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ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-19114463		
	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 2 1 Yes 2 No		Multiple Clearance Indicator 01				
	Location of Arrest (Including Name of Business) MINER RD/SUMMIT RD, BOYNTON BEACH, FL, 33462				Location of Offense (Business Name, Address) MINER RD/SUMMIT RD #-, BOYNTON BEACH, FL, 33462				
	Date of Arrest 09/12/2019	Time of Arrest 2127	Booking Date 09/12/2019	Booking Time	Jail Date	Jail Time	Location of Vehicle MINER RD/SUMMIT RD		
Name (Last, First, Middle) Sage, Diane,		Alias (Name, DOB, Soc. Sec. #, Etc.)							
DEFENDANT	Place W - White 1 - American Indian B - Black O - Oriental/Asian	Sex F	Date of Birth 06/15/1962	Height 5'06	Weight 170	Eye Color BLUE	Hair Color BLONDE	Complexion LIGHT	Build SMALL
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status SINGLE	Religion UNKNOWN	Indication of Alcohol Influence Drug Influence Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	Local Address (Street, Apt. Number) (City) (State) (Zip) 357 Park Forest Way, Wellington, FL 33414			Phone (561) 313 4653		Residence Type: 1 City 2 County 3 Florida 4 Out of State 5 Juvenile 3			
	Permanent Address (Street, Apt. Number) (City) (State) (Zip)			Phone		Address Source FL DL			
	Business Address (Name, Street) (City) (State) (Zip)			Phone		Occupation SECRETARY			
	D/L Number, State S200160627151		Soc. Sec. Number		INS Number		Place of Birth (City, State) NEW YORK, NEW YORK		Citizenship U.S.
CO-DEF.	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1 Arrested <input type="checkbox"/> 3 Felony <input type="checkbox"/> 2 At Large <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"/> 3 Felony <input type="checkbox"/> 2 At Large <input type="checkbox"/> 4 Misdemeanor <input type="checkbox"/> 5 Juvenile			
JUVENILE	Parent Legal Custodian Other <input type="checkbox"/> <input type="checkbox"/>		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 3. Incarcerated				
	Released To (Name)		Relationship		Date	Time			
The above address 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 (Phone 355-2526) 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					
CHARGE	Drug Activity P		Drug Type A		Amount / Unit 1 GRAM		Offense # 19114463		
	Charge Description POSSESSION OF LOMAIRA (SCH 4)		Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 893.13(6)(A)		Violation of ORD #		
	Warrant / Capias Number		Bond 3000.00						
	Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #		
	Drug Activity Drug Type Amount / Unit Offense #		Warrant / Capias Number		Bond 2019 SEP 13 AM				
Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #			
Drug Activity Drug Type Amount / Unit Offense #		Warrant / Capias Number		Bond					
Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #			
Drug Activity Drug Type Amount / Unit Offense #		Warrant / Capias Number		Bond					
NOTICE TO APPEAR	Location (Court Room Number, Address)								
	Court Date and time Month Day Year Time 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. 09/12/2019									
Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed					
HOLD for other Agency Name		Signature of Arresting Officer		Name Verification (Printed by Arresting Officer)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) D/S J. PEREZ		ID # 31830		PAGE			
Name Deputy DS 201/MS 7627		ID #		Pouch #		Transferring Officer Perez			
ID #		ID # 31830		Agency		Witness here if subject signed with an "X" OF			

SCANNED
SEP 13 2019

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 FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 19114463
ADMIN	Charge Type Check as many as apply		Special Notes			
	<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
DEE	Name (Last, First, Middle) Sage, Diane,			Alias	Race W	Sex F
						Date of Birth 06/15/1962
CHARGES	Charge Description POSSESSION OF LOMAIRA (SCH 4)		Charge Description 893.13(6)(A)			
	Charge Description		Charge Description			
VICTIM	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		
<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 checked="" type="checkbox"/> committed the below acts in my presence <input type="checkbox"/> was observed by _____ who told _____</p> <p><input type="checkbox"/> confessed to _____ <input type="checkbox"/> that he/she saw the arrested person commit the below acts</p> <p><input type="checkbox"/> admitting to the below facts <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation</p> <p>On the 12 day of SEP 2019 at 927 <input type="checkbox"/> A M <input checked="" type="checkbox"/> P M (Specifically include facts constituting cause for arrest.)</p> <p>On September 12th, 2019, at approximately 2100 hours, I was conducting a proactive patrol in the area of Miner Road and Overlook Road, unincorporated Boynton Beach. I observed a white Cadillac, bearing Florida tag "SAGEFOX", traveling Southbound on Overlook Road. The vehicle was traveling at a high rate of speed. It was failing to maintain the single lane on Overlook Road. It also slowed down, almost coming to a full stop several times.</p> <p>I observed the above mentioned vehicle run the stop sign at Overlook Road and Miner Road. I initiated a traffic stop at Miner Road and Summit Road. I approached the vehicle and made contact with the driver, later identified as Diane Sage. Diane's movements were visibly lethargic when asked to provide her vehicle's paperwork and driver's license. I could also smell the odor of an alcoholic beverage emanating from within the vehicle.</p> <p>Diane stated she was coming from West Palm Beach and was attempting to drive home to the Wellington area. I asked Diane to exit the vehicle, to which she complied. I then asked Diane if she consented to a search of the vehicle to which he stated yes. Upon searching the vehicle, I located a clear baggy containing 6 white pills. The baggy of pills were in a coach purse sitting on the back seat behind the driver seat. Diane looked at the pills and first stated the pills were Xanax. Diane then advised the pills were diet pills. I read Diane her constitutional rights from a department issued Miranda Rights card.</p> <p>Diane then again stated the white pills were diet pills. Diane advised she has not used the pills in 6 months. I identified the 6 white pills as Lomaira, a scheduled four substance, via a pill identifier website. Based on the above, I determined probable cause existed to charge Diane with possession of a scheduled four substance Pursuant to 893.13(6)(A).</p> <p>Diane was transported to the PBC Jail without incident.</p>						
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p style="font-size: 2em; font-weight: bold; opacity: 0.5;">NOTARIZED</p> <p style="font-size: 2em; font-weight: bold; opacity: 0.5;">PROBABLE CAUSE STATEMENT</p> <p style="font-size: 2em; font-weight: bold; opacity: 0.5;">ADMINISTRATIVE</p> <p style="font-size: 2em; font-weight: bold; opacity: 0.5;">D/S J.PEREZ</p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>12</u> day of <u>SEP</u> 20<u>19</u> by <u>D/S J.PEREZ</u></p> <p>(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced)</p> <p>SENTZ 20326 <i>[Signature]</i> 20026</p> <p>Notary Public Clerk of Court, Officer (F.S. 117.10)</p>						
PAGE _____ OF _____						



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

REVIEW COMPLETED BY

Booking Number: 2019029833	Date: 9/13/2019
	Specialist Name/ID: Gammage/5660