

0513310

NR

Pch 159/190P/1521

| OBTS Number                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                 | ARREST / NOTICE TO APPEAR<br>Juvenile Referral Report                                                                                      |                                                                                                                         | 1. Arrest 3. Request for Warrant<br>2. N.T.A. 4. Request for Capias                                   |                                                                         | 1                                                                                                                                                                                            | Juvenile                               | N                                                                                                                                                                                                                             |                                                   |                                                |                        |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------|------------------------|--|
| ADMINISTRATION                                                                                                                                                                                                                                                                                                                                 | Agency ORI Number<br><b>FL 0500300</b>                                                                                                                                                                                                                                                                          |                                                                                                                                            | Agency Name<br><b>BOYNTON BEACH POLICE DEPT.</b>                                                                        |                                                                                                       | Agency Report Number<br><b>34-19-069029</b>                             |                                                                                                                                                                                              |                                        |                                                                                                                                                                                                                               |                                                   |                                                |                        |  |
|                                                                                                                                                                                                                                                                                                                                                | Charge Type:<br>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                |                                                                                                                                            | If Weapon Seized Enter Type                                                                                             |                                                                                                       | Multiple Clearance Indicator                                            |                                                                                                                                                                                              |                                        |                                                                                                                                                                                                                               |                                                   |                                                |                        |  |
|                                                                                                                                                                                                                                                                                                                                                | Location of Arrest (Including Name of Business)<br><b>300 NW 3rd Street, Boynton Beach, FL 33435</b>                                                                                                                                                                                                            |                                                                                                                                            | Location of Offense (Business Name, Address)<br><b>300 NW 3rd Street, Boynton Beach, FL 33435</b>                       |                                                                                                       |                                                                         |                                                                                                                                                                                              |                                        |                                                                                                                                                                                                                               |                                                   |                                                |                        |  |
|                                                                                                                                                                                                                                                                                                                                                | Date of Arrest<br><b>12/13/2019</b>                                                                                                                                                                                                                                                                             | Time of Arrest<br><b>1526</b>                                                                                                              | Booking Date                                                                                                            | Booking Time                                                                                          | Jail Date                                                               | Jail Time                                                                                                                                                                                    | Location of Vehicle                    |                                                                                                                                                                                                                               |                                                   |                                                |                        |  |
| DEFENDANT                                                                                                                                                                                                                                                                                                                                      | Name (Last, First, Middle)<br><b>Psomas, George, Paul</b>                                                                                                                                                                                                                                                       |                                                                                                                                            | Alias (Name, DOB, Soc. Sec. #, Etc)                                                                                     |                                                                                                       |                                                                         |                                                                                                                                                                                              |                                        |                                                                                                                                                                                                                               |                                                   |                                                |                        |  |
|                                                                                                                                                                                                                                                                                                                                                | W - White<br>B - Black                                                                                                                                                                                                                                                                                          | I - American Indian<br>O - Oriental / Asian                                                                                                | Race<br><b>W</b>                                                                                                        | Sex<br><b>M</b>                                                                                       | Date of Birth<br><b>08/01/1977</b>                                      | Height<br><b>6'2</b>                                                                                                                                                                         | Weight<br><b>200</b>                   | Eye Color<br><b>Brown</b>                                                                                                                                                                                                     | Hair Color<br><b>Gray/Blk</b>                     | Complexion<br><b>Light</b>                     | Build<br><b>Med</b>    |  |
|                                                                                                                                                                                                                                                                                                                                                | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)                                                                                                                                                                                                                                   |                                                                                                                                            |                                                                                                                         |                                                                                                       |                                                                         | Marital Status<br><b>N/A</b>                                                                                                                                                                 | Religion<br><b>N/A</b>                 | Indication of:<br>Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.<br>Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. |                                                   |                                                |                        |  |
|                                                                                                                                                                                                                                                                                                                                                | Local Address (Street, Apt. Number) (City) (State) (Zip)<br><b>16227 Cabernet Dr, Delray Beach, FL 33446</b>                                                                                                                                                                                                    |                                                                                                                                            | Phone ( ) - ( )                                                                                                         |                                                                                                       | Residence Type<br>1. City 3. Florida 2. County 4. Out of State <b>2</b> |                                                                                                                                                                                              |                                        |                                                                                                                                                                                                                               |                                                   |                                                |                        |  |
