

0490720

**ARREST / NOTICE TO APPEAR**

17CF88710 3147

ADMINISTRATION	ARREST / NOTICE TO APPEAR												JUVENILE										
	OBTS Number		1. Arrest 2. N.T.A.											3. Request for Warrant 4. Request for Capias									
	Agency ORI Number <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>											Agency Report Number (N.T.A.'s only) <b>3   2   2017-011611</b>									
	Charge Type: Check as many as apply.		<input checked="" type="checkbox"/> 1. Felony		<input type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance		<input type="checkbox"/> 6. Other		If Weapon Seized			Multiple Clearance Indicator									
											Enter Type <b>None/not Applicable</b>												
	Location of Arrest (Including Name of Business) <b>1300 SW 1ST AVE</b>													Location of Offense (Business Name, Address) <b>1300 SW 1ST AVE, BOCA RATON, FL 33432</b>									
	Date of Arrest <b>08/18/2017</b>		Time of Arrest <b>18:45</b>		Booking Date <b>08/18/2017</b>		Booking Time <b>18:55</b>		Jail Date		Jail Time			Location of Vehicle <b>EMERALD TOWING</b>									
	Name (Last, First, Middle) <b>VALVANO, CHRISTINA MARIE</b>													Alias (Name, DOB, Soc. Sec. #, Etc.)									
	Alias: <b></b>																						
Race W - White B - Black		Sex <b>W F</b>		Date of Birth <b>01/08/1999</b>		Height <b>4'11</b>		Weight <b>90</b>		Eye Color <b>BLUE</b>		Hair Color <b>BLONDE</b>											
Scars, Marks, Tattoo, Unique Physical Features (Location, Type, Description) <b>TATR ANKLE / LOTUS FLOWER; TATR CHEST / SERATONIN</b>										Marital Status <b>S</b>		Religion <b>CHRISTIAN</b>											
Local Address (Street, Apt. Number) <b>1255 NW 102ND WAY, CORAL SPRINGS, FL 33071</b>		(City)		(State)		(Zip)				Phone													
Permanent Address (Street, Apt. Number) <b>1255 NW 102ND WAY, CORAL SPRINGS, FL 33071</b>		(City)		(State)		(Zip)				Phone													
Business Address (Name, Street) <b>SINGER ORTHODONTICS, CORAL SPRINGS</b>		(City)		(State)		(Zip)				Phone													
D/L Number, State <b>V415113995080 / FL</b>		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) <b>PLANTATION, 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"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor											
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor											
Name (Last, First, Middle) <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Legal Custodian												Residence Phone											
Address (Street, Apt. Number) (City) (State) (Zip)												Business Phone											
Notified by: (Name)												Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released		2. TOT JAC							
Released To: (Name)												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:												Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property							
C O D E F		Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispenses/ 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	
C H A R G E		Charge Description <b>POSSESS MARIJUANA (LESS THAN 20G)</b>												Statute Violation Number <b>893.13(6B)</b>		Violation of ORD #							
C H A R G E		Drug Activity <b>P</b>		Drug Type <b>M</b>		Amount / Unit <b>7.9 /gm</b>		Offense # <b>2017-011611</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number				Bond <b>OR</b>					
C H A R G E		Charge Description <b>POSS DRUG PARAPHENALIA</b>												Statute Violation Number <b>893.147(1)</b>		Violation of ORD #							
C H A R G E		Drug Activity <b>P</b>		Drug Type <b>P</b>		Amount / Unit <b>1 /ea</b>		Offense # <b>2017-011611</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number				Bond <b>OR</b>					
C H A R G E		Charge Description <b>POSSESSION OF SCHEDULE IV SUBSTANCE</b>												Statute Violation Number <b>893.13(6A),,,,</b>		Violation of ORD #							
C H A R G E		Drug Activity <b>P</b>		Drug Type <b>Z</b>		Amount / Unit <b>2.8 gm</b>		Offense # <b>2017-011611</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number				Bond <b>4500</b>					
I N T A K E		Health / Apparent Physical Condition of Defendant <b>GOOD</b>												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: _____									
I N T A K E		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 <b>RAFALKO</b>		Released By <b>RAFALKO</b>		Released To <b>PBCJ</b>					
I N T A K E		Transported By <b>RAFALKO</b>												Date Transported <b>08/19/2017</b>	Time Transported <b>00:30</b>	Other							
N O T I C E		<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" 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 33444</b>									
T O A P P E A R		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									
T O A P P E A R		Signature of Defendant (or Juvenile and Parent/Custodian)												Date Signed									
A D M I N		HOLD for Other Agency				Signature of Arresting Officer <b>RAFALKO, TRAVIS</b>				Name Verification (Printed by Arrested)													
A D M I N		<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Officer (Print) <b>RAFALKO, TRAVIS</b>				I.D. # <b>779</b>				(PRINT)									
A D M I N		Intake Deputy <b>Thomas Tade</b>		I.D.#		Pouch #		Transporting Officer <b>RAFALKO</b>		I.D. # <b>779</b>		Agency <b>BRPD</b>											
A D M I N														Witness here if subject signed with an "X".									

