

0484291

ARREST / NOTICE TO APPEAR

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

JUVENILE

1

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A	OBTS Number	Agency ORI Number		Agency Name		ARREST / NOTICE TO APPEAR		Agency Report Number (N.T.A.'s only)		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias				
D	0501700	Jupiter Police Department						5 4 17-000117						
M	Charge Type: Check as many as apply	<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input 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		Multiple Clearance Indicator 2				
I	Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)												
N	FREDERICK SMALL/WENTWORTH DR		1261 UNIVERSITY BLVD/MAIN ST, JUPITER, FL 33458											
T	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date		Jail Time		Location of Vehicle					
O	01/07/2017	21:40												
N	Name (Last, First, Middle) MAHAN, CHLOE ROSE ALEXIS Alias: _____													
D	Race W - White B - Black	Sex W - I - American Indian O - Oriental/Asian	Date of Birth 12/01/1992	Height 5'05	Weight 130	Eye Color BLUE	Hair Color BLONDE /	Complexion FAIR	Build					
E	Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)					Marital Status S	Religion	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>						
N	Local Address (Street, Apt. Number) 6145 LUCERNE STREET, JUPITER, FL 33458					(City) (State) (Zip)		Phone (561) 234-0447		Residence Type: 1. City 3. Florida 2. County 4. Out of State 1				
D	Permanent Address (Street, Apt. Number) 6145 LUCERNE STREET, JUPITER, FL 33458					(City) (State) (Zip)		Phone (561) 234-0447		Address Source FL DL				
A	Business Address (Name, Street)					(City) (State) (Zip)		Phone		Occupation Student				
N	D/L Number, State M500116929410 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) FORT WAYNE, IN,		Citizenship US					
D	Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth						
E	Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth						
F	Name (Last, First, Middle) _____ Residence Phone _____													
J	<input type="checkbox"/> Parent	<input type="checkbox"/> Other: _____												
U	Address (Street, Apt. Number)					(City) (State) (Zip)		Business Phone						
N	Notified by: (Name)					Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released						
I	Released To: (Name)					Date	Time	2. TOT JAC 3. Incarcerated						
L	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				
E	<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:					Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Description of Property				
C	Drug Activity S. Sell N. N/A P. Possess					R. Smuggle B. Buy T. Traffic	K. Disperses/ D. Deliver E. Use	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
O	Charge Description DRUGS - CONTROLLED SUBST W/O PRESCRIPTION (INCL MARIJUANA)					Statute Violation Number 893.13(6)(A)				Violation of ORD # JAIL 1:00				
D	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number			Bond				
E	N	/		17-000117	1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N								
C	Charge Description DRUGS - POSSESS AND/OR USE DRUG PARAPHERNALIA					Statute Violation Number 893.147(1)				Violation of ORD # DR				
H	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number			Bond				
A	N	/		17-000117	1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N								
R	Charge Description					Statute Violation Number				Violation of ORD #				
E	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number			Bond				
I	N	/												
N	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								
O	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail					PROPERTY - Received By				Released By		Released To		
T	<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health													
A	Transported By					Date Transported	Time Transported	Other						
P	<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)				Court Date and Time			No Photo Available 2/17/17 - 8	
E														
N	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.													
O	Signature of Defendant (or Juvenile and Parent/Custodian)												Date Signed	
A	HOLD for Other Agency				Signatures of Arresting Officer		Name/Verification (Printed by Arrestee)							
D	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suspect <input type="checkbox"/> Other		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) POPE, KAREN		I.D. # 0838				(PRINT)			
M	Bail Deputy		I.D. #		Pouch #		Transformer Officer				111. # 352/83			
I	Witness here if subject signed with an "X"													
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PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number		PROBABLE CAUSE AFFIDAVIT						