|                                                                                                                                                                                                                                                                                                                                                | Permanent Address (Street, Apt. Number) (City) (State) (Zip)<br><b>16227 Cabernet Dr, Delray Beach, FL 33446</b>                                                                                                                                                                                                |                                                                                                                                            | Phone ( ) - ( )                                                                                                         |                                                                                                       | Address Source<br><b>FL DL</b>                                          |                                                                                                                                                                                              |                                        |                                                                                                                                                                                                                               |                                                   |                                                |                        |  |
|                                                                                                                                                                                                                                                                                                                                                | Business Address (Street, Apt. Number) (City) (State) (Zip)                                                                                                                                                                                                                                                     |                                                                                                                                            | Phone ( ) - ( )                                                                                                         |                                                                                                       | Occupation                                                              |                                                                                                                                                                                              |                                        |                                                                                                                                                                                                                               |                                                   |                                                |                        |  |
|                                                                                                                                                                                                                                                                                                                                                | D/L Number, State<br><b>P252-315-77-281-0, FL</b>                                                                                                                                                                                                                                                               |                                                                                                                                            | Soc. Sec. Number                                                                                                        |                                                                                                       | INS Number                                                              |                                                                                                                                                                                              | Place of Birth<br><b>Bethelham, PA</b> |                                                                                                                                                                                                                               | Citizenship<br><b>US</b>                          |                                                |                        |  |
|                                                                                                                                                                                                                                                                                                                                                | Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                         |                                                                                                                                            | Race                                                                                                                    | Sex                                                                                                   | Date of Birth                                                           | <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile<br><input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor |                                        |                                                                                                                                                                                                                               |                                                   |                                                |                        |  |
|                                                                                                                                                                                                                                                                                                                                                | Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                         |                                                                                                                                            | Race                                                                                                                    | Sex                                                                                                   | Date of Birth                                                           | <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile<br><input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor |                                        |                                                                                                                                                                                                                               |                                                   |                                                |                        |  |
|                                                                                                                                                                                                                                                                                                                                                | JUVENILE                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Parent Name (Last) (First) (Middle)<br><input type="checkbox"/> Legal Custodian<br><input type="checkbox"/> Other |                                                                                                                         | Residence Phone                                                                                       |                                                                         |                                                                                                                                                                                              |                                        |                                                                                                                                                                                                                               |                                                   |                                                |                        |  |
| Address (Street, Apt. Number) (City) (State) (Zip)                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                 | Business Phone                                                                                                                             |                                                                                                                         |                                                                                                       |                                                                         |                                                                                                                                                                                              |                                        |                                                                                                                                                                                                                               |                                                   |                                                |                        |  |
| Notified by: (Name)                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                 | Date                                                                                                                                       | Time                                                                                                                    | Juvenile Disposition<br>1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS 3. Incarcerated |                                                                         |                                                                                                                                                                                              |                                        |                                                                                                                                                                                                                               |                                                   |                                                |                        |  |
| 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 561-355-2528) informed of any change of address:<br><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                                                                                     |                                                                         |                                                                                                                                                                                              |                                        |                                                                                                                                                                                                                               |                                                   |                                                |                        |  |
| Drug Activity<br>N. N/A<br>P. Possess                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                 | S. Sell<br>B. Buy<br>T. Traffic                                                                                                            | R. Smuggle<br>D. Deliver<br>E. Use                                                                                      | K. Dispense/<br>Distribute                                                                            | M. Manufacture<br>Produce/<br>Cultivate                                 | Z. Other                                                                                                                                                                                     | Drug Type<br>N. N/A<br>A. Amphetamine  | B. Barbiturate<br>C. Cocaine<br>E. Heroin                                                                                                                                                                                     | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Derv. | P. Paraphernalia/<br>Equipment<br>S. Synthetic | U. Unknown<br>Z. Other |  |
| Charge Description<br><b>Possession of Cocaine</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                 | Counts<br><b>1</b>                                                                                                                         | Domestic Violence<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                | Statute Violation Number<br><b>893.13(6A)</b>                                                         |                                                                         | Violation of ORD#                                                                                                                                                                            |                                        |                                                                                                                                                                                                                               |                                                   |                                                |                        |  |
| Drug Activity<br><b>P</b>                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                 | Drug Type<br><b>C</b>                                                                                                                      | Amount/Unit<br><b>.2 grams net</b>                                                                                      | Offense #<br><b>19-069029</b>                                                                         | Warrant/Capias Number                                                   |                                                                                                                                                                                              | Bond                                   |                                                                                                                                                                                                                               |                                                   |                                                |                        |  |
