

A D M I N I S T R A T I O N	OBTS Number		ARREST / NOTICE TO APPEAR				170F / 674		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE											
	Agency ORI Number 0500400		Agency Name Delray Beach Police Department				Agency Report Number (N.T.A.'s only) 4   0   17-002759																			
	Charge Type: Check as many as apply		<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 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		If Weapon Seized Enter Type		Hands/fist/feet/teeth		Multiple Clearance Indicator		2											
	Location of Arrest (Including Name of Business) 1049 E ATLANTIC AVE DELRAY BEACH FL 3348						Location of Offense (Business Name, Address) 1049 E ATLANTIC AVE, DELRAY BEACH, FL 33483																			
D E F E N D A N T	Date of Arrest 02/17/2017		Time of Arrest 22:55		Booking Date 02/17/2017		Booking Time 23:05		Jail Date / /		Jail Time :		Location of Vehicle													
	Name (Last, First, Middle) DREW, DANA THERESA						Alias (Name, DOB, Soc. Sec. #, Etc.)																			
	Race W - White B - Black		I - American Indian O - Oriental/Asian		Sex W F		Date of Birth 05/30/1978		Height 5'00		Weight 130		Eye Color BLUE		Hair Color BROWN		Complexion LIGHT		Build SMALL							
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status S		Religion NOT INDICA		Indication of: Alcohol Influence Drug Influence		Yes No		Unk.											
	Local Address (Street, Apt. Number) 1123 SW 3RD ST, BOCA RATON, FL 33486						(City)		(State)		(Zip)		Phone (561) 276-7350		Residence Type: 1. City 2. County 3. Florida 4. Out of State		2									
	Permanent Address (Street, Apt. Number) 1123 SW 3RD ST, BOCA RATON, FL 33486						(City)		(State)		(Zip)		Phone (561) 276-7350		Address Source VERBAL											
	Business Address (Name, Street)						(City)		(State)		(Zip)		Phone		Occupation											
	D/L Number, State D600178786900 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) West Palm Beach, United States		Citizenship US																	
	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													
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)						Residence Phone																			
	<input type="checkbox"/> Legal Custodian 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. <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	Drug Activity 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 BATTERY ON OFFICER, FIREFIGHTER, EMT ETC						Statute Violation Number 784.07(2B)						Violation of ORD #													
C H A R G E	Drug Activity		Drug Type N		Amount / Unit /		Offense # 17-002759		Counts 2		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond											
	Charge Description DISORDERLY INTOXICATION						Statute Violation Number 856.011						Violation of ORD #													
C H A R G E	Drug Activity		Drug Type N		Amount / Unit /		Offense # 17-002759		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond											
	Charge Description						Statute Violation Number						Violation of ORD #													
C H A R G E	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 checked="" type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain: RISK TO HERSELF AND OTHERS																			
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						PROPERTY - Received By						Released By		Released To											
	<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health						Transported By						Date Transported / /		Time Transported		Other									
N O T I C E T O A P P E A R	<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) South County 200 W Atlantic Ave Delray Beach, FL 33444						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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.						Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed													
A D M I N	HOLD for Other Agency						Signature of Arresting Officer C. J. 1059						Name Verification (Printed by Arrestee)													
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other						Name of Arresting Officer (Print) KEVIN CASEY J.						I.D. # 1059													
Intake Deputy						I.D. #		Pouch #		Signature of Officer J. GUERO		I.D. # 1109		Agency DBPD		Witness here if subject signed with an "X".										

SCANNED  
FEB 17 2017

NOTIFIED TO ATTORNEY  
FEB 17 2017 5:37

No  
Photo  
Available

PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
OBTS Number		Agency ORI Number <b>FL 0500400</b>		Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>	
Agency Report Number <b>4   0   17-002759</b>		Special Notes:			
Charge Type: Check as many as apply. <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 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					
Name (Last, First, Middle) <b>DREW, DANA THERESA</b>		Race <b>W</b>		Sex <b>F</b>	
Date of Birth <b>05/30/1978</b>					
Charge Description <b>784.07(2B) BATTERY ON OFFICER, FIREFIGHTER, EMT ETC</b>		Charge Description <b>856.011 DISORDERLY INTOXICATION</b>			
Victim's Name (Last, First, Middle) <b>LAWSON, CHARLES ANTHONY</b>		Race <b>W</b>		Sex <b>M</b>	
Date of Birth [REDACTED]					
Local Address (Street, Apt. Number) <b>501 W ATLANTIC AVE, DELRAY BEACH, FL 33444</b>		Phone <b>(561) 243-7400</b>		Address Source	
Business Address (Name, Street) <b>DELRAY BEACH FIRE RESCUE, 501 W ATLANTIC AVE DELRAY BEACH FL</b>		Phone <b>(561) 243-7400</b>		Occupation <b>FIREFIGHTER/EMT</b>	
<p>The undersigned certifies and 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.</p> <p>The Person taken into custody . . .</p> <p><input checked="" 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.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <b>17</b> day of <b>February</b>, <b>2017</b> at <b>22:55</b> (Specifically include facts constituting cause for arrest.)</p>					
<p>The following incident occurred in the City of Delray Beach, Palm Beach County, Florida:</p> <p>On 2/17/17 at approximately 2204 hours I was dispatched to 1049 E Atlantic Ave in reference to a female who, according to the complainant, appeared to be in distress. Upon arrival I made contact with a white female (in full Police uniform) who was in the rear parking lot and seemed to be heavily intoxicated. The woman, who later identified herself as Dana Drew, was slurring her words, she was unstable on her feet, her eyes were bloodshot, and she reeked of an unknown alcoholic beverage. I later confirmed Drew's identity through DAVID. Due to Drew's level of intoxication I summoned Delray Beach Fire Rescue to further evaluate her physical state. Drew was extremely uncooperative and vulgar towards to me. During the course of my conversation with Drew she made statements to me that she wanted to harm me and people around her. She informed me that she had a mental disorder and would not answer questions about potential prescription medication she may or may not be taking.</p> <p>When DBFR responded to the scene Drew refused medical attention and made further threats to paramedics. Due to the fact that Drew was unable to care for herself and a potential harm to those around her, she was placed under a Baker Act. Ofc. Lunsford, DBFR, and I restrained Drew's arms to a stretcher to be transported to the Hospital. Firefighter/EMT's Joseph Drayson and Charles Lawson were escorting Drew to the Ambulance when Drew became combative. Drayson stated that as he was pushing the stretcher when Drew kicked him in the back of his head. At this time Drayson, Lawson and Drew were in my sight and I witnessed her kick Lawson in his face with her left foot as he attempted to gain control of her leg. Lawson suffered a contusion to his right eye and began to bleed from his nose after Drew kicked him. Photographs were taken of both men who were in full uniform during this entire incident. Ofc. Lunsford Body Worn Camera and Dash Camera captured this event. Drew, who at this point was under arrest, was transported to Bethesda Memorial Hospital for further evaluation. After being medically cleared, Drew</p>					
<p>SWORN AND SUBSCRIBED BEFORE ME</p> <div style="display: flex; justify-content: space-between;"> <div> <p><b>KEATING, ROBERT</b></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p><b>02/17/2017</b></p> <p>DATE</p> </div> <div> <p><i>[Signature]</i></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><b>KELLY, CASEY J (1059)</b></p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><b>02/17/2017</b></p> <p>DATE</p> </div> </div>					
<p>PAGE <b>1 OF 2</b></p>					

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

