

0504882

19CF909 3854

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

1

Juvenile  N

ADMINISTRATIVE	OBTS Number		Agency ORI Number <b>FLO 50000</b>				Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>				Agency Report Number (N.T.A.'s only) <b>06- 19-030359</b>											
	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		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator											
	Location of Arrest (Including Name of Business) <b>15050 S. JOG RD / HOME DEPOT</b>						Location of Offense (Business Name, Address) <b>15050 S. JOG RD, DELRAY BEACH FL 33446</b>															
	Date of Arrest <b>01/27/2019</b>		Time of Arrest <b>1246</b>		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle <b>BECK'S TOWING</b>									
DEFENDANT	Name (Last, First, Middle) <b>SHAPIRO, CRAIG, ALAN</b>																					
	Alias (Name, DOB, Soc. Sec. #, Etc.)																					
	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W M		Date of Birth <b>04/21/72</b>		Height <b>6-3</b>		Weight <b>200</b>		Eye Color <b>BRN</b>		Hair Color <b>BALD</b>		Complexion <b>TAN</b>		Build <b>LARGE</b>					
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>SUN TATTOO LEFT ARM</b>						Marital Status <b>Divorced</b>		Religion <b>JEWISH</b>		Indication of Alcohol Influence 1. City 2. County 3. Florida 4. Out of State		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.									
	Local Address (Street, Apt. Number) <b>13255 SW 9TH CT, PEMBROKE PINES FL 33027</b>						(City)		(State)		(Zip)		Phone <b>(954) 709-4214</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State							
	Permanent Address (Street, Apt. Number)						(City)		(State)		(Zip)		Phone		Address Source <b>VERBAL</b>							
	Business Address (Name, Street)						(City)		(State)		(Zip)		Phone		Occupation							
	D/L Number, State				Soc. Sec. Number				INS Number				Place of Birth (City, State) <b>MIAMI BEACH, FL</b>				Citizenship <b>US</b>					
	CO-DEF	Co-Defendant Name (Last, First, Middle)						Race <b>W</b>		Sex <b>F</b>		Date of Birth <b>10/04/79</b>		<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						
JUVENILE	Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:						Name (Last) (First) (Middle)						Residence Phone									
	Address (Street, Apt. Number)						(City) (State) (Zip)						Business Phone									
	Notified by: (Name)						Date						Time									
	Released To: (Name)						Relationship						Date									
	The above address 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 (Phone 355-2528) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)						School Attended						Grade									
CHARGE	Property Crime? <input type="checkbox"/> Yes <input 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. Dispense/ 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. Synthetics		U. Unknown Z. Other	
	Charge Description <b>RETAIL THEFT</b>						Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>812.015(8)A</b>				Violation of ORD #							
	Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit		Offense # <b>19-030359</b>		Warrant / Capias Number				Bond									
	Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #							
	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond									
	Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #							
	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond									
	Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #							
	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond									
NOTICE TO APPEAR	Location (Court, Room Number, Address) <b>South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996</b>																					
	Court Date and Time Month Day Year Time AM PM <b>01/27/2019</b>																					
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 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)										Date Signed												
ADMIN	HOLD for other Agency Name:				Signature of Arresting Officer <b>X</b>				Name Verification (Printed by Arrestee)													
	<input checked="" type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other				(PRINT)													
	Intake #				Pouch #				Witness here if subject signed with an													
Name of Arresting Officer (Print) <b>RONALD BLOCK</b>				I.D. # <b>7942</b>				Agency <b>PBSO</b>														
Transporting Officer <b>WILLIAM FEREL</b>				ID # <b>6581</b>				Agency <b>PBSO</b>														

PBSO #148 REV 8/97

DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - DEFENDANT (U.S. ONLY)

JAN 28 2019

19 JAN 28 AM 10:00  
JUN 01 08:00 AM '19  
SCANNED

**PROBABLE CAUSE AFFIDAVIT**

1. Arrest 3. Request For Warrant 1  Juvenile   
 2. N.T.A. 4. Request For Copies

OBTS Number \_\_\_\_\_ Agency Name **PALM BEACH COUNTY SHERRIF'S OFFICE** Agency Report Number **06 19-030359**

Agency ORI Number **FLO 5 0 0 0 0 0**

Charge Type:  1. Felony  3. Misdemeanor  5. Ordinance  
 2. Traffic Felony  4. Traffic Misdemeanor  6. Other \_\_\_\_\_

Special Notes \_\_\_\_\_

Defendant Name (Last, First, Middle) **SHAPIRO, CRAIG A** Race **W** Sex **M** Date of Birth **04/21/72**

Charge **RETAIL THEFT**

Charge \_\_\_\_\_

Victim Name (Last, First, Middle) **HOME DEPOT** Race \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Local Address (Street, Apt. Number) **15050 S. JOG RD** City **DELRAY BEACH FL 33446** State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Address Source \_\_\_\_\_

Business Address (Street, Apt. Number) **SAME** City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Occupation \_\_\_\_\_

The undersign 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 (described) investigation.

