

ARREST / NOTICE TO APPEAR				17CF8820		JUVENILE	
A D M I N I S T R A T I O N Agency ORI Number 0500400 Agency Name Delray Beach Police Department Charge Type: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other as apply.				Arrest 1. Received in Person 2. N.T. 2. Received by Capias 3. T.O.T. 4. Received for Warrant Agency Report Number (N.T.C. only) 4 1 0 17-013961 10 Weapon Seized Enter Type None/not Applicable Multiple Clearance Indicator 3			
Location of Arrest (Including Name of Business) 1 SW 12TH AVE DELRAY BEACH FL 33444				Location of Offense (Business Name, Address) 1 SW 12TH AVE, DELRAY BEACH, FL 33444			
Date of Arrest 09/03/2017	Time of Arrest 01:37	Booking Date 09/03/2017	Booking Time 01:47	Jail Date // : :	Jail Time	Location of Vehicle	
Name (Last, First, Middle) KONTOS, DEAN W Alias: Alias: Name, DOB, Soc. Sec. #, Etc.)							
Race: W - White 1 - American Indian B - Black 0 - Oriental/Asian Sex: W Date of Birth 10/25/1963 Height 5'08 Weight 181 Eye Color GREE Hair Color WHITE Complexion LIGHT Build MEDIUM Scars, Marks, Unique Physical Features (Location, Type, Description)				Marital Status Religion NOT INDICA		Indication of: Alcohol Influence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown Drug Influence <input checked="" type="checkbox"/>	
Local Address (Street, Apt. Number) 5340 LAS VERDES CIR 307, DELRAY BEACH, FL 33484 (City) (State) (Zip) 				Phone (561) 507-6790		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1	
Permanent Address (Street, Apt. Number) 5340 LAS VERDES CIR 307, DELRAY BEACH, FL 33484 (City) (State) (Zip) 				Phone (561) 507-6790		Address Source VERBAL	
Business Address (Name, Street) (City) (State) (Zip) 				Phone 		Occupation 	
DL Number, State K64541578610636 / NJ		Soc. Sec. Number 		INS Number 		Place of Birth (City, State) JERSEY CITY, NJ Citizenship US	
Co-Defendant Name (Last, First, Middle) 				Race 	Sex 	Date of Birth 	
Co-Defendant Name (Last, First, Middle) 				Race 	Sex 	Date of Birth 	
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle) _____ Residence Phone _____ <input type="checkbox"/> Legal Custodian							
Address (Street, Apt. Number) (City) (State) (Zip) Business Phone 							
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.							
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No:							
C O D E Drug Activity S. Sell R. Smuggle K. Dispenses/ M. Manufacture/ Z. Other N. N/A B. Buy D. Deliver Produce/ Cultivate				Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown A. Amphetamine C. Cocaine M. Marijuana O. Opium/ Derv. E. Heroin S. Synthetic Z. Other			
C H A R G E Charge Description POSSESSION OF COCAINE Statute Violation Number 893.13 (6A) Violation of ORD # 							
Drug Activity P Drug Type C Amount / Unit 1.00 / GM Offense # 17-013961 Counts 1 Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Warrant / Capias Number Bond 							
C H A R G E Charge Description RESIST/OBSTRUCT OFFICER W/O VIOLENCE Statute Violation Number 843.02 Violation of ORD # 							
Drug Activity N Drug Type / Amount / Unit / Offense # 17-013961 Counts 1 Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Warrant / Capias Number Bond 							
C H A R G E Charge Description TAMPER/DESTROY EVIDENCE Statute Violation Number 918.13(1A) Violation of ORD # 							
Drug Activity N Drug Type / Amount / Unit / Offense # 17-013961 Counts 1 Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Warrant / Capias Number 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 Explain:			
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				PROPERTY - Received By 		Released By _____ Released To _____	
Transported By _____				Date Transported // : :	Time Transported	Other 	
N O T I C E <input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444 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 10/03/2017							
A D M I N I S T R A T I O N HOLD for Other Agency				Signature of Arresting Officer SP/BB I.D. # 1077		Name Verification (Printed by Arrestee) _____ (PRINT) _____	
A D M I N I S T R A T I O N <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Officer (Print) KRATZ, JOSEPH R. I.D. # 1077			
Intake Deputy I.D. # 		Pouch # 		Transporting Officer KRATZ I.D. # 1077	Agency DBPD		
Witness here if subject signed with an "X" _____ PAGE 1 OF 1							

CBTS Number	
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PROBABLE CAUSE AFFIDAVIT

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

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JUVENILE

D M I	Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 17-013961
N	Charge Type Check as many as apply 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>	Special Notes:	
D E F	Name (Last, First, Middle) KONTOS, DEAN W	Alias	Race Sex Date of Birth W M 10/25/1963
C T R G E S	Charge Description 893.13 (6 A) POSSESSION OF COCAINE	Charge Description 843.02 RESIST/OBSTRUCT OFFICER W/O VIOLENCE	
V I	Charge Description 918.13(1A) TAMPER/DESTROY EVIDENCE	Charge Description	
C T I M	Victim's Name (Last, First, Middle) State Of Florida	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 **OFC KRATZ** admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 3 day of September, 2017 at 02:31 (Specifically include facts constituting cause for arrest.)

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

On 9/3/17 at approximately 0136 hours, members of the Bravo POP team observed a silver Jeep (NJ Tag: T42EVU) run the westbound stop sign at SW 2nd St and SW 12th Ave. A traffic stop was conducted on the vehicle in the 1st block of SW 12th Ave. As I approached the passenger side of the vehicle, I observed the driver (defendant) attempting to conceal something in his right hand. When I began to order him not to move, he dropped a piece of a white rocklike substance onto the front passenger seat. I again ordered him not to move. The defendant then picked up the rocklike substance and dropped it down between his driver's seat and the center console. Sgt DeBree then took the defendant out of the vehicle.

When I conducted a search of the vehicle, I located a piece of a white rocklike substance under the defendant's driver's seat. Based on my training, knowledge and experience I suspected the substance to be crack cocaine. Sgt DeBree also located a piece of the same white rocklike substance in the center cup holder of the vehicle. Ofc B Brown field tested the suspected cocaine using a Lynn and Peavey cocaine test kit, in which it yielded a positive reaction by turning blue in color. I read the defendant his Miranda Warning verbatim from my department issued Miranda card. Post Miranda, the defendant admitted to purchasing one "rock" of crack cocaine and attempted to hide it from officers because he did not want to get in trouble. This was captured on my Body Worn Camera.

Based on the above stated facts, probable cause exists to charge Dean Kontos with one count of Possession of Cocaine pursuant to FSS 893.13(6A), one count of Tampering with Evidence pursuant to FSS 918.13(1A), and one count of Resisting without Violence pursuant to FSS 843.02.

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME DEBREE, MICHAEL NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 09/03/2017 DATE	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER KRATZ, JOSEPH R (1077) NAME OF OFFICER (PLEASE PRINT) 09/03/2017 DATE
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COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.