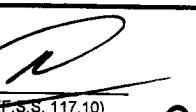
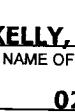
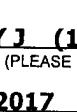


ARREST / NOTICE TO APPEAR

17CF 1674

JUVENILE

A	OBTS Number			ARREST / NOTICE TO APPEAR										1	
D	Agency ORI Number			Agency Name			Agency Report Number (N.T.A.'s only)			1. Arrest		3. Request for Warrant			
M	0500400			Delray Beach Police Department			4 0 17-002759			2. N.T.A.		4. Request for Capias			
I	Charge Type:			<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance			<input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			If Weapon Seized		Multiple Clearance Indicator			
S	Check as many as apply.									Enter Type		Hands/fist/feet/teeth			
T	Location of Arrest (Including Name of Business)			Location of Offense (Business Name, Address)											
R	1049 E ATLANTIC AVE DELRAY BEACH FL 33484			1049 E ATLANTIC AVE, DELRAY BEACH, FL 33483											
A	Date of Arrest			Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time		Location of Vehicle					
T	02/17/2017			22:55	02/17/2017	23:05	// :	:							
I	Name (Last, First, Middle) DREW, DANA THERESA Alias:														
O	Race			Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build				
D	W - White I - American Indian B - Black O - Oriental/Asian			W F	05/30/1978	5'00	130	BLUE	BROWN	LIGHT	SMALL				
E	Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)														
N	Marital Status			Religion			Indication of:								
D	S			NOT INDICA			Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Drug Influence								
A	Local Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone			Residence Type:					
N	1123 SW 3RD ST, BOCA RATON, FL 33486						(561) 276-7350			1. City 3. Florida 2. County 4. Out of State					
D	Permanent Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone			Address Source					
A	1123 SW 3RD ST, BOCA RATON, FL 33486						(561) 276-7350			VERBAL					
N	Business Address (Name, Street)			(City)	(State)	(Zip)	Phone			Occupation					
D	D/L Number, State			Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship								
E	D600178786900 / FL					WEST, United States	US								
F	Co-Defendant Name (Last, First, Middle)														
O	Race			Sex	Date of Birth			1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile 2. At Large <input type="checkbox"/> 4. Misdemeanor							
D	Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth			1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile 2. At Large <input type="checkbox"/> 4. Misdemeanor						
E	Name (Last, First, Middle)														
F	Residence Phone														
J	Address Street, Apt. Number) (City) (State) (Zip)														
U	Business Phone														
V	Notified by: (Name)														
E	Date			Time	JUVENILE DISPOSITION										
N	1. Handled/Processed within Department and Released			2. TOT JAC 3. Incarcerated											
I	Released To: (Name) Relationship														
L	Date			Time											
E	School Attended														
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.										Grade					
<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	Drug Activity	S. Sell	R. Smuggle	K. Disperses/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type	B. Barbiturate	H. Hallucinogen	P. Paraphernalia/ Equipment	U. Unknown				
O	N. N/A	B. Buy	D. Deliver				N. N/A	C. Cocaine	M. Marijuana		Z. Other				
D	P. Possess	T. Traffic	E. Use				A. Amphetamine	E. Heroin	O. Opium/Deriv.	S. Synthetic					
C	Charge Description							Statute Violation Number			Violation of ORD #				
H	BATTERY ON OFFICER, FIREFIGHTER, EMT ETC							784.07(2B)							
A	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number			Bond					
R	N	/	17-002759	2	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N										
G	Charge Description							Statute Violation Number			Violation of ORD #				
R	DISORDERLY INTOXICATION							856.011							
E	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number			Bond					
C	N	/	17-002759	1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N										
H	Charge Description							Statute Violation Number			Violation of ORD #				
A	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number			Bond					
R	/														
I	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							
N	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 <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health							Explain: RISK TO HERSELF AND OTHERS							
T	Transported By							Date Transported	Time Transported	Other					
O	// :														
N	<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							
T	Court Date and Time														
A	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.														
P	No Photo Available														
E	Available														
R	Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed														
A	HOLD for Other Agency				Signature of Arresting Officer <i>C. 11059</i>				Name Verification (Printed by Arrestee)						
D	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Officer (Print) <i>KELLY CASEY J.</i>				ID. # <i>1059</i> (PRINT)						
M	Intake Deputy		ID. #	Pouch #	Transferring Officer	ID. #	Agency								
I	FEB 1 2017				<i>ALGUERO</i>	<i>1109</i>	<i>DBPD</i>								
N	Witness here if subject signed with an "X".														
T	PAGE 1 OF 1														

OBTS Number		PROBABLE CAUSE AFFIDAVIT					1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
Agency ORI Number		Agency Name					Agency Report Number		Special Notes:			
FL 0500400		DELRAY BEACH POLICE DEPARTMENT					4 0 17-002759					
Charge Type: Check as many as apply.		<input checked="" type="checkbox"/> 1. Felony		<input checked="" type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance						
		<input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other						
Name (Last, First, Middle)		Alias							Race	Sex	Date of Birth	
DREW, DANA THERESA									W	F	05/30/1978	
Charge Description		Charge Description										
784.07(2B) BATTERY ON OFFICER, FIREFIGHTER, EMT ETC		856.011 DISORDERLY INTOXICATION										
Charge Description		Charge Description										
Victim's Name (Last, First, Middle)							Race	Sex	Date of Birth			
LAWSON, CHARLES ANTHONY							W	M				
Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		Address Source					
501 W ATLANTIC AVE, DELRAY BEACH, FL 33444					(561) 243-7400							
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation					
DELRAY BEACH FIRE RESCUE, 501 W ATLANTIC AVE DELRAY BEACH FL					(561) 243-7400		FIREFIGHTER/EMT					
<p>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.</p> <p>The Person taken into custody . . .</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>17</u> day of <u>February</u>, <u>2017</u> at <u>22:55</u> (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>												
SWORN AND SUBSCRIBED BEFORE ME									SIGNATURE OF ARRESTING / INVESTIGATING OFFICER			
KEATING, ROBERT												
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)												
02/17/2017												
DATE												
   												
02/17/2017												

COURT

STATE ATTORNEY

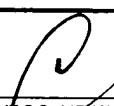
CENTRAL RECORDS

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CRIME ANALYSIS

Page 6

A D M I N	OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT			1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE
	Agency ORI Number	Agency Name	FL 0500400 DELRAY BEACH POLICE DEPARTMENT					
D E F	Charge Type: Check as many as apply.	<input checked="" type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other				Special Notes:		
	Name (Last, First, Middle)		Alias			Race	Sex	Date of Birth
	DREW, DANA THERESA					W	F	05/30/1978
<p>was transported to Palm Beach County Jail.</p> <p>Based on the above Facts, Probable Cause exists to charge Dana Drew with FSS 784.07 (2B) Battery on a Firefighter/EMT & FSS 856.011 Disorderly Intoxication.</p> <p style="font-size: 100px; color: gray; transform: rotate(-15deg);">NOT A CERTIFIED COPY</p>								

P R O B A B L E C A U S E S T A T E M E N T	SWORN AND SUBSCRIBED BEFORE ME		 KEATING, ROBERT <small>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</small> 02/17/2017 <small>DATE</small>			 KELLY, CASEY J (1059) <small>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</small> <small>NAME OF OFFICER (PLEASE PRINT)</small> 02/17/2017 <small>DATE</small>		PAGE 2 OF 2

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.
 2 CANNE 3/18/2017