| Charge Description                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                 | Counts                                                                                                                                     | Domestic Violence<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                           | Statute Violation Number                                                                              |                                                                         | Violation of ORD#                                                                                                                                                                            |                                        |                                                                                                                                                                                                                               |                                                   |                                                |                        |  |
| Drug Activity                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                 | Drug Type                                                                                                                                  | Amount/Unit                                                                                                             | Offense #                                                                                             | Warrant/Capias Number                                                   |                                                                                                                                                                                              | Bond                                   |                                                                                                                                                                                                                               |                                                   |                                                |                        |  |
| Charge Description                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                 | Counts                                                                                                                                     | Domestic Violence<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                           | Statute Violation Number                                                                              |                                                                         | Violation of ORD#                                                                                                                                                                            |                                        |                                                                                                                                                                                                                               |                                                   |                                                |                        |  |
| Drug Activity                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                 | Drug Type                                                                                                                                  | Amount/Unit                                                                                                             | Offense #                                                                                             | Warrant/Capias Number                                                   |                                                                                                                                                                                              | Bond                                   |                                                                                                                                                                                                                               |                                                   |                                                |                        |  |
| Charge Description                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                 | Counts                                                                                                                                     | Domestic Violence<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                           | Statute Violation Number                                                                              |                                                                         | Violation of ORD#                                                                                                                                                                            |                                        |                                                                                                                                                                                                                               |                                                   |                                                |                        |  |
| Drug Activity                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                 | Drug Type                                                                                                                                  | Amount/Unit                                                                                                             | Offense #                                                                                             | Warrant/Capias Number                                                   |                                                                                                                                                                                              | Bond                                   |                                                                                                                                                                                                                               |                                                   |                                                |                        |  |
| NOTICE TO APPEAR                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Instruction No. 1<br><input type="checkbox"/> Mandatory Appearance in Court<br><input type="checkbox"/> Instruction No. 2<br>You need not appear in Court but must Comply with instruction on reverse side.                                                                            |                                                                                                                                            | Location (Court, Room Number, Address)<br><b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b> |                                                                                                       |                                                                         |                                                                                                                                                                                              |                                        |                                                                                                                                                                                                                               |                                                   |                                                |                        |  |
|                                                                                                                                                                                                                                                                                                                                                | 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. |                                                                                                                                            | Month Day Year Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.                                         |                                                                                                       |                                                                         |                                                                                                                                                                                              |                                        |                                                                                                                                                                                                                               |                                                   |                                                |                        |  |
| ADMIN                                                                                                                                                                                                                                                                                                                                          | Signature of Defendant (or Juvenile and Parent/Custodian)                                                                                                                                                                                                                                                       |                                                                                                                                            | Date Signed                                                                                                             |                                                                                                       |                                                                         |                                                                                                                                                                                              |                                        |                                                                                                                                                                                                                               |                                                   |                                                |                        |  |
|                                                                                                                                                                                                                                                                                                                                                | HOLD for other Agency Name:<br><input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Suicidal <input type="checkbox"/> Other:                                                                                                                                 |                                                                                                                                            | Signature of Arresting Officer<br><b>J Mendez</b>                                                                       |                                                                                                       | Name Verification (Printed by Arrestee)<br>(PRINT)                      |                                                                                                                                                                                              |                                        |                                                                                                                                                                                                                               |                                                   |                                                |                        |  |
|                                                                                                                                                                                                                                                                                                                                                | Intake Deputy I.D. #                                                                                                                                                                                                                                                                                            |                                                                                                                                            | Pouch #                                                                                                                 |                                                                                                       | Transporting Officer I.D. #<br><b>1120</b>                              |                                                                                                                                                                                              | Agency<br><b>BU#114567</b>             |                                                                                                                                                                                                                               | Page<br><b>1 OF 1</b>                             |                                                |                        |  |

