

0484598

3418

OBTS Number

ARREST / NOTICE TO APPEAR
Juvenile Referral Report1 Arrest 3. Request For Warrant
2. N.T.A. 4. Request For Capias

1

Juvenile

Agency Opts Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06	19-024699
<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <small>Check as many as apply</small>		<input 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 _____	
Location of Arrest (Including Name of Business) 2520 Lake Worth Road		Lake Worth FL 33461		Location of Office (Including Name of Business) John Prince Pk 2520 Lake Worth Road	
Date of Arrest 01/11/2019	Time of Arrest 1347	Booking Date 01/11/2019	Booking Time	Jail Date	Jail Time
Alias (Name, DOB, Soc. Sec. #, Etc.) Divine Dawn Michelle				Location of Vehicle	
Race <input type="checkbox"/> W-White <input type="checkbox"/> B-Black <input type="checkbox"/> O-Asian/Other		Sex <input type="checkbox"/> F <input type="checkbox"/> M		Date of Birth 06/13/1973	
Height 5'04		Weight 175		Eye Color Blue	
Hair Color Blonde		Complexion Light		Build Medium	
Searc, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Right Leg, Left Leg				Marital Status Single	
				Religion None	
				Information of Alcohol Influence: <input type="checkbox"/> Yes <input type="checkbox"/> No Drug Influence: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Local Address (Street, Apt. Number) At Large		City		State Zip	
				Phone	
Permanent Address (Street, Apt. Number)		City		State Zip	
				Phone	
Business Address (Street, Apt. Number)		City		State Zip	
				Phone	
DR. Number, State D150173737131		Social Security Number 000-00-0000 06/13/1973		INS Number	
				Place of Birth Broward FL	
				Citizenship US	
Co-Defendant Name (Last, First, Middle)				Race <input type="checkbox"/> 1 Arrested <input type="checkbox"/> 2 At Large	
				Sex <input type="checkbox"/> 3 Felony <input type="checkbox"/> 4 Misdemeanor <input type="checkbox"/> 5 Juvenile	
				Date of Birth	
Co-Defendant Name (Last, First, Middle)				Race <input type="checkbox"/> 1 Arrested <input type="checkbox"/> 2 At Large	
				Sex <input type="checkbox"/> 3 Felony <input type="checkbox"/> 4 Misdemeanor <input type="checkbox"/> 5 Juvenile	
				Date of Birth	
Parent <input type="checkbox"/> Yes <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other		Name (Last, First, Middle)			
		City 500			
		State Zip			
		Business Phone			
Notified By (Name)		Date		Time	
				Juvenile Disposition 1 Handled/Processed within Dept. and Released 2 TOT HRD/DS 3 Incorporated	
Released To (Name)		Relationship		Date	
				Time	
The above address was provided by <input type="checkbox"/> defendant under <input type="checkbox"/> defendant's parent. The child under parent was told to keep the Juvenile Court Clerk's Office (Phone 561 365-5526) informed of any address change <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 S. Buy P. Possess		R. Smuggle R. Deliver E. Use		K. Deposited/ Distribute Products/ Cultivate	
				L. Manufacture/ Produce Manufacture	
				Z. Other	
				Drug Type K. N/A A. Amphetamine E. Heroin	
				S. Marijuana C. Cocaine M. Marijuana	
				H. Hallucinogen P. Perpetrual/ Equipment	
				U. Unknown Z. Other	
Charge Description Disorderly Intox Public Place Cause Disturbance		Counts 01		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
				Statute Violation Number 854.011	
				Violation or ORD. #	
Drug Activity Unk		Drug Type N/A		Offense # 19-024699	
				Counts	
				Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
				Statute Violation Number	
				Violation or ORD. #	
Drug Activity Unk		Drug Type N/A		Offense # 19-024699	
				Counts	
				Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
				Statute Violation Number	
				Violation or ORD. #	
Drug Activity Unk		Drug Type N/A		Offense # 19-024699	
				Counts	
				Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
				Statute Violation Number	
				Violation or ORD. #	
Drug Activity Unk		Drug Type N/A		Offense # 19-024699	
				Counts	
				Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
				Statute Violation Number	
				Violation or ORD. #	
Charge Description		Offense #		Warrant/Capias Number	
				Counts	
				Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
				Statute Violation Number	
				Violation or ORD. #	
Drug Activity Unk		Drug Type N/A		Offense #	
				Warrant/Capias Number	
				Counts	
				Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
				Statute Violation Number	
				Violation or ORD. #	
Location (Court, Address, Room Number) CJC 3228 Gun Club Rd				WPS FL 323487	
Court Date and Time Month Feb		Day 564		Year 2019	
				Time 0830	
				AM <input type="checkbox"/> PM <input type="checkbox"/>	
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)					
Hold for Other Agency Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suspect		Signature of Arresting Officer Name of Arresting Officer D/S W. Feaman		Date Signed (PRINT)	
				Name Verification (Printed by Arrestee)	
Arrested Arrest Other _____		ID # #24097			
Transporting Officer D/S W. Feaman		Agency 24097		Page 1 of 1	
Witness here if subject signed with an "X" SHARON GUN CLUB					

