

ARREST / NOTICE TO APPEAR

19-1941

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias

3

JUVENILE

A D M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 0 19-008741			
	Charge Type: Check as many as apply <input 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 None/not Applicable		Multiple Clearance Indicator 1					
D E F E N D A N T	Location of Arrest (Including Name of Business) WARRANT REQUEST				Location of Offense (Business Name, Address) 625 AUBURN CIR W, DELRAY BEACH, FL 33444					
	Date of Arrest	Time of Arrest	Booking Date 06/02/2019	Booking Time 17:16	Jail Date	Jail Time	Location of Vehicle			
C O D E F	Name (Last, First, Middle) RAMIREZ, DANNY ALEXANDER				Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)					
	Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex M	Date of Birth 09/01/1980	Height 5'11	Weight 150	Eye Color BROWN	Hair Color BALD	Complexion LIGHT	Build MEDIUM
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT LEFT ARM / LEFT AND RIGHT ARM TATTOO SLEEVE; TATT				Marital Status S	Religion	Indication of: Alcohol influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input checked="" type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input checked="" type="checkbox"/>			
	Local Address (Street, Apt. Number) (City) (State) (Zip) 141 FARMINGDALE DR, JUPITER, FL 33458				Phone (386) 301-9606		Residence Type: 1. City 3. Florida 2. County 4. Out of State			
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 141 FARMINGDALE DR, JUPITER, FL 33458				Phone (386) 301-9606		Address Source			
	Business Address (Name, Street) (City) (State) (Zip) RECORD LABEL OWNER,				Phone		Occupation			
	D/L Number, State R562161803210 / FL		INS Number		Place of Birth (City, State) PENNSYLVANIA, United		Citizenship US			
	Co-Defendant Name (Last, First, Middle) RAMIREZ, DANNY ALEXANDER		Race W	Sex M	Date of Birth 09/01/1980		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)		Address (Street, Apt. Number) (City) (State) (Zip)				Residence Phone			
<input type="checkbox"/> Legal Custodian		Business Phone								
J U V E N I L E	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.				School Attended		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 H A R G 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		Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Bond		
	Charge Description ANIMAL CRUELTY TO		Statute Violation Number 828.12		Violation of ORD #					
	Charge Description		Statute Violation Number		Violation of ORD #		Bond			
I N T A K E	Health / Apparent Physical Condition of Defendant		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries							
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input 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		Date Transported // : :		Time Transported		Other			
	Transported By		Date Transported		Time Transported		Other			
N O T I C E	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444							
	<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Court Date and Time							
T O A P P E A R	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.									
	Signature of Defendant (or Juvenile and Parent/Custodian)			Date Signed						
	HOLD for Other Agency <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Signature of Arresting Officer ALAMI, KHALED		Name Verification (Printed by Arrestee) (PRINT) 1183					
	Intake Deputy	I.D. #	Pouch #	Transporting Officer	I.D. #	Agency				



PROBABLE CAUSE AFFIDAVIT

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OBTS Number	Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 19-008741
Charge Type: Check as many as apply. <input 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				Special Notes:

Name (Last, First, Middle) RAMIREZ, DANNY ALEXANDER	Alias	Race W	Sex M	Date of Birth 09/01/1980
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Charge Description 828.12(1) TORMENT/DEPRIVE/MUTILATE/KILL ANIMAL	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) <i>state of Florida</i>	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source	
Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation	

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 ...
 committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
 On the 2 day of June, 2019 at 16:47 (Specifically include facts constituting cause for arrest.)

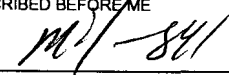
The following incident occurred in the City of Delray Beach, Palm Beach County, FL.

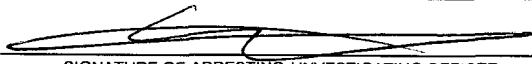
On 05/31/2019, I responded to Auburn Trace at 625 Auburn Cir W, reference to a disturbance. Upon arrival Ofc. Bonet Baker Acted a white male, Danny Ramirez, (case #19-008749). Next to Ramirez there was a gold dog that appeared to be in distress. The dog's right ear cut in half, both front legs have open wounds with bugs crawling over both of them, and multiple cuts on his face that appeared to be sustained from a dog bite. The dog can barely walk and didn't have proper food, drink, or shelter.

It is confirmed that the dog has not received a proper veterinary care due to the following information:

Ofc. Woods asked the suspect if the animal has recently seen a Veterinarian for the open lacerations on his body. The suspect advised "I took the dog to the vet two weeks ago." Ofc. Woods asked the suspect which Vet he uses to which the suspect replied "Uncle Keith on SW 8th Ave and SW 3rd Ct. It's a house not an office." Ofc. Woods is familiar with a subject by the name of Keith Clinton who lives at SW 8th Ave and SW 3rd Ct who is a known drug dealer and certainly not a Veterinarian. It is clear that this animal has been deprived of the necessary care for some time due to these untreated open wounds and inability to walk without struggling.

Ofc. Woods made contact with Ramirez via telephone to confirm ownership of the dog. Ramirez stated that he is the sole owner of this dog and that he owned it for the past nine months. Crime Scene responded and took pictures of the dog. Animal care and control, Ofc Kovacs, arrived on scene and took possession of the dog (ACC Case # A19-007256).

SWORN AND SUBSCRIBED BEFORE ME

 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)
06/16/19
 DATE


 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
ALAMI, KHALED (1183)
 NAME OF OFFICER (PLEASE PRINT)
06/02/2019
 DATE

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

1. Arrest
2. N.T.A.
3. Request for Warrant
4. Request for Capias

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JUVENILE

A D M I N I S T R A T I V E	OBTS Number		Agency Name		Agency Report Number	
	FL 0500400		DELRAY BEACH POLICE DEPARTMENT		4 0 19-008741	
	Charge Type: Check as many as apply.		Special Notes:			
<input 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)					Race	Sex
RAMIREZ, DANNY ALEXANDER					W	M
Alias					Date of Birth	
					09/01/1980	

Based on my investigation, Probable Cause exists to charge W/M Danny Ramirez (DOB 09/01/1980) with Cruelty to Animals FSS 828.12 (1).

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A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		ALAMI, KHALED (1183)	
	06/26/19		NAME OF OFFICER (PLEASE PRINT)	
DATE		06/02/2019		
		DATE		
		PAGE		
		2 OF 2		