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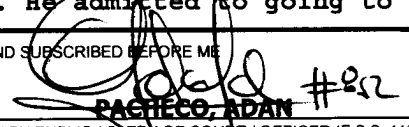
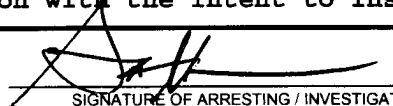
ARREST / NOTICE TO APPEAR

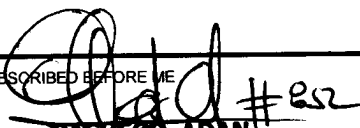
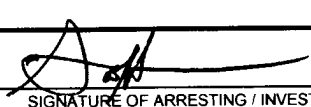
ADMINISTRATIVE	OBTS Number		Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A. only) 4 0 17-011773		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1		JUVENILE	
	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <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		If Weapon Seized		Enter Type: None/not Applicable		Multiple Clearance Indicator 1					
DEFENDANT	Location of Arrest (Including Name of Business) 4525 W ATLANTIC AVE Delray Beach FL 33445						Location of Offense (Business Name, Address) 4525 W ATLANTIC AVE, DELRAY BEACH, FL 33445					
	Date of Arrest 07/26/2017		Time of Arrest 03:07		Booking Date 07/26/2017		Booking Time 03:17		Jail Date		Jail Time	
JUVENILE	Name (Last, First, Middle) CESPEDES FEREIRA, EDGAR GABRIEL											
	Alias: _____											
	Race W - White B - Black W		Sex M - Male F - Female M		Date of Birth 04/05/1985		Height 5'07		Weight 200		Eye Color BROWN	
	Hair Color BLACK		Complexion FAIR		Build Medium		Marital Status		Religion NOT INDICA		Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Phone (305) 703-7193		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1			
	Local Address (Street, Apt. Number) (City) (State) (Zip) 2310 W 60 ST 7, HIALEAH, FL 33016						Phone (305) 703-7193		Address Source FL/DL			
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 2310 W 60 ST 7, HIALEAH, FL 33016											
	Business Address (Name, Street) (City) (State) (Zip)						Phone		Occupation			
	D/L Number, State C213207851251 / FL				Soc. Sec. Number		INS Number		Place of Birth (City, State) Cuba		Citizenship CU	
	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	
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		
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)												
<input type="checkbox"/> Legal Custodian												
Address (Street, Apt. Number) (City) (State) (Zip)												
Business Phone												
Notified by: (Name) _____ Date _____ Time _____												
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: _____												
Drug Activity: N. N/A P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Disperses/Distribute M. Manufacture/Produce/Cultivate Z. Other												
Drug Type: N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/Equipment S. Synthetic U. Unknown Z. Other												
Charge Description CRIMINAL DAMAGE TO PROPERTY (VANDALISM)												
Statute Violation Number 806.13 (1B2)												
Violation of ORD # _____												
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond												
Charge Description Statute Violation Number Violation of ORD #												
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond												
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Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond												
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"/> Post Bond <input type="checkbox"/> South County Mental Health												
PROPERTY - Received By _____ Released By _____ Released To _____												
Transported By _____ Date Transported _____ Time Transported _____ Other _____												
INSTRUCTIONS: <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 33445												
Court Date and Time 8/24/17 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) _____ Date Signed _____												
HOLD for Other Agency _____ Signature of Arresting Officer _____ Name Verification (Printed by Arrestee) _____												
(PRINT) SCANNED												
Intake Deputy I.D. # _____ Pouch # _____ Transporting Officer I.D. # _____ Agency _____												
Witness here if subject signed with an "X" _____												

No Photo Available

2017 JUL 26 AM 8:30

JUL 27 2017

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 N.T.A. 3 Request for Warrant 4 Request for Capias		1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 17-011773				
	Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Special Notes:				
D E F E N D A N T	Name (Last, First, Middle) CESPEDES FEREIRA, EDGAR GABRIEL			Race W	Sex M	Date of Birth 04/05/1985	
C H A R G E S	Charge Description 806.13 CRIMINAL DAMAGE TO PROPERTY (VANDALISM)			Charge Description			
	Charge Description			Charge Description			
V I C T I M	Victim's Name (Last, First, Middle) SHELL,			Race	Sex	Date of Birth	
	Local Address (Street, Apt. Number) (City) (State) (Zip) 4525 W ATLANTIC AVE, DELRAY BEACH, FL 33445			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.</p> <p>The Person taken into custody . . .</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. </div> <div> <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. </div> </div> <p>On the 26 day of July, 2017 at 00:14 (Specifically include facts constituting cause for arrest.)</p> <p>The following incident occurred in the City of Delray Beach, Palm Beach County, FL.</p> <p>On 7/25/17 at approximately 2333 hours I responded to 4525 W Atlantic Ave (Shell) in reference to a suspicious incident. William Dor, the clerk at the gas station called the police and reported seeing a silver Chevy Tahoe bearing FL Tag BLCW93 pull up to pump #2 at the gas station. Dor stated that the driver of the vehicle walked inside to pay for gas while the passenger stay inside the vehicle. The driver of the vehicle was identified by his FL/DL as Robelkis Gonzalez-Enriquez and the passenger was identified by his FL/DL as Edgar Cespedes-Ferreira. Dor stated that Gonzalez-Enriquez paid for five dollars' worth of gas. Dor stated that Gonzalez remained inside the store as if to distract him. Dor stated that he looked outside in the direction of pump #2 and observed Cespedes-Ferreira removed the tamper-proof seal to the gas pump. Dor stated that he walked outside to investigate but the suspects got into their car and left the gas station.</p> <p>Officers arrived at the gas station while the suspects were about to head west bound on W Atlantic Ave. Officers made contact with the suspects and both suspects were taken into custody.</p> <p>Det. Lundgren responded to the police station and interviewed both suspects. Sgt. Danny Pacheco assisted with Spanish translation since both spoke Spanish. Both suspects were read their Miranda Warnings (in Spanish) and waived their rights. Cespedes-Ferreira stated that he was being picked up by his Gonzalez-Enriquez since he was left behind by his friends. He gave officers conflicting statements as to what he was doing at the gas station.</p> <p>Gonzalez-Enriquez stated that he is going through some financial hardships with his family. He admitted to going to the gas station with the intent to install a skimming</p>							
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME  PACHECO, ADAM NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 07/26/2017 DATE			SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  SAINT MARTIN, NORMILE (1103) NAME OF OFFICER (PLEASE PRINT) 07/26/2017 DATE			

OBT Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE	
Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 17-011773							
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			
Name (Last, First, Middle) CESPEDES FEREIRA, EDGAR GABRIEL		Alias		Race W		Sex M		Date of Birth 04/05/1985			
<p>device in the gas pump. However, he changed his mind and drove off once he realized that Dor was watching him. He also signed a consent to search his vehicle where officers found a laptop and various credit cards with tapes and zip codes on them.</p> <p>Based on the above stated facts, probable cause exists to charge Edgar Cespedes-Ferreira with Criminal Damage to Property pursuant to F.S.S. 806.13</p>											
<p>NOT A CERTIFIED COPY</p>											
<p>SWORN AND SUBSCRIBED BEFORE ME</p> <p> #252</p> <p>PACHECO, ADAN</p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p>07/26/2017</p> <p>DATE</p>											
<p></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>SAINT MARTIN, NORMILE (1103)</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p>07/26/2017</p> <p>DATE</p>											
<p>PAGE 2 OF 2</p>											

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

SCANNED
JUL 27 2017 P.M.