

0302115

1187 18CF5044

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

1 Arrest 3 Request for Warrant  
2 NTA 4 Request for Capias 1 Juvenile N

OBTS Number		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>06-18-078515</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>02</b>							
Location of Arrest (Including Name of Business) <b>11828 WATERGATE CIR BOCA RATON, FL 33428</b>				Location of Offense (Business Name, Address) <b>11828 WATERGATE CIR BOCA RATON, FL 33428</b>							
Date of Arrest <b>5/25/2018</b>	Time of Arrest <b>2230</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
Name (Last, First, Middle) <b>TRECHANTINANT, DARA</b>				Alias (Name, DOB, Soc Sec. #, Etc)							
Race W - White I - American Indian B - Black O - Oriental/Asian <b>W</b>	Sex <b>F</b>	Date of Birth <b>9/26/1977</b>	Height <b>5'1"</b>	Weight <b>130</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)				Marital Status <b>Single</b>		Religion <b>NONE</b>		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/>	Indication of Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/>		
Local Address (Street, Apt. Number) <b>2833 ALICE DRIVE</b>		(City) (State) (Zip) <b>PALM SPRINGS, FL 33461</b>		Phone <b>(561) 995-3083</b>		Residence Type 1. City 2. County 3. Florida 4. Out of State <b>2</b>					
Permanent Address (Street, Apt. Number) <b>2833 ALICE DRIVE</b>		(City) (State) (Zip) <b>PALM SPRINGS, FL 33461</b>		Phone <b>(561) 995-3083</b>		Address Source <b>VERBAL</b>					
Business Address (Name, Street)		(City) (State) (Zip)		Phone		Occupation <b>Unemployed</b>					
D/L Number, State <b>T623160778460</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>MAINZ, GERMANY</b>		Citizenship <b>US</b>			
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input checked="" 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			
Parent Legal Custodian Name (Last) (First) (Middle)		Address (Street, Apt. Number) (City) (State) (Zip)		Residence Phone							
Notified by (Name)		Date		Time		Juvenile Disposition Handled/processed within Dept. and Released. <b>2 TOT HRS / DYS</b> <b>3 Incarcerated</b>					
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 355-2528) 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 S Sell N N/A P Possess R Smuggle D Deliver T Traffic 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/Derv P Paraphernalia/ Equipment S Synthetics U Unknown Z Other		Charge Description <b>Possession of Heroin</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 # <b>3000</b>
Drug Activity P Possess		Drug Type E		Amount / Unit <b>.16</b>		Offense # <b>18-078515</b>		Warrant / Capias Number		Bond	
Drug Activity P Possess		Drug Type P		Amount / Unit		Offense # <b>18-078515</b>		Warrant / Capias Number		Bond <b>OR</b>	
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"/> Released <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>Trevor Davis</b>				(PRINT)					
Intake Deputy ID # Pouch #		Transporting Officer ID # Agency <b>Dreese 8057 P850</b>				Witness here if subject signed with an -X <b>MAY 26 2018 3:27</b>					

2018 MAY 27 11:45

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1 Arrest 2 N T A	3 Request for Warrant 4 Request for Capias	1	Juvenile	N
ADMIN	Agency ORI Number <b>FLO 500000</b>	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number <b>06-18-078515</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		Special Notes					
CHARGES	Name (Last, First, Middle) <b>TREECHATINANT, DARA</b>		Alias		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>9/26/1977</b>	
	Charge Description <b>Possession of Heroin 893.13(6)(a)</b>		Charge Description <b>Possession of Paraphinlia 893.147(1)(B)</b>					
VICTIM	Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA</b>		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					
<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 The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence.      <input type="checkbox"/> was observed by _____ who told _____  <input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts  <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>25th</u> day of <u>may</u> 20<u>  </u> at <u>2230</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><b>On Friday May 25th, 2018 at approximately 2130 hours units from the Palm Beach County Sheriff's Office District 7 Street Team executed a lawful Narcotic Search Warrant at 11828 Watergate Circle in unincorporated Boca Raton, Palm Beach County Florida, 33428. The Residential Search Warrant was signed by the Honorable Judge August Bonavita on May 24th, 2018 in reference to PBSO case # 18-077593, (Warrant number PBSO 2018-001897). At the commencement of the search warrant the PBSO District 7 Street Team cleared the home, cars and driveway of occupants and made the premises safe for completing the search of the residence. All occupants of the residence were detained and read Miranda warnings from a preprinted card and all persons stated that they understood their rights.</b></p> <p><b>The residence rooms were numbered 1 threw 9. I conducted a search of room number 9, which was identified on scene as W/M Wilbur Ray Hampton's bedroom bathroom. While searching, I viewed a red female purse sitting on the floor of the bathroom. Inside the purse I located a white plastic spoon with white powder residue and cotton piece. I immediately recognized the spoon as tool made for the use Heroin. I also located a cap with an unknown white powder inside the purse. The purse also yielded a green credit card with Dara Treechatinant name on it. Dara was inside of the residence at the execution of the search warrant. I spoke to Dara post Miranda who advised the following: She has been friends with Wulbur for a long time. She sometimes stays in Wulbur's room. She does have belongings all around Wulbur's house. Dara advised she does use heroin.</b></p>								
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		<b>Trevor Davis</b>					
	(Signature of Arresting/Investigative Officer)				25th day of <u>may</u> 20 <u>  </u>		by <u>Trevor Davis 24111</u>	
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced				<u>Personally Known</u>			
Notary Public, Clerk of Court, Officer (F S S 117 10)						PAGE <u>1</u> OF <u>1</u>		

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile N

OBTS Number	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number <b>06-18-078515</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	Special Notes

Name (Last, First, Middle) <b>TREECHATINANT, DARA</b>	Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>9/26/1977</b>
Charge Description <b>Possession of Heroin 893.13(6)(a)</b>	Charge Description <b>Possession of Paraphinlia 893.147(1)(B)</b>			

Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA</b>	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 25th day of may 20   at 2230  A.M.  P.M. (Specifically include facts constituting cause for arrest.)

Both the white powder in the cap and on the spoon were tested with a PBSO issued #2 Marquis Reagent test kit, which tests for the presence of Opium Alkaloids. Both test kits showed a positive reaction. The white powders was subsequently tested with a PBSO issued narcotics #4 Cobalt Thicoyanate Reagent test kit, which tests for the presence of cocaine. The test kits showed a negative reaction. The heroin was weight at .1g. All evidence was later placed into PBSO evidence lockers.

Due to the above information, I find probable cause to arrest Dara Treechatinant for Possession of Heroin per F.S.S. 893.13(6)(a), and Possession of Paraphernalia per F.S.S. 893.147(1)(A). Dara was transported to the Palm Beach County Sheriff's Office District 7 substation, where she was later turned over to PBSO transported to be taken to the Palm Beach County Jail for processing.

This case was cleared by arrest.

STATE OF FLORIDA COUNTY OF PALM BEACH	<b>Trevor Davis</b> (Signature of Arresting/Investigative Officer)
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>25th</u> day of <u>may</u> 20 <u>  </u> by <u>Trevor Davis 24111</u>	
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>Personally Known</u>	
Notary Public, Clerk of Court, Officer (F S S. 117 10)	



**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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018017613	Date: May 27, 2018
	Specialist Name/ID: L. Rosales, 4489