

0409671

ARREST / NOTICE TO APPEAR

3529

A D M I N I S T R A T I O N	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 18-000173</b>		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias <b>1</b>		JUVENILE								
	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 <b>None/not Applicable</b>		Multiple Clearance Indicator <b>1</b>		Location of Arrest (Including Name of Business) <b>100 SW 11TH AVE DELRAY BCH FL 33444</b>						Location of Offense (Business Name, Address) <b>100 SW 12TH AVE, DELRAY BEACH, FL 33444</b>								
Date of Arrest <b>01/04/2018</b>		Time of Arrest <b>18:15</b>		Booking Date <b>01/04/2018</b>		Booking Time <b>18:25</b>		Jail Date <b>// : : :</b>		Jail Time		Location of Vehicle									
Name (Last, First, Middle) <b>GULLUSCI, CHRISTOPHER J</b>						Alias: <b>Alias (Name, DOB, Soc. Sec. #, Etc.)</b>															
Race W - White B - Black		I - American Indian O - Oriental/Asian		Sex <b>M</b>		Date of Birth <b>09/21/1967</b>		Height <b>6'00</b>		Weight <b>170</b>		Eye Color <b>BROWN</b>		Hair Color <b>BROWN</b>		Complexion <b>LIGHT</b>		Build <b>MEDIUM</b>			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TATT RFOR ARM / TIGER'S HEAD</b>		Marital Status <b>S</b>		Religion		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>1</b>		Address Source		Occupation							
Local Address (Street, Apt. Number) <b>600 ALLEN AVE, DELRAY BEACH, FL 33483</b>		(City) <b>DELRAY BEACH, FL</b>		(State) <b>FL</b>		(Zip) <b>33483</b>		Phone <b>(561) 633-5397</b>		Permanent Address (Street, Apt. Number) <b>600 ALLEN AVE, DELRAY BEACH, FL 33483</b>		(City) <b>DELRAY BEACH, FL</b>		(State) <b>FL</b>		(Zip) <b>33483</b>		Phone <b>(561) 633-5397</b>			
Business Address (Name, Street) <b>NONE,</b>		(City)		(State)		(Zip)		Phone		Occupation											
D/L Number, State <b>G420100673410 / FL</b>		Sec. Sec. Number		DNS Number		Place of Birth (City, State) <b>WEST CHESTER, NY,</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 <input type="checkbox"/> 5. Juvenile											
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 <input type="checkbox"/> 5. Juvenile											
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)		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 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													
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property																	
Drug Activity S. Sell 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>POSSESSION OF COCAINE</b>		Statute Violation Number <b>893.13 (6A)</b>		Violation of ORD #																	
Drug Activity		Drug Type <b>N</b>		Amount / Unit <b>/</b>		Offense # <b>18-000173</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"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		Released To											
Transported By		Date Transported <b>// : : :</b>		Time Transported		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 33444</b>		Court Date and Time																	
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 <b>WOODS, JOHN J.</b>		Name Verification (Printed by Arrestee) <b>WOODS, JOHN J.</b>																	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>WOODS, JOHN J.</b>		I.D. # <b>1071</b>		(PRINT)		PAGE <b>1 OF 1</b>											
Inmate # <b>0409671</b>		Pouch #		Transporting Officer <b>REED</b>		I.D. # <b>1122</b>		Agency <b>DBPD</b>		Witness here if subject signed with an "X".											

JAN - 5 2018 10:46

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number

Agency ORI Number: FL 0500400 Agency Name: DELRAY BEACH POLICE DEPARTMENT Agency Report Number: 4 0 18-000173

Charge Type: 1. Felony (checked) 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Name (Last, First, Middle): GULLUSCI, CHRISTOPHER J Race: W Sex: M Date of Birth: 09/21/1967

Charge Description: 893.13 (6 A) POSSESSION OF COCAINE

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 resonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody... [X] committed the below acts in my presence. [ ] was observed by... who told [ ] confessed to... that he/she saw the arrested person commit the below acts. [ ] was found to have committed the below acts, resulting from my (described) investigation. On the 4 day of January, 2018 at 18:18 (Specifically include facts constituting cause for arrest.)

The following incident occurred in the City of Delray Beach, Palm Beach County, FL; On 1/4/2018 at approximately 1759 hours, Ofc. Liberta and I were on patrol in the 100 Blk of SW 12th Ave when we observed the suspect, later identified by name and date of birth as W/M Christopher Gullusci (DOB 9/21/1967), walking south out of the alleyway between SW 11th Ave and SW 12th Ave. This alleyway is a documented area where high amounts of street level narcotics take place. As Ofc. Liberta and I were driving toward the suspect in our unmarked police vehicle, the suspect realized that we were Police Officers and immediately concealed a clear plastic baggy in his left rear pocket. Ofc. Liberta, who was riding in the front passenger seat of our police vehicle, exited and made contact with the suspect in the 100 Blk of SW 11th Ave. Ofc. Liberta asked the suspect what he concealed in his pocket at which time he removed a clear plastic baggy containing an off white rock like substance, and handed it freely to Ofc. Liberta. Due to my knowledge, training and experience, I suspected this off white rock like substance to be that of crack cocaine. Utilizing a Lynn Peavey Quick Check Test Kit, I field tested this off white rock like substance which yielded a positive result for cocaine. The suspect was subsequently arrested and transported back to the DBPD. Once there, I read the suspect his Miranda Warnings off of a DBPD issued Miranda Card. Post Miranda, the suspect advised that he is a recovering drug addict, and relapsed approximately two weeks ago from the date of this arrest. The suspect confirmed that he purchased this crack cocaine in the alleyway between SW 12th Ave and SW 11th Ave in the 100 Blk. The suspect advised that he purchased this crack cocaine for his own personal use and planned on smoking it once he returned to his residence. Based on my investigation, Probable Cause exists to charge W/M Christopher Gullusci (DOB 9/21/1967) with Possession of Cocaine per FSS 893.13(6a).

SWORN AND SUBSCRIBED BEFORE ME SCOTT, TERANCE NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 01/04/2018 DATE SIGNATURE OF ARRESTING / INVESTIGATING OFFICER WOODS, JOHN J (1071) NAME OF OFFICER (PLEASE PRINT) 01/04/2018 DATE PAGE 1 OF 1