

Set # 0492582

MB 3862

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number _____
Agency ORI Number **FLO 500000** Agency Name **PALM BEACH COUNTY SHERIFF'S OFFICE** Agency Report Number **06 17-139772**

Charge Type: 1. Felony 3. Misdemeanor 5. Ordinance
 2. Traffic Felony 4. Traffic Misdemeanor 6. Other _____
Multiple Clearance Indicator _____

Location of Arrest (Including Name of Business) **1105 Goldenrod Road Wellington, FL, 33414** Location of Offense (Including Name of Business) **1105 Goldenrod Road Wellington, FL, 33414**

Date of Arrest **10/15/2017** Time of Arrest **2049** Booking Date _____ Booking Time _____ Jail Date _____ Jail Time _____ Location of Vehicle _____

Name (Last, First, Middle) **Coursen David Joshua** Alias (Name, DOB, Soc. Sec. #, Etc.) _____

Race W B O Sex M F Date of Birth **11/04/1973** Height **5-4** Weight **210** Eye Color **Brown** Hair Color **Black** Complexion **Light** Build **Large**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) **Scar-Lower Abdomen** Marital Status **Married** Religion **Christian** Indication of Alcohol Influence Y N Unk

Local Address (Street, Apt. Number) **1105 Goldenrod Road** City **Wellington** State **FL** Zip **33414** Phone **561-670-9024** Residence Type: 1. City 2. County 3. Florida 4. Out of State **1**

Permanent Address (Street, Apt. Number) **1105 Golden Road Road** City **WELLINGTON** State **FL** Zip **33414** Phone **561-812-8292** Address Source **FLORIDA DL**

Business Address (Street, Apt. Number) _____ City _____ State _____ Zip _____ Phone _____ Occupation _____

D/L Number, State **C-625-170-73-404-0** Social Security Number _____ INS Number _____ Place of Birth **Tacoma, Washington** Citizenship **U.S.**

Co-Defendant Name (Last, First, Middle) _____ Race _____ Sex _____ Date of Birth _____ 1. Arrested 3. Felony 2. At Large 4. Misdemeanor 5. Juvenile

Co-Defendant Name (Last, First, Middle) _____ Race _____ Sex _____ Date of Birth _____ 1. Arrested 3. Felony 2. At Large 4. Misdemeanor 5. Juvenile

Parent Legal Guardian Other Name (Last, First, Middle) _____ Phone _____

Address (Street, Apt. No.) _____ City _____ State _____ Zip _____ Business Phone _____

Notified By (Name) _____ Date _____ Time _____ Juvenile Disposition: 1. Handled/Processed within Dept. and Released 2. TOT HRS/DAYS 3. Incarcerated

Released To (Name) _____ Relationship _____ Date _____ Time _____

The above address was provided by defendant and/or defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561-365-2526) informed of any address change Yes, by: (Name) _____ No (Reason) _____ School Attended _____ Grade _____

Property Crime? Yes No Description of Property _____ Value of Property _____

Drug Activity: S. Sell, B. Buy, P. Possess, R. Smuggle, D. Deliver, E. Use, K. Dispense/Distribute, M. Manufacture/Produce/Obtain, Z. Other, Drug Type: N. N/A, A. Amphetamine, B. Barbitrate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, P. Paraphernalia/Equipment, U. Unknown, Z. Other

Charge Description **Simple Battery (Domestic)** Counts **1** Domestic Violence Y N Statute Violation Number **784.03(1)(A)(1)** Violation or ORD. # _____

Drug Activity **N** Drug Type **N/A** Amount/Unit **N/a** Offense # **17-139772** Warrant/Capias Number _____ Bond _____

Charge Description _____ Counts _____ Domestic Violence Y N Statute Violation Number _____ Violation or ORD. # _____

Drug Activity _____ Drug Type _____ Amount/Unit _____ Offense # _____ Warrant/Capias Number _____ Bond _____

Charge Description _____ Counts _____ Domestic Violence Y N Statute Violation Number _____ Violation or ORD. # _____

Drug Activity _____ Drug Type _____ Amount/Unit _____ Offense # _____ Warrant/Capias Number _____ Bond _____

Charge Description _____ Counts _____ Domestic Violence Y N Statute Violation Number _____ Violation or ORD. # _____

Drug Activity _____ Drug Type _____ Amount/Unit _____ Offense # _____ Warrant/Capias Number _____ Bond _____

Location (Court, Address, Room Number) _____

Court Date and Time: Month _____ Day _____ Year _____ Time _____ AM PM

I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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) _____

Dangerous Suicidal Resisted Arrest Other Name of Arresting Officer **Septien, Steven** I.D.# **20750** (PRINT)

Transporting Officer I.D.# **Septien, Steven 20750** Agency **PBSO** Page **1** of **1**

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