

1907853

Arrest Report

FLORIDA HIGHWAY PATROL
P.O. BOX 540007, GREENACRES, FL 33454

Report Date / Time 8/18/2019 02:21 AM	Report Number FHP99ARR765213	Case Number/Cad Number FHPL19OFF054487 / LWRC19CAD150983	Reporting Officer Name A. PARENT
Originating Agency ORI	Occur Date Time Range 08/18/2019 01:32:31 -	Jurisdiction	Clearance

Location of Occurrence

County PALM BEACH	Location Type OTHER	Location Description NB I-95(SR-9)/ S OF ATLANTIC AVE (SR-806)			
Street Number	Street	Apt/Lot/Bldg	City DELRAY BEACH	State FL	Zip Code 33444

Defendant

First Name DANIELA	Middle Name	Last Name PAPADAKIS BARED	Suffix	Race W	Sex FEMALE	Height 504	Weight 125	Hair BRO	Eyes BRO
MNI #	SSN	Date of Birth 10/13/1995	Age 23	Place of Birth UNK PR PUERTO RICO	Drivers License or other ID P132160958730	State FL	ID Type E		
Address * / 22030 BOCA PLACE DR APT 613 , , FL 33433 /									

Arrest

Arrest Date/Time 8/18/2019 1:52:09 AM	Arrest Location Type PUBLIC PLACE	Arrest Location Description NB I-95(SR-9)/ S OF ATLANTIC AVE (SR-806)				
Street Number	Street	Apt/Lot/Bldg	County PALM BEACH	City DELRAY BEACH	State FL	Zip Code

Charge : S

Counts 1	Charge 316.193.1	Bond Amount \$0.00	<input type="checkbox"/> No Bond
Charge Degree N	Charge Level MISDEMEANOR	General Offense Code DUI-UNLAW BLD ALCH	
Charge Description DUI ALCOHOL OR DRUGS			

Charge : S

Counts 1	Charge 812.014.2c6	Bond Amount \$0.00	<input type="checkbox"/> No Bond
Charge Degree T	Charge Level FELONY	General Offense Code VEH THEFT	
Charge Description GRAND THEFT OF MOTOR VEHICLE			

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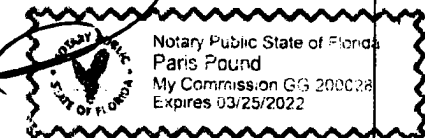
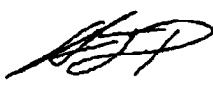
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Court County PALM BEACH	Court Location 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406		
Court CRIMINAL JUSTICE COMPLEX	Court Phone 561-355-2994	Court Appearance Date / Time	Court Fine
Comments TO BE SET			

Officer Name Rank / ID #	Involvement On Report / Reporting Role	Officer Agency Org/Unit
A. PARENT TROOPER 4128	REPORTING OFFICER	FLORIDA HIGHWAY PATROL FHPL1LWRC1PALM BEACH BROW LN TO SR804

The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named Defendant, committed violation(s), of law, on the below date(s) and time(s), as listed in the probable cause associated with this report:

Reporting Officer

Officer Name A. PARENT	Office Rank TROOPER	Officer ID No 4128	Sworn and subscribed before me, the undersigned authority This the <u>18</u> day of <u>AUGUST</u> <u>2019</u> DEPUTY OF THE COURT, NOTARY OR LAW ENFORCEMENT
Officer Agency FLORIDA HIGHWAY PATROL			
Officer Signature 			

NOT A CERTIFIED COPY



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: 2019026994

Date: 08/19/2019

Specialist Name/ID: AM/31562