy D. Deliver E. Use		P. Possess T. Traffic											
Charge Description GIVE FALSE ID TO LAW ENFORCEMENT OFFICER						Statute Violation Number 901.36(I)		Violation of ORD #					
Drug Activity N		Drug Type /	Amount / Unit	Offense # 17-014360	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Statute Violation Number		Violation of ORD #			
Charge Description VIOLATION OF CURFEW								Statute Violation Number 95.05 (D4)		Violation of ORD #			
Drug Activity N		Drug Type /	Amount / Unit	Offense # 17-014360	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Statute Violation Number		Violation of ORD #			
Charge Description								Statute Violation Number		Violation of ORD #			
Drug Activity N		Drug Type /	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number			Bond			
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"/> Injuries											
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 <input type="checkbox"/> South County Mental Health		Explain: _____											
Transported By				Date Transported // : :	Time Transported	Other							
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court				Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33483									
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Court Date and Time 10/05/2017 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.													
Signature of Defendant (or Juvenile and Parent Custodian)						Date Signed							
HOLD for Other Agency		Signature of Arresting Officer				Name Verification (Printed by Arrestee)							
ADM <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) VANDERMEEREN SANCHEZ, 1056		I.D. #		(PRINT)							
Initial Deputy Pouch #		Transporting Officer MORENO 1131 DBPD		I.D. # Agency									
Bennetley													
<input type="checkbox"/> COURT <input type="checkbox"/> STATE ATTORNEY <input type="checkbox"/> AGENCY <input type="checkbox"/> CENTRAL RECORDS <input type="checkbox"/> JAIL <input type="checkbox"/> PROSECUTOR'S OFFICE <input type="checkbox"/> P.L.O. <input type="checkbox"/> DEFENDANT													

SCANNED

SEP 14 2017

11 P 13 AM 11:43

PROBABLE CAUSE AFFIDAVIT

 1 Arrest
 2 NTA
 3 Request for Warrant
 4 Request for Capias

1

JUVENILE

A D M I N I S T R A T I V E	OBTS Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 17-014360	Special Notes		
N C H A R G E S	Charge Type Check as many as apply 1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 6. Other			
D E F	Name (Last, First, Middle) BERNSTEIN, CHASE		Alias BERNSTEIN, CHASE FRANCIS		Race W	Sex M
C H A R G E S	Charge Description 901.36(1) GIVE FALSE ID TO LAW ENFORCEMENT OFFICER		Charge Description 95.05 (D4) VIOLATION OF CURFEW			
V I C T I M	Victim's Name (Last, First, Middle) State Of Florida				Race	Sex
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 resonable 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.</p> <p><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 committ the below acts.</p> <p><input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>13</u> day of <u>September</u>, <u>2017</u> at <u>04:51</u> (Specifically include facts constituting cause for arrest.)</p>						
<p>The following incident occurred within the City of Delray Beach, Palm Beach County, Florida:</p> <p>On 09/13/2017 at 0307 hours, I observed the defendant, later identified as Chase F Bernstein, standing in the roadway on SE 5th Ave in the 500 block. The State of Florida had declared a "State of emergency" due to Hurricane Irma. In response, the City of Delray Beach issued a curfew between 2200 hours to 0600 hours. During my Investigation, the defendant advised me that his name was "Brett F Pollina DOB 10/21/1996" The defendant provided me with this name twice. A records check revealed that no record could be found with those credentials. The defendant then provided me with his real name of Chase F Bernstein which I verified via our local RMS system.</p> <p>Based on the above listed facts, probable cause exist to charge the defendant, Chase F Bernstein, with Giving a False Name to Law Enforcement pursuant to FSS 901.36(1) and a City of Delray Beach Ordinance Violation for Curfew pursuant to Delray Beach Ordinance 95.05 (D4).</p>						

ADM
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V
E
SWORN AND SUBSCRIBED BEFORE ME
 SKEBERIS, LUIS
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

09/13/2017

DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

VANDERMEEREN SANCHEZ, BILL J

NAME OF OFFICER (PLEASE PRINT)

09/13/2017

DATE

PAGE

1 OF 1

COURT

STATE ATTORNEY

CENTRAL RECORDS

SEP 14 2017

JAIL

CRIME ANALYSIS

P. I. O.

SCANNED