

0507554

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

Check if Supplement is Attached  
1. Arrest 3. Request for Warrant  
2. N.T.A. 4. Request for Capias

3163

19CT 8105

Juvenile

N

|  |                        |   |               |  |                  |  |                     |
|--|------------------------|---|---------------|--|------------------|--|---------------------|
| OBTS Number  |                        | Agency ORI Number<br>FLO 5 0 0 0 0 0  |               | Agency Name<br>PALM BEACH COUNTY SHERIFF'S OFFICE  |                  | Agency Report Number (N.T.A.'s only)<br>0 6 - 1 1 9 - 0 1 6 6 2 5 1 ( 1 1 )            |                     |
| Charge Type:<br>Check as many as apply   |                        | 1. Felony<br>2. Traffic Felony  |               | 3. Misdemeanor<br>4. Traffic Misdemeanor   |                  | 5. Ordinance<br>6. Other   |                     |
| Location of Arrest (Including Name of Business)<br>Hypodus Rd / Honda Dr, Lake Worth, FL 33463   |                        | Location of Offense (Business Name, Address)<br>Hypodus Rd / Honda Dr, Lake Worth, FL 33463 |               | If Weapon Seized<br>Enter Type   |                  | Multiple Clearance Indicator<br>10, 2  |                     |
| Date of Arrest<br>050219   | Time of Arrest<br>0850 | Booking Date  | Booking Time  | Jail Date  | Jail Time        | Location of Vehicle  |                     |
| Name (Last, First, Middle)<br>Pratts, Christopher M.   |                        |   |               | Alias (Name, DOB, Soc. Sec. #, Etc.)   |                  |  |                     |
| Race<br>W - White<br>B - Black   | Sex<br>M               | Date of Birth<br>082705   | Height<br>511 | Weight<br>230  | Eye Color<br>BRN | Hair Color<br>BLK  | Complexion<br>WHITE |
| Build<br>LARGE   |                        | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)<br>NONE       |               | Marital Status<br>SINGLE   |                  | Religion<br>BAPTIST  |                     |
| Local Address (Street, Apt. Number)<br>4008 Constance St. Lake Worth FL 33462  |                        | (City) (State) (Zip)  |               | Phone<br>8886359709  |                  | Residence Type:<br>1. City 3. Florida<br>2. County 4. Out of State                     |                     |
| Permanent Address (Street, Apt. Number)  |                        | (City) (State) (Zip)  |               | Phone  |                  | Address Source   |                     |
| Business Address (Name, Street)  |                        | (City) (State) (Zip)  |               | Phone  |                  | Occupation<br>Post Card  |                     |
| DL Number, State<br>PC3113853070   |                        | INS Number  |               | Place of Birth (City, State)<br>WFB, FL  |                  | Citizenship<br>Yes   |                     |
| Co-Defendant (Last, First, Middle)   |                        | Race  |               | Sex  |                  | Date of Birth  |                     |
| Co-Defendant (Last, First, Middle)   |                        | Race  |               | Sex  |                  | Date of Birth  |                     |
| Parent Legal Custodian<br>Other:   |                        | Name (Last) (First) (Middle)  |               | Residence Phone  |                  | Business Phone   |                     |
| Address (Street, Apt. Number)  |                        | (City) (State) (Zip)  |               | Notified by: (Name)  |                  | Date Time  |                     |
| Released To: (Name)  |                        | Relationship  |               | Juvenile Disposition<br>1. Handled/Processed within Dept and Released.   |                  | 2. TOT HRS/DYS<br>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 355-2528) informed of any change of address. |                        | Yes, by: (Name) <input type="checkbox"/> No (Reason)  |               | School Attended  |                  | Grade  |                     |
| Property Crime?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |                        | Description of Property   |               | Value of Property  |                  |  |                     |
| Drug Activity<br>N. N/A<br>P. Possess  |                        | S. Sell<br>D. Deliver<br>T. Traffic   |               | R. Smuggle<br>E. Use   |                  | K. Dispense/<br>Distribute   |                     |
| M. Manufacture/<br>Produce/<br>Cultivate   |                        | Z. Other  |               | Drug Type<br>N. N/A<br>A. Amphetamine  |                  | B. Barbiturate<br>C. Cocaine<br>E. Heroin  |                     |
| H. Hallucinogen<br>M. Marijuana<br>O. Opioid/Deriv.  |                        | P. Parapharmacia/<br>S. Synthetic   |               | U. Unknown<br>Z. Other   |                  |  |                     |
| Charge Description<br>DRIVING W/ SUSP. DL W/ KNOWLEDGE   |                        | Counts<br>2   |               | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N  |                  | Statute Violation Number<br>322134(2)  |                     |
| Drug Activity<br>N N   |                        | Drug Type<br>N N  |               | Amount / Unit<br>19066251  |                  | Offense #<br>19066251  |                     |
| Charge Description<br>TBS ATTACH NOT ASSIGNED  |                        | Counts<br>2   |               | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N  |                  | Statute Violation Number<br>3201261  |                     |
| Drug Activity<br>N N   |                        | Drug Type<br>N N  |               | Amount / Unit<br>19066251  |                  | Offense #<br>19066251  |                     |
| Charge Description   |                        | Counts  |               | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N  |                  | Statute Violation Number   |                     |
| Drug Activity  |                        | Drug Type   |               | Amount / Unit  |                  | Offense #  |                     |
| Charge Description   |                        | Counts  |               | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N  |                  | Statute Violation Number   |                     |
| Drug Activity  |                        | Drug Type   |               | Amount / Unit  |                  | Offense #  |                     |
| Location (Court, Room Number, Address)<br>PBC Courthouse Criminal Justice Center 3008 Gun Club Rd WFB 33466  |                        | Court Date and Time<br>Month May Day 29th Year 2019 Time 0830 A.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)<br>Date Signed<br>05/02/2019 |                     |
| HOLD for other agency  |                        | Signature of Arresting Officer<br>X   |               | Name Verification (Printed by Arrestee)  |                  |  |                     |
| <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suicidal  |                        | <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Other:                 |               | Name of Arresting Officer (Print)<br>Y. Descale 17135  |                  | I.D. #<br>17135  |                     |
| Intake Deputy<br>DS  |                        | I.D. #  |               | Pouch #  |                  | Transferring Officer<br>Y. Descale 17135   |                     |
| I.D. #   |                        | Agency<br>PBS   |               | Witness here if subject signed with<br>MAY 04 2019   |                  | PAGE<br>1 OF 1   |                     |



