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ARREST / NOTICE TO APPEAR

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

OBTS Number _____ Agency ORI Number **0500800** Agency Name **West Palm Beach Police Department** Agency Report Number (N.T.A.'s only) **9 4 2019-0014043**

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

Location of Arrest (Including Name of Business) **NOTHINGHAM/ GEORGIA AVE** Location of Offense (Business Name, Address) **799 NOTTINGHAM BLVD/LAKE AVE, WEST PALM BEACH, FL**

Date of Arrest **08/13/2019** Time of Arrest **23:19** Booking Date **08/13/2019** Booking Time **23:29** Jail Date _____ Jail Time _____ Location of Vehicle _____

Name (Last, First, Middle) **ACANDA CRESPO, DIOSNILEY** Alias: _____ Alias (Name, DOB, Soc. Sec. #, Etc.) _____

Race **W** Sex **M** Date of Birth **07/22/1973** Height **5'05** Weight **160** Eye Color **BROWN** Hair Color **BLACK** Complexion **MEDIUM** Build **Small**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) _____ Marital Status _____ Religion **UNKNOWN** Indication of Alcohol Influence Yes No Unk

Local Address (Street, Apt. Number) (City) (State) (Zip) **5608 WEBSTER AVE, WEST PALM BEACH, FL 33405** Phone _____

Permanent Address (Street, Apt. Number) (City) (State) (Zip) **5608 WEBSTER AVE, WEST PALM BEACH, FL 33405** Phone _____

Business Address (Name, Street) (City) (State) (Zip) _____ Phone _____ Occupation **VERBAL**

D/L Number, State **A253160732620 / FL** Soc. Sec. Number _____ INS Number _____ Place of Birth (City, State) **HAVANA, Cuba** Citizenship _____

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

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

Parent Other: _____ Name (Last, First, Middle) _____ Residence Phone _____

Legal Custodian _____ Business Phone _____

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

Notified by: (Name) _____ Date _____ Time _____

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

JUVENILE DISPOSITION: 1. Handled/Processed within Department and Released 2. TOT/JAC 3. Incarcerated

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 355-2526) informed of any change of address.

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. Disperse/Distribute, M. Manufacture/Produce/Cultivate, Z. Other, Drug Type: N. N/A, A. Amphetamine, B. Barbiturate, C. Cocaine, E. Heroin, F. Hallucinogen, M. Marijuana, O. Opium/Derv, P. Paraphernalia/Equipment, S. Synthetic, C. Unknown, Z. Other

Charge Description **DRIVING WHILE DL SUSPENDED, REVOKED, CANCELLED W/ KNOWLEDGE** Statute Violation Number **322.34(2)** Violation of ORD # _____

Drug Activity **N** Drug Type _____ Amount / Unit _____ Offense # _____ Counts **1** Domestic Violence Y N Warrant / Capias Number _____ Bond **OR**

Charge Description _____ Statute Violation Number _____ Violation of ORD # _____

Drug Activity _____ Drug Type _____ Amount / Unit _____ Offense # _____ Counts _____ Domestic Violence Y N Warrant / Capias Number _____ Bond _____

Charge Description _____ Statute Violation Number _____ Violation of ORD # _____

Drug Activity _____ Drug Type _____ Amount / Unit _____ Offense # _____ Counts _____ Domestic Violence Y N Warrant / Capias Number _____ Bond _____

Health / Apparent Physical Condition of Defendant _____ Any knowledge of the following: Mental Escape Risk Medication Deformities Injuries Explain: _____

Check which applies: Released O.R. Released to Parent/Guardian T.O.T. County Jail Posted Bond South County Mental Health

PROPERTY - Received By _____ Released By _____ Released To _____

Transported By _____ Date Transported _____ Time Transported _____ Other _____

INSTRUCTION NO. 1 - Mandatory appearance in court INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room) **Criminal Justice CRIMINAL JUSTICE COMPLEX**

Court Date and Time **09/10/2019 10:00:00** **3228 GUN CLUB ROAD**

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) _____ Date Signed _____

No Photo Available

HOLD for Other Agency _____ Signature of Arresting Officer **[Signature] #2147** Name Verification (Printed by Arrestee) **AUG 14 2019**

Dangerous Retiated Arrest Suicidal Other _____ Name of Arresting Officer (Print) **RUBIO, DAYHANNA** ID # **02147**

Make Deputy **[Signature]** Pouch # _____ Transporting Officer **D. RUBIO** ID # **2147** Agency **WPBPD**

Witness here if subject signed with an "X" _____



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"/>	539.001(b)-(l)FSS, 539.003FSS	Other: Pawn Broker Information.	
	<input type="checkbox"/>	3119.0712 (2)	Other: Personal Information Contained in a Motor Vehicle Record	

REVIEW COMPLETED BY

Booking Number: 2019026507	Date: 8/14/2019
	Specialist Name/ID: M. Tooks #8557