

0447210

1467 7843 7-3402

OBT Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report			1 Arrest 2 NTA	3 Request for Warrant 4 Request for Capias	1	Juvenile	N			
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>			Agency Report Number (N T A.'s only) <b>06-18-108859</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 <input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No		Multiple Clearance Indicator <b>01</b>				
Location of Arrest (Including Name of Business) <b>BOCA RIO RD/THAMES BLVD BOCA RATON, FL 33433</b>					Location of Offense (Business Name, Address) <b>BOCA RIO RD/THAMES BLVD BOCA RATON, FL 33428</b>							
Date of Arrest <b>8/14/18</b>	Time of Arrest <b>1143</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle						
Name (Last, First, Middle) <b>RESTIVO, DANIELLE, WENDI</b>					Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>W</b>	Date of Birth <b>9/27/1977</b>	Height <b>5'1"</b>	Weight <b>120</b>	Eye Color <b>BRW</b>	Hair Color <b>BRW</b>	Complexion <b>LIGHT</b>	Build <b>THIN</b>				
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Martial Status <b>Single</b>	Religion <b>NONE</b>	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>					
Local Address (Street, Apt. Number) <b>9719 ERICA CT</b>		(City) (State) (Zip) <b>BOCA RATON, FL 33496</b>		Phone <b>(561) 334-4780</b>		Residence Type 1 City 2 County 3 Florida 4 Out of State <b>2</b>						
Permanent Address (Street, Apt. Number) <b>9719 ERICA CT</b>		(City) (State) (Zip) <b>BOCA RATON, FL 33496</b>		Phone <b>(561) 334-4780</b>		Address Source <b>VERBAL</b>						
Business Address (Name, Street)		(City) (State) (Zip)		Phone		Occupation <b>Unemployed</b>						
DL Number, State <b>R231-179-77-847-0</b>		Sec. Sec. Number		INS Number		Place of Birth (City, State) <b>NEW YORK, NY</b>		Citizenship <b>US</b>				
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input checked="" 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				
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last) (First) (Middle)		Address (Street, Apt. Number) (City) (State) (Zip)		Residence Phone ( ) ( ) ( ) Business Phone ( ) ( ) ( )						
Notified by (Name)		Date	Time	Juvenile Disposition Handled/processed within Dept and Released		2 TOT HRS / DYS 3 Incarcerated						
Released To (Name)		Relationship		Date	Time							
The above address provided by <input checked="" 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 355-2526) informed of any change of address <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)					School Attended		Grade					
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/Opium	P Paraphernalia/ Equipment S Synthetic	U Unknown 2 Other
Charge Description <b>Possession of Schedule I Substance (HASH OIL)</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>893.13(6)(A)</b>		Violation of ORD #						
Drug Activity <b>P</b>	Drug Type <b>M</b>	Amount / Unit <b>194g TPW</b>	Offense # <b>18-108859</b>	Warrant / Capias Number		Bond						
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" 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 checked="" 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 checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #						
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond						
Location (Court, Room Number, Address)												
Court Date and Time Month Day Year Time AM PM												
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							
HOLD for other Agency Name		Signature of Arresting Officer			Name Verification (Printed by Arrestee)							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Intake Deputy		<input type="checkbox"/> Restricted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>Trevor Davis</b>			ID # <b>2411</b>		Agency <b>2350</b>			
Pouch #		Transporting Officer <b>T. Davis</b>			ID # <b>2411</b>		Agency <b>2350</b>					
Witness here if subject signed with an "X"					PAGE <b>1 OF 1</b>							

**FILED**  
**AUG 15 2018**  
**CIRCUIT & COUNTY COURTS**  
**(CRIMINAL DIV.)**

<b>OBT Number</b>	<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2 N T A	3 Request for Warrant 4 Request for Capias	1	Juvenile	N
<b>ADMIN</b>	<b>Agency ORI Number</b> FLO 500000	<b>Agency Name</b> PALM BEACH COUNTY SHERIFF'S OFFICE	<b>Agency Report Number</b> 06- 18-108859				
	<b>Charge Type</b> <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		<b>Special Notes:</b>				
<b>CHARGES</b>	<b>Name (Last, First, Middle)</b> RESTIVO, DANIELLE, WENDI		<b>Alias</b>		<b>Race</b> W	<b>Sex</b> F	<b>Date of Birth</b> 9/27/1977
	<b>Charge Description</b> Possession of Schedule I Substance (HASH OIL) 893.13(6)(A)		<b>Charge Description</b>				
<b>VICTIM</b>	<b>Victim's Name (Last, First, Middle)</b> STATE OF FLORIDA		<b>Race</b>		<b>Sex</b>	<b>Date of Birth</b>	
	<b>Local Address (Street, Apt Number)</b>		<b>(City)</b>	<b>(State)</b>	<b>(zip)</b>	<b>Phone</b>	
	<b>Business Address (Name, Street)</b>		<b>(City)</b>	<b>(State)</b>	<b>(zip)</b>	<b>Phone</b>	
					<b>Address Source</b>		<b>Occupation</b>
<b>PROBABLE CAUSE STATEMENT</b>	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 The Person taken into custody <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ <input type="checkbox"/> confessed to _____ <input type="checkbox"/> that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.						
	On the <u>14th</u> day of <u>August</u> 20 <u>18</u> at <u>1143</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)						
<p>On Tuesday August 14th, 2018 at 1100 hour I was on routine patrol with D/S Serraes in my PBSO unmarked vehicle in the area of Boca Rio Rd and Thames Blvd. I viewed a gray Nissan driving south bound. The vehicle was bearing a Georgia license plate "AXC9988", which is supposed to be assigned to a 2001 Infinity. I conducted a lawful traffic stop on the vehicle.</p> <p>D/S Serraes and I made contact with the occupants of the vehicle, Danielle Restivo (driver), Brandon Restivo (front passenger), and Matthew Keenan (rear passenger). Danielle was nervous and jumpy while I spoke with her. I asked Danielle if there were any drugs in the vehicle, to which she stated she had a "couple weed pens". Danielle than stated we could search the vehicle if we wanted. All of the occupants were asked to exit the vehicle and conducted pat down searches for weapons. Danielle gave me her red purse, which she advised the "weed pens" were in. I looked through the purse and found ten pen cartridges and three pens. The cartridges had brown liquid inside, which I knew from my training and experience to be THC oil. The brown liquid substance was subsequently tested with a PBSO issued #8 Narcotics Analysis Regent field test kit which received a positive result for the presence of THC, the active ingredient in marijuana. The substance was later weighed on a scale for a total weight of 194 grams total package weight.</p> <p>Based on the above facts, I have probable cause to charge Danielle Restivo for possession of schedule I substance per F.S.S. 893.13(6)(A).</p>							
<b>ADMINISTRATIVE</b>	STATE OF FLORIDA COUNTY OF PALM BEACH		<b>Trevor Davis</b>				
	(Signature of Arresting/Investigative Officer)		<u>14th</u> <u>August</u> 20 <u>18</u> <u>Trevor Davis</u> <u>24111</u>				
	The foregoing instrument was sworn to or affirmed and subscribed before me this _____ day of _____ by _____		Personally Known				
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification Type of identification produced						
Notary Public, Clerk of Court, Officer (F S S 117 10)		PAGE <u>1</u> OF <u>1</u>					



**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: 2018027060	Date: 8/14/2018
	Specialist Name/ID: J. Beck/9007