D/S. B. SHATARA #7023

OFF SHATARA #7023/8800

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                          |  |                                                                          |  |                                               |  |                 |  |                                    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------|--|-----------------------------------------------|--|-----------------|--|------------------------------------|--|
| OBT Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | PROBABLE CAUSE AFFIDAVIT                                                                 |  | 1 Arrest<br>2 NTA                                                        |  | 3 Request for Warrant<br>4 Request for Copies |  | 1               |  | Juvenile<br>N                      |  |
| Agency ORI Number<br><b>FL0500300</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Agency Name<br><b>BOYNTON BEACH POLICE DEPT.</b>                                         |  |                                                                          |  | Agency Report Number<br><b>34-19-069029</b>   |  |                 |  |                                    |  |
| Charge Type<br>Check all that Apply<br><input checked="" type="checkbox"/> 1 Felony<br><input type="checkbox"/> 2 Traffic Felony                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <input type="checkbox"/> 3 Misdemeanor<br><input type="checkbox"/> 4 Traffic Misdemeanor |  | <input type="checkbox"/> 5 Ordinance<br><input type="checkbox"/> 6 Other |  | Special Notes                                 |  |                 |  |                                    |  |
| Name (Last, First, Middle)<br><b>Psomas, George, Paul</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                          |  |                                                                          |  | Race<br><b>W</b>                              |  | Sex<br><b>M</b> |  | Date of Birth<br><b>08/01/1977</b> |  |
| Charge Description<br><b>Possession of Cocaine</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                          |  |                                                                          |  | Charge Description                            |  |                 |  |                                    |  |
| Charge Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                          |  |                                                                          |  | Charge Description                            |  |                 |  |                                    |  |
| Victim's Name (Last, First, Middle)<br><b>State of Florida</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                          |  |                                                                          |  | 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                                    |  |                 |  |                                    |  |
| 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.<br>The Person taken into custody...<br><input checked="" type="checkbox"/> Committed the below acts in my presence. <input type="checkbox"/> Was observed by Who told That he/she saw the arrested person commit the below acts.<br><input type="checkbox"/> Confessed to Admitting the below facts <input checked="" type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation.<br>On The <b>13</b> Day Of <b>December</b> 20 <b>19</b> At <b>03:18</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. |  |                                                                                          |  |                                                                          |  |                                               |  |                 |  |                                    |  |

On 12/13/2019 at approximately 1518 hours, members of The Community Response Team (CRT) were on patrol in the area of 315 NW 10th Ave. We then observed a white 2012 Jeep Liberty bearing FL tag KMEC75 parked backed in at 315 NW 10th Ave. Let it be known the residence is known to be a high crime residence to include narcotic sales/use.

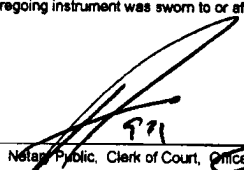
Upon leaving the residence we observed the vehicle fail to stop at the posted stop sign at NW 4th Ave and NW 3rd St. We then initiated a traffic stop with our patrol vehicle by activating our emergency equipment, red/ blue lights and siren, the vehicle then came to a stop at 300 NW 3rd St. Upon stopping the vehicle the front seat passenger began making furtive movements (quick evasive movements in order to avoid detection) towards his waist band area, attempting to conceal possible contraband.

