

028 7385 18 MM 8447 131

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number _____

Agency ORI Number **FLO 500000** Agency Name **PALM BEACH COUNTY SHERIFF'S OFFICE** Agency Report Number (N.T.A.'s only) **06-18098681**

Charge Type: 1. Felony 3. Misdemeanor 5. Ordinance
 2. Traffic Felony 4. Traffic Misdemeanor 6. Other

Weapon Seized / Type: **2** 1. Yes 2. No Multiple Clearance Indicator: **1**

Location of Arrest (Inclusive Name of Residence): **N. BRANCH RDS/SANDALFOOT BLVD #, BOCA RATON FL 33428**
Location of Offense (Business Name, Address): **N. BRANCH RDS/SANDALFOOT BLVD #, BOCA RATON FL 33428**

Date of Arrest: **07/19/2018** Time of Arrest: **0253** Booking Date: _____ Booking Time: _____ Jail Date: _____ Jail Time: _____ Location of Vehicle: **N/A**

Name (Last, First, Middle): **GARCIA, GERALDINE, ANN** Alias (Name, DOB, Soc. Sec. #, Etc.): _____

Race: **W - White 1 - American Indian** Sex: **F** Date of Birth: **05/21/1984** Height: **5'6** Weight: **120** Eye Color: **BROWN** Hair Color: **BROWN** Complexion: **MEDIUM** Build: **MEDIUM**

Scars, Marks, Tattoos, Unusual Physical Features (Location, Type, Description): **ROSES ON RIGHT ARM** Mental Status: **Widowed** Religion: **CHRISTIAN** Indication of Alcohol Influence: Y N U O I

Local Address (Street, Apt. Number): **11831 BAY PL, BOCA RATON FL 33428** Phone: **(954) 294-6162** Residence Type: 1. City 2. County 3. Florida 4. Out of State

Permanent Address (Street, Apt. Number): _____ Phone: _____ Address Source: **FL, DL**

Business Address (Name, Street): _____ Phone: _____ Occupation: **UNEMPLOYED**

DL Number, State: **G620281846810, FL** Sec. Sec. Number: _____ IRS Number: _____ Place of Birth (City, State): **FT. LAUDERDALE, FL** Citizenship: **U.S.**

Co-Defendant Name (Last, First, Middle): _____ Race: _____ Sex: _____ Date of Birth: _____ 1. Arrested 3. Felony 4. Misdemeanor 5. Juvenile

Co-Defendant Name (Last, First, Middle): _____ Race: _____ Sex: _____ Date of Birth: _____ 1. Arrested 3. Felony 4. Misdemeanor 5. Juvenile

Parent Legal Custodian Other: Parent Legal Custodian Other

Address (Street, Apt. Number): _____ (City) _____ (State) _____ (Zip) _____ Residence Phone: _____ Business Phone: _____

Notified by (Name): _____ Date: _____ Time: _____ Juvenile Disposition: 1. Held/processed within Dept and Released. 2. TOT HRS / DYS 3. Incarcerated

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

The above address provided by defendant and / or defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2528) informed of any change of address.
 Yes, by (Name) _____ No (Reason) _____

Property Crime? Yes No Description of Property: _____ Value of Property: _____

CHARGE	Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
CHARGE	Unlawful possession of prescription drug	1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	499.03 1	
CHARGE	Drug Activity Drug Type Amount / Unit	Offense #	Warrant / Capias Number	Bond	
CHARGE	Drug Activity Drug Type Amount / Unit	Offense #	Warrant / Capias Number	Bond	
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CHARGE	Drug Activity Drug Type Amount / Unit	Offense #	Warrant / Capias Number	Bond	

Location (Street, Box Number, Address): **South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996**

Court Date and Time: **Month August Day 23 Year 2018 Time 0830 AM**

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian): _____ Date Signed: **07/19/2018**

HOLD for other Agency Name: _____ Signature of Arresting Officer: **21277** Name Verification (Printed by Arresting Officer): **M. RUSSO** (PRINT)

Dangerous Resisted Arrest Suicidal Other

Name of Arresting Officer (Print): **M. RUSSO** I.D. # **21277** Agency: **PBSO**

Witness here if subject signed with an "X": 1 OF 1

PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile N
OBT Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	
Agency Report Number 06-18098681		Charge Type: Check as many as apply.		Special Notes	
1. Felony <input type="checkbox"/>		2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input checked="" type="checkbox"/>	
4. Traffic Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/>		6. Other <input type="checkbox"/>	
Name (Last, First, Middle) GARCIA, GERALDINE , ANN		Alias		Race W	Sex F
Date of Birth 05/21/1984		Charge Description Unlawful possession of prescription drug 499.031		Charge Description	
Charge Description		Charge Description		Charge Description	
Victim's Name (Last, First, Middle) STATE OF FLORIDA, ,		Race		Sex	Date of Birth
Local Address (Street, Apt. Number)		(City)	(State)	(zip)	Phone
Business Address (Name, Street)		(City)	(State)	(zip)	Phone
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law The Person taken into custody</p> <p><input 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.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 19TH day of JULY 2018 at 0253 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On the above date/time myself and Deputy Engers ID 28988 observed a black Honda SUV tag IWR-E77 run the stop sign located at Sandalfoot Blvd and Tradewind Rd. A traffic stop was initiated on the vehicle at Sandalfoot Blvd and N Branch Rd. Contact was made with the driver (suspect) who stated she did not have her license on her person but stated her name was Geraldine Garcia with a birth date of 5-21-84. Garcia was later identified via DAVID. Further investigation revealed Garcia's license was suspended indefinitely for fail to pay child support. Garcia admitted she still had not paid the full amount owed on her child support. Deputy Engers asked Garcia for consent to search the vehicle at which time Garcia gave consent. A search of the vehicle revealed three unknown white pills and one pink pill inside Garcia's purse. Two of the pills were in a clear plastic baggy and two were in a plastic medicine bottle. Immediately upon seeing the pills Garcia stated three of the pills were Percocet and one was valium</p> <p>Post Miranda Garcia stated she had a prescription for valium however she did not have it with her. Garcia stated she had a prescription for Percocet also but had used them all and taken three from her mother's prescription bottle. The pills were later identified as Diazepam (valium) and Oxycodone (generic Percocet).</p> <p>Garcia was placed under arrest (handcuffs checked for tightness and double locked) and transported to the county jail where she was charged accordingly. The pills were seized and later turned into evidence. Garcia was issued a written warning for running the stop and issued a citation for DWLS.</p> <p>The above incident occurred in unincorporated Palm Beach Count, Fl.</p>					
STATE OF FLORIDA COUNTY OF PALM BEACH		M. RUSSO			
(Signature of Arresting/Investigative Officer)		19TH day of JULY		20 18 by M. RUSSO	
The foregoing instrument was sworn to or affirmed and subscribed before me this		19TH day of JULY		20 18 by M. RUSSO	
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification of type of identification produced		J. Engers #28988		KNOWN	
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)					



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
I/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018024033	Date: 07/20/18
	Specialist Name/ID: Stewart/5660