

0507093/3907

190P 3628

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Agency ORI Number FLO 5 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06	19-060487
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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	Multiple Clearance Indicator 0 1
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Location of Arrest (Including Name of Business) (Target) 500 N Congress Ave Lake Park, Florida 33403	Location of Offense (Including Name of Business) (Target) 500 N Congress Ave Lake Park, Florida 33403
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Date of Arrest Apr 16, 2019	Time of Arrest 1925Hrs	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
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Name (Last, First, Middle) Cool Crystal A	Alias (Name, DOB, Soc. Sec. #: Etc.)
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Race W - White B - Black O - Oriental/Asian W	Sex F	Date of Birth 05/15/1983	Height 5'3	Weight 125	Eye Color Blue	Hair Color Blonde	Complexion Light	Build Thin
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Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Right front side	Marital Status Married	Religion Unk	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unit <input type="checkbox"/>
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Local Address (Street, Apt. Number) 5824 Senegal Dr	City Jupiter	State FL	Zip 33458	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State 2
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Permanent Address (Street, Apt. Number)	City	State	Zip	Phone 561-236-6284	Address Source FL/DL
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Business Address (Street, Apt. Number)	City	State	Zip	Phone	Occupation Unemployed
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DL Number, State C400101836751, FL	Social Security	INS Number	Place of Birth Volusia, Florida	Citizenship USA
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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
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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
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<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	Name (Last, First, Middle)	Phone
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Address (Street, Apt. No.)	City	State	Zip	Business Phone
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1-3,000

Notified By (Name)	Date	Time	Juvenile Disposition: 1. Handled/Processed within Dept. and Released 2. TOT HRS/DAYS 3. Incarcerated
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Released To (Name)	Relationship	Date	Time
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The above address was provided by <input type="checkbox"/> defendant's mother <input type="checkbox"/> defendant's parents. The child's mother/parent(s) used to keep the Juvenile Court Clerk's Office (Phone 561-395-2528) informed of any address change <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)	School Attended	Grade
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Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property	Value of Property
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Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Seizure D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce O. Obtain	Z. Other	Drug Type N. N/A A. Amphetamines E. Heroin	B. Barbiturates C. Cocaine	H. Hallucinogen M. Marijuana	P. Pharmaceutical Equipment	U. Unknown Z. Other
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Charge Description Grand Theft	Counts 01	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 812.014(2c)	Violation or ORD. #
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Drug Activity	Drug Type	Amount/Unit	Offense # 19-060487	Warrant/Capias Number	Bond
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Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation or ORD. #
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Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
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Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation or ORD. #
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Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
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Location (Court, Address, Room Number)
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Court Date and Time Month Day Year Time AM <input type="checkbox"/> PM <input type="checkbox"/>
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I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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)	Date Signed
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HOLD FOR OTHER AGENCY Name D/S B. SHATARA #7623	Signature of Arresting Officer D/S Florexil	ID # 7121	Name Verification (Printed by Arrestee) 002 10/24/2018
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<input type="checkbox"/> Dangerous <input type="checkbox"/> Subsidial	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	Name of Arresting Officer D/S Florexil	ID # 7121	(PRINT)	Page 1 of 1
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Transporting Officer D/S Florexil #7121	ID # 7121	Agency PBSO	Witness here if subject signed with an "X"
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019 APR 17 AM 7:06

OBTS Number		PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A.	3. Request For Warrant 4. Request For Capias	1	Juvenile	N
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 06		19-060487		
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		Special Notes	
Defendant Name (Last, First, Middle) Cool Crystal A				Race W	Sex F	Date of Birth 05/15/1983			
Charge Grand Theft		Charge							
Charge		Charge							
Victim Name (Last, First, Middle) Target				Race	Sex	Date of Birth			
Local Address (Street, Apt. Number) 500 N. Congress Ave		City Lake Park	State FL	Zip 33403	Phone	Address Source			
Business Address (Street, Apt. Number) 500 N. Congress Ave		City Lake Park	State FL	Zip 33403	Phone	Occupation Retail Store			
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...									
<input type="checkbox"/> committed the below acts in my presence.					<input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.				
<input checked="" type="checkbox"/> confessed to admitting to the below facts.					<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.				
On the <u>16</u> day of <u>April</u> 20 <u>19</u> at _____ <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM									

On Tuesday April 16, 2019 at approximately 1749 hours, while in my issued Palm Beach County Sheriff's Office uniform and in my Palm Beach County Sheriff's Office marked patrol vehicle, I responded to the Target Store located at 500 N. Congress Ave, Lake Park, Palm Beach County, Florida 33403 in reference to grand theft.

Upon arrival on scene, I made contact with Loss Prevention officer Gregory J. Jackson black male date of birth 10/18/1989 who advised me that he began surveillance via store camera on the suspect who was identified via Florida D/L as Crystal A. Cool date of birth 05/15/1983 after she was observed concealing merchandise in the shopping cart.

Jackson said contact was made with Ms. Cool after she passed all points of sales without paying for the merchandise she concealed. The total amount for the merchandise was \$1,553.40

Based on my investigation, Crystal A. Cool white female date of birth 05/15/1983 was arrested for grand theft pursuant Florida State Statute 812.014(2c)

NOT A
CERTIFIED COPY

The foregoing instrument was sworn to and affirmed before me this <u>16</u> day of <u>April</u> 20 <u>19</u> , by:		D/S Florexil	7121
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	
		<input checked="" type="checkbox"/> DISCOVERED 7121	
		Page 1 of 1	



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)-(j), 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: 2019012708	Date: 4/17/2019
	Specialist Name/ID: Gammage/5660