

ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		3		JUVENILE	
OBTS Number		Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2016-007781			
Charge Type: Check as many as apply ☒ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other		If Weapon Seized		Enter Type None/not Applicable		Multiple Clearance Indicator N			
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address) 1698 SW 16TH ST, BOCA RATON, FL 33486							
Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle			
Name (Last, First, Middle) COOLEY, ERICA CHERE		Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White B - Black O - Oriental/Asian W	Sex F	Date of Birth 04/30/1990	Height 5'02	Weight 120	Eye Color BROWN	Hair Color BROWN	Complexion MEDIUM	Build	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status S		Religion		Indication of: Alcohol Influence Yes ☐ No ☒ Unk ☐ Drug Influence Yes ☐ No ☒ Unk ☐			
Local Address (Street, Apt. Number) 22148 BOCA PLACE DR, BOCA RATON, FL 33433		(City) (FL)		(State) (FL)		(Zip) 33433		Phone (205) 454-7880	
Permanent Address (Street, Apt. Number) 22148 BOCA PLACE DR, BOCA RATON, FL 33433		(City) (FL)		(State) (FL)		(Zip) 33433		Phone (205) 454-7880	
Business Address (Name, Street) 1625 INVERNESS PKWY, TUSCALOOSA, AL 35405		(City) (AL)		(State) (AL)		(Zip) 35405		Phone	
D/L Number, State 777511 / AL		Soc. Sec. Number		INS Number		Place of Birth (City, State)		Citizenship US	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		☐ 1. Arrested ☐ 3. Felony ☐ 5. Juvenile ☐ 2. At Large ☐ 4. Misdemeanor	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		☐ 1. Arrested ☐ 3. Felony ☐ 5. Juvenile ☐ 2. At Large ☐ 4. Misdemeanor	
☐ Parent ☐ Other: _____ ☐ Legal Custodian		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 Department and Released 2. TOT JAC 3. Incarcerated			
Released To: (Name)		Relationship		Date		Time			
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.		School Attended		Grade					
☐ Yes, by: ☐ No:		Property Crime? ☐ Yes ☒ No		Description of Property		Value of Property			
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 POSSESSION OF KETAMINE		Statute Violation Number 893.13(6A)		Violation of ORD #			
Drug Activity N		Drug Type N		Amount / Unit /		Offense # 2016-007781		Counts 1	
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					
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		PROPERTY - Received By		Released By		Released To			
☐ Posted Bond ☐ South County Mental Health		Date Transported		Time Transported		Other			
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) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time					
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)					
☐ Dangerous ☐ Resisted Arrest		Name of Arresting Officer (Print) KRIGGER, ROHALIO E.		I.D. # 474		(PRINT)			
☐ Suicidal ☐ Other		Transporting Officer		I.D. #		Agency		PAGE 1 OF 1	
Intake Deputy		I.D. #		Pouch #		Witness here if subject signed with an "X".			

PROBABLE CAUSE AFFIDAVIT

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

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JUVENILE

A D M I N I S T R A T I V E	OBTS Number	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2016-007781	
	Charge Type: Check as many as apply.	☒ 1. Felony ☐ 2. Traffic Felony		☐ 3. Misdemeanor ☐ 4. Traffic Misdemeanor		☐ 5. Ordinance ☐ 6. Other	
D E F E N D A N T	Name (Last, First, Middle) COOLEY, ERICA CHERE					Race W	Sex F
	Date of Birth 04/30/1990						
C H A R G E S	Charge Description 893.13(6A) POSSESSION OF KETAMINE (SCHEDULE III)			Charge Description			
	Charge Description			Charge Description			
V I C T I M	Victim's Name (Last, First, Middle) State of Florida					Race	Sex
	Date of Birth						
P R O B A B L E	Local Address (Street, Apt. Number) (City) (State) (Zip)			Phone		Address Source	
	Business Address (Name, Street) (City) (State) (Zip)			Phone		Occupation	
C A U S E	The undersigned certifies and swears that he/she has just and resonable 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. ☐ confessed to admitting to the below facts.						
	☐ was observed by _____ who told _____ that he/she saw the arrested person committ the below acts. ☐ was found to have committed the below acts, resulting from my (described) investigation.						
S T A T E M E N T	On the 22 day of May , 2016 at 05:27 (Specifically include facts constituting cause for arrest.)						
	While I was conducting an investigation of loud music at 1698 SW 16th St Erica Cooley was found to be in possession of a white crystalline substance which was contained in an orange prescription pill bottle with its lable removed. The pill bottle and its content were observed in plain view in an open black handbag which Cooley advised after Miranda was hers. She also advised she did not know what the content of the bottle was but had put it in her hand bag so no one would get in trouble. The identity of the substance could not be determined during field testing and was seized then submitted to evidence for further analysis. Testing conducted by PBSO Crime Lab returned a lab report stating the substance was Ketamine, a schedule III drug.						
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME AUGELLO, PETER B. NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)						
	DATE						
A D M I N I S T R A T I V E	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER KRIGGER, ROHALIO E (474) NAME OF OFFICER (PLEASE PRINT)						
	DATE 07/03/2016						