On the **27TH** day of **JANUARY** 20 **19** at **1246**  AM  PM

On the above date and time, the Home Depot Loss Prevention Officer, Juan Ramirez notified PBSO Communications via 911 of a retail theft in progress. Ramirez observed a w/m later identified as Craig Shapiro park a 2017 red Hyundai outside of the East entrance of the Home Depot located at 15050 S. Jog Rd in unincorporated Delray Beach. Shapiro walked into the store along with the passenger, a W/F later identified as Davi Kondratyuk. Ramirez observed the Defendants select various tools from the shelves. As the tools were selected by both defendants, the video surveillance clearly shows Kondratyuk put the items into a black backpack. Kondratyuk then exited the store at 1235 hours passing all points of purchase and remove the items from the backpack into the backseat of they Hyundai. Kondratyuk then went back into the store, select more items while placing them into the backpack. Both defendants left the store passing all points of purchase and placed the stolen items into the Hyundai. Kondratyuk went back into the store for the final time at 1241 hours, selected more items and left again passing all points of purchase at 1243 hours. A traffic stop was initiated on the vehicle as it left Home Depot. Both Defendants were found with the stolen items in the vehicle. The Defendants were handcuffed to the rear, checked for tightness and taken into custody.

Based on the above I believe probable cause exist to charge the defendants with Retail Theft as per FSS 812.015(8)

The Defendants were TOT PBCJ without incident.

NOT A COPY

SCANNED  
JAN 28 2019

The foregoing instrument was sworn to and affirmed before me this **27TH** day of **JANUARY** 20 **19**, by:

**D/S WILLIAM FERRELL ID# 6581** **D/S RONALD BLOCK ID# 7942**  
 Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00) Name of Arresting/Investigating Officer

Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00) Signature of Arresting/Investigating Officer

Page **1** of **1**

**PALM BEACH COUNTY SHERIFF'S OFFICE – SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS    VICTIM    OTHER

**COMPLETE EVERYTHING BELOW – PRINT LEGIBLY**

LAST NAME: <b>RAMIREZ</b>		FIRST NAME: <b>JUAN</b>			MIDDLE INITIAL: <b>F</b>	RACE: <b>H</b>	SEX: <b>M</b>
DATE OF BIRTH: <b>03-29-1982</b>	YOUR HEIGHT: <b>5-8</b>	YOUR WEIGHT: <b>180</b>	YOUR HAIR COLOR: <b>BLACK</b>		YOUR EYE COLOR: <b>BROWN</b>		
YOUR HOME ADDRESS: <input type="checkbox"/> CHECK IF HOMELESS			CITY:	STATE:	ZIP:		
YOUR WORK NAME & ADDRESS: <b>15050 JOG Rd</b>			<input type="checkbox"/> CHECK IF UNEMPLOYED		CITY: <b>DELRAY BEACH</b>	STATE: <b>FL</b>	ZIP: <b>33446</b>
WORK PHONE: <input type="checkbox"/> CHECK IF NONE <b>561-498-1251</b>	CELL PHONE: <input type="checkbox"/> CHECK IF NONE	HOME PHONE: <input type="checkbox"/> CHECK IF NONE	EMAIL:		<input type="checkbox"/> CHECK IF NONE		

**WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY**

YOUR NAME: <b>JUAN RAMIREZ</b>	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
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On 01/27/2019 I Juan Ramirez, Asset Protection Specialist for Home Depot observed a white male and a white female entering the hardware department and select the following items; two Milwaukee right angle drill, one Milwaukee saw, one Milwaukee right angle tool, one Milwaukee multi tool, one Dewalt screwdriver, and one Milwaukee hackzall. I observed the male subject grabbing the Dewalt screwdriver and handed to the female subject where she conceal the item on her bag. I observed the female subject making multiple trips outside the store to their car parked outside the contractors exit door to unload the merchandise conceal on her purse. Each time the female subject exit the store she did not made any type of payment for the merchandise conceal on her purse. I observed as both subject exit the store and got into a red compact vehicle and fled the area. I notified Palm Beach Sheriff at which time they made contact with both subjects. Total Amount \$673.00

**READ AND SIGN**

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: Juan F. Ramirez



**IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND AND RELEASE THE RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.**

DO NOT WISH TO PROSECUTE (INITIAL \_\_\_\_\_)

**(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)**

**SCANNED**  
JAN 28 2019



**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), 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)-(l), (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), 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: 2019003054	Date: 01/28/2019
	Specialist Name/ID: AM/31562

**SCANNED**  
**JAN 28 2019**