

J# 0473934 16MM 015831 P# 1022

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1 Arrest

3. Request for Warrant

Juvenile

2 NTA

4. Request for Capias

1

| | | | | | | | | | | | | |
|---|--|---|---------------|---|--|--|---|---|-------------------------------|-----------------|--|--|
| ADMINISTRATIVE | OBTS Number | | | ARREST / NOTICE TO APPEAR Juvenile Referral Report | | | Agency Report Number | | | 16-168775 | | |
| | Agency ORI Number | | Agency Name | | PALM BEACH COUNTY SHERIFF'S OFFICE | | | If Weapon Seized | | | Multiple Clearance Indicator | |
| FLO 500000 | | | | | | | | | | | | |
| Charge Type: Check as many as apply. | | <input type="checkbox"/> 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 | | Enter Type | | | | | | |
| Location of Arrest (including Name of Business) | | | | Location of Offense (Business Name, Address) | | | | | | | | |
| 17185 VALENCIA BLVD LOXAHATCHEE FLORIDA 33470 | | | | 17185 VALENCIA BLVD LOXAHATCHEE FLORIDA 33470 | | | | | | | | |
| Date of arrest | | Time of Arrest | | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle | | | | |
| 12/23/16 | | 23:30 | | | | | | | | | | |
| Name (Last, First, Middle) | | | | | | | | | | | | |
| IRIZARRY, DIANA MARIA | | | | | | | | | | | | |
| DEFENDANT | Race | | Sex | Date of Birth | Height | Weight | Eye Color | Hair Color | Complexion | Build | AVERAGE | |
| | W - White 1 - American Indian B - Black 0 - Oriental/Asian | | W | F | 02/05/1968 | 5-08 | 140 | BLK | BRN | MEDIUM | AVERAGE | |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | | | | | | | | | | | | |
| NONE | | | | | | | | | | | | |
| Marital Status | | Religion | | Indication of Alcohol Influence Drug Influence | | Y N □ □ | | Unk. | | | | |
| SINGLE | | CATHOLIC | | | | | | | | | | |
| Local Address (Street, Apt. Number) | | (City) | (State) | (zip) | Phone | Residence Type: | | 2 | | | | |
| 17185 VALENCIA BLVD | | LOXAHATCHEE | FL | 33470 | (561) | 747-8946 | 1. City 2. County | | 3. Florida 4. Out of State | | | |
| Permanent Address (Street, Apt. Number) | | (City) | (State) | (zip) | Phone | Address Source | | FL D/L | | | | |
| 17185 VALENCIA BLVD | | LOXAHATCHEE | FL | 33470 | (561) | 747-8946 | | | | | | |
| Business Address (Name, Street) | | (City) | (State) | (zip) | Phone | Occupation | | REALSTATE | | | | |
| DL Number, State | | Soc. Sec. Number | | INS Number | | Place of Birth (City, State) | | Citizenship | | | | |
| I-626-173-68-545-0 FL | | | | | | BROOKLYN, NY | | US | | | | |
| CO-DEF | 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 | | | | |
| | Crae A Ghter Taylor S | | W | M | 7/15/95 | | | | | | | |
| 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 | | | | | |
| JUVENILE | <input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other: | | Name (Last) | | (First) | (Middle) | | Residence Phone | | | | |
| | | | | | | | | () | | | | |
| Address (Street, Apt. Number) | | (City) | (State) | (zip) | Business Phone | | () | | | | | |
| Notified by: (Name) | | Date | Time | Juvenile Disposition | | 1. Handled/processed within Dept. and Released. | | 2. TOT HRS/DYS | | | | |
| 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. Yes, by: (Name) _____ No: (Reason) _____ | | | | | | School Attended | | | | Grade | | |
| Property Crime? | | Description of Property | | | | Value of Property | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |
| CHARGE CODE | Activity | | S. Sell | R. Smuggle | K. Dispense | M. Manufacture/ Produce/Cultivate | Z. Other | Drug Type | B. Barbiturate | H. Hallucinogen | P. Paraphernalia/ U. Unknown Equipment | |
| | N. N/A P. Possess | | B. Buy | D. Deliver | E. Use | | | N. N/A | C Cocaine | M. Marijuana | S. Synthetic. | |
| CHARGE | Charge Description | | Counts | | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | Statute Violation Number | | Violation of ORD # | | | |
| | OPEN HOUSE PARTY | | 1 | | | | 856.015(2) | | | | | |
| CHARGE | Drug Activity | Drug Type | Amount / Unit | Offense # | | | Warrant / Capias Number | Bond | | | | |
| | N | N | | 16-168775 | | | | | | | | |
| CHARGE | Charge Description | | Counts | | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | Statute Violation Number | | Violation of ORD # | | | |
| | | | | | | | | | | | | |
| CHARGE | Drug Activity | Drug Type | Amount / Unit | Offense # | | | Warrant / Capias Number | Bond | | | | |
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| CHARGE | Charge Description | | Counts | | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | Statute Violation Number | | Violation of ORD # | | | |
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| CHARGE | Drug Activity | Drug Type | Amount / Unit | Offense # | | | Warrant / Capias Number | Bond | | | | |
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| CHARGE | Drug Activity | Drug Type | Amount / Unit | Offense # | | | Warrant / Capias Number | Bond | | | | |
| | | | | | | | | | | | | |
| NOTICE TO APPEAR | Location (Court, Room Number, Address) | | | | | | | | | | | |
| | North County Courthouse 3188 Pcn Blvd Palm Beach Gardens FL | | | | | | | | | | | |
| Court Date and Time | | | | | | | | | | | | |
| Month | | Day | | Year | | Time | | 8:30 AM | | | | |
| 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) | | | | | | | | | | | | |
| HOLD for other Agency Name | | | | Signature of Arresting Officer | | | | Name Verification (Printed by Arrestee) | | | | |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal | | | | <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other: | | | | Name of Arresting Officer (Print) T. PATT I.D. # 8779 | | | | |
| (PRINT) | | | | | | | | | | | | |
| Intake Deputy | | I.D. # | | Pouch # | | Transporting Officer | | I.D. # 6972 | | Agency | | |
| | | | | | | Easterday | | 6972 | | pbcso | | |
| Witness here if suspect signed with an "X" | | | | | | | | | | | | |
| 1 OF 1 | | | | | | | | | | | | |

