

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 <b>0500400</b>		Agency Name <b>Delray Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>4 0 18-000933</b>	
Charge Type: Check as many as apply.	<input 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 <b>None/not Applicable</b>		Multiple Clearance Indicator <b>1</b>
Location of Arrest (Including Name of Business) <b>655 SE 1ST ST DELRAY BEACH, FL 33483</b>			Location of Offense (Business Name, Address) <b>655 SE 1ST ST, DELRAY BEACH, FL 33483</b>			
Date of Arrest <b>01/19/2018</b>	Time of Arrest <b>23:48</b>	Booking Date <b>01/20/2018</b>	Booking Time <b>00:38</b>	Jail Date	Jail Time	Location of Vehicle
Name (Last, First, Middle) <b>MUNRO, CHRISTIAN M</b>			Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:			
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>04/13/1996</b>	Height <b>6'01</b>	Weight <b>150</b>	Eye Color <b>BLUE</b>	Hair Color <b>BROWN</b>
Complexion <b>FAIR</b>			Build <b>THIN</b>			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status <b>S</b>	Religion	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>3853 MCINTOSH LN A, BOCA RATON, FL 33434</b>			Phone <b>(561) 400-3350</b>		Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>1</b>	
Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>3853 MCINTOSH LN A, BOCA RATON, FL 33434</b>			Phone <b>(561) 400-3350</b>		Address Source <b>FL DL</b>	
Business Address (Name, Street) (City) (State) (Zip) <b>UNKNOWN,</b>			Phone		Occupation <b>Unknown</b>	
D/L Number, State <b>M560113961330 / FL</b>	Soc. Sec. Number	INS Number	Place of Birth (City, State) <b>BOCA RATON, FL,</b>		Citizenship <b>US</b>	
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
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor
Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)			Residence Phone			
Legal Custodian <input type="checkbox"/>			Business Phone			
Address (Street, Apt. Number) (City) (State) (Zip)			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	
Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperses/ 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/Deriv.		P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Charge Description <b>DISORDERLY INTOXICATION</b>			Statute Violation Number <b>856.011</b>	Violation of ORD #		
Drug Activity <b>N</b>	Drug Type	Amount / Unit	Offense # <b>18-000933</b>	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number Bond
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
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
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 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 <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health			PROPERTY - Received By		Released By	
Transported By <b>PHILIPPE, BENDJY</b>			Date Transported <b>01/20/2018</b>	Time Transported <b>00:35</b>	Other	
<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) <b>South County 200 W Atlantic Ave Delray Beach, FL 33483</b>			No Photo Available
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.			Court Date and Time <b>02/06/18 0830</b>			
Signature of Defendant (or Juvenile and Parent/Custodian)			Date Signed			
HOLD for Other Agency			Name Verification (Printed by Arrestee)		PAGE 1 OF 1	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other			Name of Arresting Officer (Print) <b>PHILIPPE, BENDJY</b>		I.D. # <b>1138</b>	
Intake Deputy I.D. #			Transporting Officer <b>PHILIPPE, BENDJY</b>		I.D. # Agency <b>1138 DBPD</b>	
Pouch #			Witness here if subject signed with an "X".			

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTs Number	Agency ORI Number <b>FL 0500400</b>		Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>	Agency Report Number <b>4 0 18-000933</b>
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

Name (Last, First, Middle) <b>MUNRO, CHRISTIAN M</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>04/13/1996</b>
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Charge Description <b>856.011 DISORDERLY INTOXICATION</b>	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA,</b>	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 20 day of January, 2018 at 00:53 (Specifically include facts constituting cause for arrest.)

The following incident occurred in the City of Delray Beach, Palm Beach County, Florida.  
 On January 19, 2018, I responded to 655 SE 1st St in reference to a disturbance.

Upon arrival I observed the defendant, Christian Munro, sitting on the floor with tears on his face. The homeowner, Michelle Larkin, stated that Munro and some of his other friends were at her house drinking. Larkin further stated that Munro became full of rage, screaming violently and belligerent.

While on scene Munro became irate and refused to sit down as officers attempted to get him a ride home. Munro was yelling and screaming and crying. Munro had an odor of an unknown alcoholic beverage emitting from his person during the time I was in contact with him. Munro behavior caused the neighbors to come out there home, as it clearly disturbed them. For his safety and to eliminate further disturbance, Munro was detained and placed in the back of my parked patrol vehicle. While in the vehicle Munro was kicking the windows, hitting his head on the partition, and spitting on the windows. Munro was asked to stop, but he refused. Munro was using profanities towards officers. Such as "fuck you, you mother fucking nigger" and "you dumb racist fuck."

Based on the above stated facts Probable Cause exists to charge the defendant with Disorderly Intoxication pursuant F.S.S. 856.011

SWORN AND SUBSCRIBED BEFORE ME  
*Db Thomas* 1994  
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)  
 1/20/18  
 DATE

*[Signature]*  
 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  
**PHILIPPE, BENDJY (1138)**  
 NAME OF OFFICER (PLEASE PRINT)  
 01/20/2018  
 DATE

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