D M I N	Agency ORI Number FL 0501700	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 17-000117					
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				Special Notes:				
D E F	Name (Last, First, Middle) MAHAN, CHLOE ROSE ALEXIS			Alias		Race W	Sex F	
C H A R G E S	Charge Description 893.13(6)(A)		Charge Description 893.147(1) DRUGS - POSSESS AND/OR USE DRUG PARAPHE					
V I C T I M	Charge Description			Charge Description				
Victim's Name (Last, First, Middle) STATE OF FLA,				Race	Sex	Date of Birth		
Local Address (Street, Apt. Number) 210 MILITARY TRL, JUPITER, FL 33458				(City)	(State)	(Zip)	Phone (561) 746-6201	Address Source
Business Address (Name, Street)				(City)	(State)	(Zip)	Phone (561) 746-6201	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. The Person taken into custody . . .</p> <p><input 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 committ 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>7</u> day of <u>January</u>, <u>2017</u> at <u>23:35</u> (Specifically include facts constituting cause for arrest.)</p>								
<p>On Saturday, 01/07/17, at approximately 2106 hours, I was on routine patrol in my marked patrol vehicle (#1615) on University Blvd approximately 75ft west of Main Street, Jupiter, Palm Beach County.</p>								
<p>I observed a silver 2014 4 door Toyota Corolla FL Tag DWKD19 (VIN: 5YFBURHE1EP022474), traveling west on University Drive approaching the intersection of Main street. The vehicle began to slow down for the Stop sign however, did not come to a complete stop and continued traveling west on University Blvd. Due to the vehicle not coming to a complete stop at the stop sign; I activated my emergency lights to initiate a traffic stop. The vehicle made a right turn (north) onto Parkside Drive and came to a stop by Wentworth Court. I made contact with the driver (registered owner) w/f Chloe R Mahan (dob 12/01/92), identifying myself as a Jupiter Police Officer and the reason for the traffic stop.</p>								
<p>I asked Mahan for her driver's license, registration and insurance card. While waiting for Mahan to provide me with her information, I could smell what I believed to be a light odor of marijuana (due to my training and experience) coming from inside the vehicle. I asked Mahan if there was any weapon(s), contraband, drugs, and gun inside the vehicle. She stated "No, I don't think so". I told Mahan I could smell a faint smell of marijuana coming from inside the vehicle. I asked Mahan if I could search her vehicle due to the smell coming from inside the vehicle. Mahan consented to the search and exited the vehicle.</p>								
<p>As I began to approach the vehicle, Mahan stated she had several Vicodin in the center console and were not in a prescription bottle. I conducted a search of the aforementioned vehicle and found (5) white pills with "BP 648" and a "5" imprinted on the pills in the center console as well as a strong odor of what I believe to be</p>								
ADMINISTRATIVE	<p>SWORN AND SUBSCRIBED BEFORE ME</p> <p>YOCHEM, CRAIG <i>[Signature]</i> <u>383/1185</u> <i>[Signature]</i> <u>382/55</u></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S-117.10)</p> <p><u>01/07/2017</u> <u>01/07/2017</u></p> <p>DATE DATE</p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>POPE, KARI (0838) <u>01/07/2017</u></p> <p>NAME OF OFFICER (PLEASE PRINT)</p>							

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

A D M I	OBTS Number FL 0501700	Agency ORI Number JUPITER POLICE DEPARTMENT	Agency Name	Agency Report Number 5 4 17-000117
N	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
D E F	Name (Last, First, Middle)	Alias		
	MAHAN, CHLOE ROSE ALEXIS		Race W	Sex F Date of Birth 12/01/1992

marijuana also coming from the center console area. I also located a multicolored glass pipe in the passenger side door panel.

The pills were identified and confirmed by the imprinted markings, color and shape through DRUGS.com as Vicodin.

Mahan was advised she was being placed under arrest for Drug/ Controlled Substance without prescription F.S.S. 893.13(6) (A), and Drug Paraphernalia, contrary to F.S.S. 893.147.

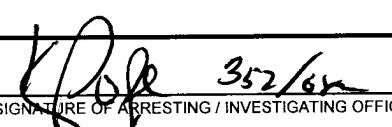
The (5) white pills and glass pipe were entered into Evidence.

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ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME YOCHEM, CRAIG 383/1185 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 01/07/2017 DATE	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER POPE, KARI (0838) NAME OF OFFICER (PLEASE PRINT) 01/07/2017 DATE
		PAGE 2 OF 2

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.