| | | | PROBABLE CAUSE AFFIDAVIT | | | | | |
|--|---|---|---|--|-----|---------------|--|--|
| ADMIN | OBTIS Number Agency ORI Number FLO 5 0 0 0 0 0 0 Charge Type Check as many as apply | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE 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"/> | I Arrest 2 NTA 3 Request for Warrant 4 Request for Capias 1 Juvenile <input type="checkbox"/> | | | | | |
| DEF | Name (Last, First, Middle) IRIZARRY, DIANA MARIA Alias | | | Agency Report Number 16-168775 Race W Sex F Date of Birth 02/05/1968 | | | | |
| CHARGES | Charge Description Open House Parties Charge Description | | | Charge Description | | | | |
| VICTIM | Victim's Name (Last, First, Middle) State Of Florida Local Address (Street, Apt Number) 3228 Gun Club Rd (City) West Palm Beach (State) FL (Zip) 33406 | | | Race | Sex | Date of Birth | | |
| Business Address (Name, Street) (City) () (State) () (Zip) () Phone (561) 688-3000 Address Source | | | | | | | | |
| 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 <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was observed by _____ who told _____ <input type="checkbox"/> that he/she saw the arrested person commit the below acts. was found to have committed the below acts, resulting from my (described) investigation. | | | | | | | | |
| PROBABLE CAUSE STATEMENT | On the 23 day of December 20 16 at 11:30 <input type="checkbox"/> A.M <input checked="" type="checkbox"/> P.M (Specifically include facts constituting cause for arrest.) <p>a juvenile white male was observed on the property of 17185 Valencia Blvd in unincorporated Loxahatchee FL 33470 carrying a bottle of vodka by Sgt. Savage #4356. The defendant who is the renter and has full control was standing at the front while the co-defendant was collecting money from juveniles for admission to the party. There were approximately 300-400 people attending this party. Also while on scene a strong odor of burning marijuana emanated from the scene. The co-defendant admitted post miranda to collecting \$5.00 per person, stated there was alcohol being served inside for \$3.00 to \$5.00, and a disc jockey. The co-defendant also stated that he saw security searching juvenile's entering and finding drugs but giving them back as they were entering. The co-defendant stated the defendant would not let people in if they looked like they were under 13.</p> <p>With the above evidence probable cause exists for Open House Parties Purs: FSS:816.015(2).</p> | | | | | | | |
| ADMINISTRATIVE | STATE OF FLORIDA COUNTY OF PALM BEACH (Signature of Arresting/Investigative Officer) D/S T. Patt 28779 | | | | | | | |
| The foregoing instrument was sworn to or affirmed and subscribed before me this 23 day of December 20 16 by D/S T. Patt (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known LEO CJZ 6972 | | | | | | | | |
| Notary Public, Clerk of Court, Officer (F.S.S.) 117.10 PAGE 1 OF 1 | | | | | | | | |