

**ARREST / NOTICE TO APPEAR
Juvenile Referral Report**

Check if Supplement is Attached

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

Juvenile

ADMINISTRATIVE	OBTS Number		Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)		Enter Type		Multiple Clearance Indicator				
	FLO, 5 0 0 0 0 0		PALM BEACH COUNTY SHERIFF'S OFFICE		0 6 - 1817 2928		RJS #8498								
	Charge Type: Check as many as apply		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		If Weapon Seized						
DEFENDANT	Location of Arrest (including Name of Business)						Location of Offense (Business Name, Address)								
	7025. Ozae Hwy. L. West 33700						Savt								
	Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time				
11/09/18		1530													
Name (Last, First, Middle)						Alias (Name, DOB, Soc. Sec. #, Etc.)									
Goodrum Cheryl															
Race		Sex		Date of Birth		Height		Weight		Eye Color		Hair Color			
W - White B - Black		M		01/18/80		5'3"		105		Blue		Blond			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Mental Status		Religion		Indication of Alcohol Influence Drug Influence		Complexion			
Left Shoulder Blade						Strychnine		Catholic		Y N Unk		C/L Smed			
Local Address (Street, Apt. Number)						(City)		(State)		(Zip)		Phone			
1401 Fairway Rd. WPT. 33415															
Permanent Address (Street, Apt. Number)						(City)		(State)		(Zip)		Phone			
Business Address (Name, Street)						(City)		(State)		(Zip)		Phone			
D/L Number, State						NS Number									
G365 101805180															
Co-Defendant (Last, First, Middle)						Race		Sex		Date of Birth		Citizenship			
Co-Defendant (Last, First, Middle)						Race		Sex		Date of Birth		Citizenship			
Parent						Name (Last)						(First)		(Middle)	
<input type="checkbox"/>															
Legal Custodian															
<input type="checkbox"/>															
Other															
<input type="checkbox"/>															
Address (Street, Apt. Number)						(City)		(State)		(Zip)		Residence Phone			
Notified by: (Name)						Date		Time		Juvenile Disposition		Business Phone			
										1. Handled/Processed within Dept. and Released.		2. TOT HRS/DYS			
Released To: (Name)						Relationship		Date		Time		3. Incarcerated			
												11/20/18 9:29 AM			
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 (561) 355-6511) informed of any change of address.						School Attended		Grade							
<input type="checkbox"/> Yes, by: (Name)						<input type="checkbox"/> No (Reason)									
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No						Description of Property		Value of Property							
Drug Activity						S. Sell		R. Smuggle		K. Dispense/Distribute		M. Manufacture/Produce/Cultivate			
N. N/A						B. Buy		D. Deliver		Z. Other		Drug Type			
P. Possess						T. Traffic		E. Use				N. N/A			
												A. Amphetamine			
												B. Barbiturate			
												C. Cocaine			
												H. Hallucinogen			
												M. Marijuana			
												O. Opium/Deriv.			
												P. Paraphernalia/Equipment			
												S. Synthetic			
												U. Unknown			
												Z. Other			
Charge Description						Counts		Domestic Violence		Statute Violation Number		Violation of ORD #			
Poss. Narcot. Equip						1		Y		893.1247					
Drug Activity						Drug Type		Amount / Unit		Offense #		Warrant / Capias Number			
P. P. P. P.						P. P.		P. P.		18-142924					
Charge Description						Counts		Domestic Violence		Statute Violation Number		Violation of ORD #			
Drug Activity						Drug Type		Amount / Unit		Offense #		Warrant / Capias Number			
Charge Description						Counts		Domestic Violence		Statute Violation Number		Violation of ORD #			
Drug Activity						Drug Type		Amount / Unit		Offense #		Warrant / Capias Number			
Charge Description						Counts		Domestic Violence		Statute Violation Number		Violation of ORD #			
Drug Activity						Drug Type		Amount / Unit		Offense #		Warrant / Capias Number			
Location (Court, Room Number, Address)						3278 Gumbo Rd WPT									
Court Date and Time						11/11/18 8:50 AM									
Month						Day		Year		Time		P.M.			
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									
Cheryl Goodrum						11/09/18									
HOLD for other agency						Signature of Arresting Officer		Name Verification (Printed by Arrestee)							
<input type="checkbox"/> Dangerous						<input type="checkbox"/> Resisted Arrest		Name of Arresting Officer (Print)		(PRINT)					
<input type="checkbox"/> Suicidal						<input type="checkbox"/> Other		Transporting Officer		I.D. #		Agency			
Intake Deputy						I.D. #		Pouch #		Witness here if subject signed with an "X"		PAGE 12			

PROBABLE CAUSE AFFIDAVIT

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

2 Juvenile

OSRS Number	Agency ORI Number FLO 50000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06-18-142924
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) Goodrum Cheryl	Alias	Race W	Sex F	Date of Birth 01/18/80
Charge Description Poss Narcotic Equipment 893.13	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 9th day of November 2018 at 3:20 A.M. P.M. (Specifically include facts constituting cause for arrest.)

I was on patrol in the 700 Block of South Dixie Highway in the City of Lake Worth. At this time, I observed an unknown female standing on the rear property of the chiropractor office located at 702 South Dixie Highway. This property is clearly posted with "No Trespassing" signs and the owner of the property, James Leger, has signed a Trespass Affidavit with the PBSO requesting that we arrest anyone found trespassing on his property. I decided to make contact with the female to make sure she was authorized to be on the property. The female was identified as Cheryl A. Goodrum. Investigation revealed that Goodrum was not authorized, licensed or invited to be on the property at 702 South Dixie Highway.

Based on the above facts, Goodrum was arrested for trespassing on property in violation of FSS; 810.09. As I was speaking with Goodrum, I noticed a suspected "Crack" cocaine pipe protruding from her cigarette package that was in the waste of her pants. I recovered the cocaine pipe. The suspected cocaine pipe is described as a 2-inch glass tube with a copper mesh filter stuffed inside one end of the tube. The interior of the tube was covered with smoke residue. Through my training and experience as a Police Officer, I am aware that these types of devices are used on the streets to smoke "Crack" cocaine and serve no other legitimate purpose. The smoke residue tested positive for the presence of cocaine using a PBSO approved field test kit. The suspected cocaine pipe was later TOT PBSO Evidence.

Goodrum received an additional charge for possession of narcotic equipment in violation of FSS; 893.147

She was issued a NTA on both charges and was released from the scene.

STATE OF FLORIDA COUNTY OF PALM BEACH	<i>D/S Mahoney</i>
(Signature of Arresting/Investigative Officer)	
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>9th</u> day of <u>November</u> 20 <u>18</u> by <u>D/S Mahoney 9152</u>	
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____	
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)	<i>D/S Baird #9115</i>