## ARREST / NOTICE TO APPEAR

## Additional Charge List

Agency ORI Number <b>0500200</b>			Agency Name <b>Boca Raton Police Department</b>				Agency Report Number (N.T.A.'s only) <b>3 1 2   2017-011611</b>				
C O D E  C H A R G E  C H A R G E	Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispenses/ 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>TRAFFICKING IN LSD</b>							Statute Violation Number <b>893.135(1L1A)</b>			Violation of ORD # <b>NO BOND</b>
	Drug Activity	Drug Type	Amount / Unit	/ gm	Offense # <b>2017-011611</b>	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number			Bond
	Charge Description <b>CONTRIBUTE TO DELINQUENCY OF A CHILD</b>							Statute Violation Number <b>827.04(1A)</b>			Violation of ORD <b>OR</b>
	Drug Activity	Drug Type	Amount / Unit	/	Offense # <b>2017-011611</b>	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number			Bond

NOT A CERTIFIED COPY

## PROBABLE CAUSE AFFIDAVIT

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

JUVENILE

OBTS Number		PROBABLE CAUSE AFFIDAVIT					
A	Agency ORI Number	Agency Name		Agency Report Number			
D	<b>FL 0500200</b>	<b>BOCA RATON POLICE DEPARTMENT</b>		<b>3   2   2017-011611</b>			
M	Charge Type: <input checked="" 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			Special Notes:			
N	Name (Last, First, Middle)			Alias		Race	Sex
E	<b>VALVANO, CHRISTINA MARIE</b>					<b>W</b>	<b>F</b>
F				Date of Birth <b>01/08/1999</b>			
C	Charge Description			Charge Description			
H	<b>893.13(6B) POSSESS MARIJUANA (LESS THAN 20G)</b>			<b>893.147(1) POSS DRUG PARAPHENALIA</b>			
A	Charge Description			Charge Description			
R	<b>893.13(6A) POSSESSION OF SCHEDULE IV SUBSTAN</b>			<b>893.135(1L1A) TRAFFICKING IN LSD</b>			
G	Victim's Name (Last, First, Middle)					Race	Sex
E	<b>STATE OF FLORIDA,</b>						Date of Birth
S	Local Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone
T	<b>100 NW 2ND AVE, BOCA RATON, FL 33432</b>						<b>(561) -</b>
I	Business Address (Name, Street)			(City)	(State)	(Zip)	Phone
M							<b>(56) -</b>
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...							
<input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ <input type="checkbox"/> confessed to _____ that he/she saw the arrested person committ the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.							
On the <b>18</b> day of <b>August</b> , <b>2017</b> at <b>18:45</b> (Specifically include facts constituting cause for arrest.)							
Charge #5 Contributing to the delinquency of a child contrary to F.S.S.S 827.04(1) (A) Victim #2 (12/7/2000)							
<p>On 8/18/17 at 1805 hours, I responded to 1300 SW 1st Ave in reference to a welfare check. While en-route BRPD Communications advised that, the caller, W/M [REDACTED], believed that his daughter, W/F/J [REDACTED] (16 years old), was at this location and was using narcotics with a friend. Upon my arrival, I made contact with BRFD who were treating [REDACTED] for LSD consumption. [REDACTED] was transported by BRFD to West Boca Medical Center for treatment and she did not meet the criteria for a Baker Act. [REDACTED] advised that she was with her friend, W/F Christina Valvano (18 years old), who had provided her with LSD and that she ingested two LSD laced gummies along with Valvano.</p> <p>When [REDACTED] arrived on scene, he pointed out a 2008 silver Mazda 4 door bearing FL tag IHEZ16 as being the vehicle that Valvano drives. I knocked on the driver's window and the driver/sole occupant of the vehicle, W/F Christina Valvano, opened the door. I immediately smelled a strong odor of marijuana emanating from the vehicle. I had Valvano exit the vehicle and read Valvano her constitutional rights from a preprinted card, which she advised that she understood and that she wished to speak with me.</p> <p>Valvano advised that she smoked marijuana at 1800 hours and ingested LSD laced gummies at 1300 hours. Valvano advised that she had a bag of marijuana in the glove box and LSD laced gummies in her black purse on the front passenger seat. I then proceeded to search the vehicle and found a clear pouch, which contained two bags of marijuana in the glove box. I field-tested the marijuana with a Quick Check test kit. The field test was positive for THC by turning purple. I placed the marijuana on a digital scale. The marijuana weighed 7.9 grams. I found a glass pipe in the cup holder by the center console, which Valvano admitted to using to smoke her marijuana.</p>							
A	SWORN AND SUBSCRIBED BEFORE ME						
D							
M	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER						
I							
S	NAME OF OFFICER (PLEASE PRINT)						
T	<b>RAFALKO, TRAVIS (779)</b>						
E	DATE						
ADMINISTRATIVE		NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		DATE		08/19/2017	
						08/19/2017	
PAGE <b>1 OF 2</b>							