**PALM BEACH COUNTY  
SHERIFF'S OFFICE**  
Florida State Statute Exemption Sheet

**Palm Beach County Sheriff's Office – Arrests Only**

|   | X                                   | Florida State Statute                   | Description  | Page Number(s) |
|---|-------------------------------------|---|--|----------------|
| L/E Exemptions  | <input type="checkbox"/>            | 119.071(2)(d)                           | Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations. |                |
|   | <input type="checkbox"/>            | 943.053, 943.0525                       | NCIC/FCIC/FBI and in-state FDLE/DOC.   |                |
|   | <input type="checkbox"/>            | 119.071(4)(c)                           | Undercover personnel.  |                |
|   | <input type="checkbox"/>            | 119.071(2)(f)                           | Confidential informants (CIs).   |                |
|   | <input type="checkbox"/>            | 119.071(2)(e)                           | Confession.  |                |
| Public Info. Exemptions                                     | <input type="checkbox"/>            | 985.04(1)                               | Juvenile offender records.   |                |
|   | <input type="checkbox"/>            | 119.071(h)(i)                           | Assets of a crime victim.  |                |
|   | <input type="checkbox"/>            | 395.3025(7)(a),<br>456.057(7)(a)        | Medical information.   |                |
|   | <input type="checkbox"/>            | 394.4615(7)                             | Mental health information.   |                |
|   | <input type="checkbox"/>            | 119.071(4)(d)(2)(a)                     | Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.  |                |
| Florida Rules of Judicial Administration 2.420 (Rule of 23) | <input checked="" type="checkbox"/> | (iii) 119.0714(1)(i)-(j),<br>2(a)-(e)   | Social Security, bank account, charge, debit, and credit card numbers.   | 2              |
|   | <input type="checkbox"/>            | (viii) 394.4615(7)                      | Clinical records under the Baker Act.  |                |
|   | <input type="checkbox"/>            | (xii) 741.30(3)(b)                      | The victim's address in a domestic violence action on petitioner's request.  |                |
|   | <input type="checkbox"/>            | (xiii) 119.071(2)(h),<br>119.0714(1)(h) | Protected information regarding victims of child abuse or sexual offenses.   |                |
|   | <input type="checkbox"/>            |   |  |                |
|   | <input type="checkbox"/>            |   |  |                |
|   | <input type="checkbox"/>            |   |  |                |
|   | <input type="checkbox"/>            |   |  |                |
| Other   | <input type="checkbox"/>            |   | Other:   |                |
|   | <input type="checkbox"/>            |   | Other:   |                |

**REVIEW COMPLETED BY**

|                            |                                  |
|----------------------------|----------------------------------|
| Booking Number: 2019014634 | Date: 5/2/2019                   |
|                            | Specialist Name/ID: J. Beck/9007 |

**SCANNED**  
**MAY 04 2019**