OBT3 Number

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

1

Agency OBT Number FLO 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06	19-024699		
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 _____	Special Notes			
Defendant Name (Last, First, Middle) Divine	Dawn	Michelle	Race W	Sex F	Date of Birth 06/13/1973
Charge Disorderly Intox Public Place Cause Disturbance	Charge				
Charge	Charge				
Victim Name (Last, First, Middle) State of Florida				Race	Sex
Local Address (Street, Apt. Number)	City	State	Zip	Phone	Address Source
Business Address (Street, Apt. Number)	City	State	Zip	Phone	Occupation
<p>The undersigned 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.</p> <p>The person taken into custody...</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.</p>					
On the <u>11th</u> day of <u>January</u> <u>20</u> <u>19</u> at <u>1330</u>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM				

On 01/11/2019 while on patrol, I responded to John Prince Park 2520 Lake Worth Road, in unincorporated Lake Worth, Palm Beach County FL 33461 to assist the Palm Beach County Park Ranger with a disorderly person. Upon arrival, Ranger R. Scarlara advised a white female "Dawn" (known to me) had entered the children's play area and began yelling at parents and children in the area. Scarlara advised she then removed her shirt and continued yelling obscenities at the patrons before walking west behind the baseball fields.

I observed Dawn M Divine(W/F 06/13/1973) attempting to conceal herself behind the press box of the baseball fields at John Prince Park. As I approached Dawn, she immediately appeared to be unsteady while standing and her eyes were glossy and red and she continued attempting to focus on me while taking long slow blinks. I asked Dawn how much she had to drink, Dawn immediately replied "fuck you, you know my Daddy was a Broward undercover and none of you Mother Fuckers will be undercover". I told Dawn to calm down, again attempting to ascertain how much she had to drink, Dawn stated "fuck you mother fucker, fuck red and all you motherfuckers, I had PTSD when I was on the Bible Belt.

Dawn attempted to step toward me then began to alternate between crying and laughing then asking, "how you get blue eyes with your color", then crying again. At that point, based on Ranger Scarlara's sworn statement and the amount of parents and children in the park, I find Probable Cause Exist to charge Dawn Michelle Devine(W/F 06/13/1973) with Disorderly Intoxication in a Public Place Causing a Disturbance.

During transport, Dawn continued to yell incoherent statements filled with obscenities.

Devine was transported to the PBSO CJC and lodged without further incident or injury.

The foregoing instrument was sworn to and affirmed before me this <u>11th</u> day of <u>January</u> <u>20</u> <u>19</u> , by:	D/S W. Feaman # 2409
<u>D/S J. Cruz #9713</u>	
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer
<u>[Signature]</u>	<u>[Signature]</u>
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer
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