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT			1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE
A D M I N	Agency ORI Number <b>FL 0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2017-011611</b>	Special Notes:		
N	Charge Type: Check as many as apply. 1. Felony 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) <b>VALVANO, CHRISTINA MARIE</b>	Aliases	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>01/08/1999</b>	

Inside of Valvano's black purse which was on the front passenger seat were two small plastic bags which contained 6 white tablets and 1 green tablet which weighed 2.8 grams. I contacted poison control and spoke with Sergio regarding poison control case number 3567043 who advised that based upon the description of the pills that I provided to him, that all of the tablets were 2 MG's of Alprazolam which he advised is a schedule four substance. Valvano advised that she did not have a prescription for Alprazolam. I also located a plastic bag inside of Valvano's purse which contained two multicolored gummies that Valvano advised were laced with LSD, which weighed 7 grams including packaging. I tested the gummies using a NARK II test kit. The field test was positive for LSD by turning purple.

Valvano unlawfully provided [REDACTED] with LSD, which did cause [REDACTED] to become a child in need of services, contrary to F.S.S.S 827.04(1)(A). Valvano was knowingly in constructive possession of 7 grams of lysergic acid diethylamide (LSD), contrary to F.S.S. 393.135(1)(1)a.

Based on my investigation, Valvano is being charged with Possession of Marijuana <20 grams F.S.S 893.13(6B), Possession of Paraphernalia F.S.S. 893.147(1), F.S.S. 893.13(6A) possession of a controlled substance (Xanax), Possession of LSD contrary to F.S.S. 393.135(1)(1)a, and contributing to the delinquency of a child contrary to F.S.S.S 827.04(1)(A). Valvano was TOT PBCJ after she was medically cleared at BRRH.

I submitted the marijuana, the glass pipe, the Alprazolam, and the LSD into BRPD Evidence. Detective Baker responded to interview Valvano and [REDACTED]. [REDACTED] was released to her father after she spoke with Detective Baker. The incident was not captured on mobile video (video evidence reviewer). Valvano's vehicle was towed to Emerald Towing.

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME  <b>GRAHAM, KEITH T</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <b>08/19/2017</b> DATE	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <b>RAFALKO, TRAVIS (779)</b> NAME OF OFFICER (PLEASE PRINT) <b>08/19/2017</b> DATE
		PAGE <b>2 OF 2</b>

COURT

STATE ATTORNEY

CENTRAL RECORDS

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CRIME ANALYSIS

P. I. O.