Upon making contact with the driver w/m George Psomas, CRT noticed a strong scent of burnt marijuana emitting from within the vehicle. Ofc. Autiello made contact with the front passenger, later identified as b/m Damien Andrews, and asked if they had just got done smoking marijuana. Andrews stated that they had just gone smoking and handed Ofc. Autiello a partially smoked marijuana blunt. Andrews was then removed from the vehicle and a search of his person by Ofc. Autiello revealed a crazy glue container in his waist band. Inside the crazy glue container we located pieces of an off white rock/wafer like substance, known through training and experience to be crack cocaine (.2g). Also located on Andrews person was a glass tube with burnt ends on both ends with burnt, copper-mesh wad, commonly referred to as Chore Boy, which is used as a filter, inside one end of the pipe. The glass tube was recognized as a crack pipe commonly used to inhale crack cocaine. The suspect crack cocaine was later field tested using a Sirchie NARK wipe which yielded positive results for cocaine. The crack and paraphernalia was later entered into BBPD evidence.

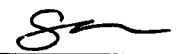
Contact was then made with the back-seat passenger, identified as b/m Deontris Miller who stated he was only in the vehicle getting a ride to pick up his daughter. F/NCIC check was conducted on Miller with negative results for warrants. Field interview was conducted on Miller.

During a search of the vehicle Ofc. Vazquez located a red and white cigarette carton in the center console. Ofc. Vazquez then asked Psomas if the vehicle was his, if he was driving and if he owned the cigarette box. Psomas stated that he is the owner of the vehicle, he was driving and stated that the cigarette carton was his. Ofc. Vazquez then offered Psomas a cigarette from the box and Psomas stated that he did want one of his cigarette from his carton. Ofc. Vazquez then placed Psomas in hand restraints, double locked and checked for spacing. All of the above contraband was later entered BBPD evidence. Vehicle was towed by becks on scene.

The foregoing instrument was sworn to or affirmed and subscribed before me

  
Notary Public, Clerk of Court, Officer (P.S.S. 117.10)

**12/13/2019**  
Date

  
(Signature of Arresting / Investigative Officer)

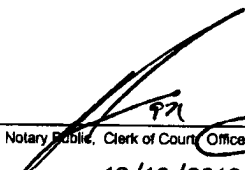
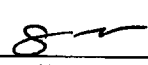
**Officer J. Mendez**  
(Print name of Arresting/Investigative Officer)

**12/13/2019**  
Date

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**1 OF 2**

|                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                           |  |                                                                                          |  |                                                                          |  |                                    |  |               |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------|--|------------------------------------|--|---------------|--|
| OBT Number                                                                                                                                                                                                                                                                                                                                                                                                  |  | PROBABLE CAUSE AFFIDAVIT                                                                  |  | 1 Arrest<br>2 NTA                                                                        |  | 3 Request for Warrant<br>4 Request for Capias                            |  | 1                                  |  | Juvenile<br>N |  |
| Agency ORI Number<br><b>FL0500300</b>                                                                                                                                                                                                                                                                                                                                                                       |  | Agency Name<br><b>BOYNTON BEACH POLICE DEPT.</b>                                          |  | Agency Report Number<br><b>34-19-069029</b>                                              |  |                                                                          |  |                                    |  |               |  |
| Charge Type<br>Check all that Apply                                                                                                                                                                                                                                                                                                                                                                         |  | <input checked="" type="checkbox"/> 1 Felony<br><input type="checkbox"/> 2 Traffic Felony |  | <input type="checkbox"/> 3 Misdemeanor<br><input type="checkbox"/> 4 Traffic Misdemeanor |  | <input type="checkbox"/> 5 Ordinance<br><input type="checkbox"/> 6 Other |  | Special Notes                      |  |               |  |
| Name (Last, First, Middle)<br><b>Psomas, George, Paul</b>                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                           |  | Race<br><b>W</b>                                                                         |  | Sex<br><b>M</b>                                                          |  | Date of Birth<br><b>08/01/1977</b> |  |               |  |
| Charge Description<br><b>Possession of Cocaine</b>                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                           |  | Charge Description                                                                       |  |                                                                          |  |                                    |  |               |  |
| Charge Description                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                           |  | Charge Description                                                                       |  |                                                                          |  |                                    |  |               |  |
| Victim's Name (Last, First, Middle)<br><b>State of Florida</b>                                                                                                                                                                                                                                                                                                                                              |  |                                                                                           |  | Race                                                                                     |  | Sex                                                                      |  | Date of Birth                      |  |               |  |
| Local Address (Street, Apt Number)<br><b>2045 High Ridge Rd, Boynton Beach, FL 33435</b>                                                                                                                                                                                                                                                                                                                    |  |                                                                                           |  | (City)                                                                                   |  | (State)                                                                  |  | (Zip)                              |  | Phone         |  |
| Business Address (Name, Street)<br><b>2045 High Ridge Rd, Boynton Beach, FL 33435</b>                                                                                                                                                                                                                                                                                                                       |  |                                                                                           |  | (City)                                                                                   |  | (State)                                                                  |  | (Zip)                              |  | Phone         |  |
| 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.<br>The Person taken into custody.                                                                                                                                                                                    |  |                                                                                           |  |                                                                                          |  |                                                                          |  |                                    |  |               |  |
| <input checked="" type="checkbox"/> Committed the below acts in my presence. <input type="checkbox"/> Was observed by _____ Who told _____ That he/she saw the arrested person commit the below acts.<br><input type="checkbox"/> Confessed to _____ Admitting the below facts <input checked="" type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation. |  |                                                                                           |  |                                                                                          |  |                                                                          |  |                                    |  |               |  |
| On The <b>13</b> Day Of <b>December</b> 20 <b>19</b> At <b>03:18</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.                                                                                                                                                                                                                                                                 |  |                                                                                           |  |                                                                                          |  |                                                                          |  |                                    |  |               |  |

Based on the investigation, Psomas is being charged with Possession of Cocaine, pursuant to FSS 893.13(6A). Andrews is being charged with Possession of Cocaine, pursuant to FSS 893.13(6A) and Possession of Paraphernalia, pursuant to FSS 893.147(1). F/ NCIC check was conducted on Psomas and Andrew with negative results for any warrants. Psomas and Andrews were handcuffed (double locked) and then transported to the BBPD to be processed and later turned over to PBCJ.

|                                                                                                                                                                           |                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The foregoing instrument was sworn to or affirmed and subscribed before me                                                                                                |                                                                                                                                                                                                                                                       |
| <br>Notary Public, Clerk of Court Officer (F.S.S. 117.10)<br><b>12/13/2019</b><br>Date | <br>(Signature of Arresting / Investigative Officer)<br><b>Officer J. Mendez</b><br>(Print name of Arresting/Investigative Officer)<br><b>12/13/2019</b><br>Date |
| Page<br><b>2 OF 2</b>                                                                                                                                                     |                                                                                                                                                                                                                                                       |



**PALM BEACH COUNTY  
SHERIFF'S OFFICE**  
Florida State Statute Exemption Sheet

**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),<br>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),<br>(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),<br>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"/>            |                                         |                                                                                                                                                                            |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
| Other                                                       | <input type="checkbox"/>            |                                         | Other:                                                                                                                                                                     |                |
|                                                             | <input type="checkbox"/>            |                                         | Other:                                                                                                                                                                     |                |

**REVIEW COMPLETED BY**

**Booking Number:** 2019039854

**Date:** 12/14/2019

**Specialist Name/ID:** AM/31562