

0496813 180F 2773 311

OBTS Number		ARREST / NOTICE TO APPEAR			1. Arrest		3. Request for Warrant		1		Juvenile										
Agency ORI Number		Agency Name			Agency Report Number (N.T.A.'s only)																
FLO 5 0 2 6 0 0		PALM BEACH GARDENS POLICE DEPT.			7 8 11 8 100 1 8 3 3 (1 1)																
Charge Type: Check as many as apply.		1. Felony <input checked="" type="checkbox"/>		3. Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/>		If Weapon Seized		Multiple Clearance Indicator											
2. Traffic Felony <input type="checkbox"/>		4. Traffic Misdemeanor <input type="checkbox"/>		6. Other <input type="checkbox"/>		Enter Type															
Location of Arrest (Including Name of Business)					Location of Offense (Business Name, Address)																
Military Trail / Lilac St. PB6, FL					Military Trail / Lilac St. PB6, FL																
Date of arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
0.3.23.18		0.0.2.5																			
Name (Last, First, Middle)										Alias (Name, DOB, Soc. Sec. #, Etc.)											
Incognito, Heke, Evdokia																					
Race		Sex		Date of Birth		Height		Weight		Eye Color		Hair Color		Complexion		Build					
W - White B - Black		I - American Indian O - Oriental		IW E		0.5.0.4.8.1		5'7"		180		Bro		Blk		Light med					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status		Religion		Indication of: Alcohol Influence Drug Influence							
Left arm sleeve, right thigh, waist, full back										married				Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
Local Address (Street, Apt. Number)					(City)		(State)		(Zip)		Phone		Residence Type:								
7040 Hawks Nest Ter					Riviera Bch FL		33407		201		803 5179		1. City 2. County 3. Florida 4. Out of State								
Permanent Address (Street, Apt. Number)					(City)		(State)		(Zip)		Phone		Address Source								
7040 Hawks Nest Ter					Riviera Bch FL		33407						FL DL								
Business Address (Name, Street)					(City)		(State)		(Zip)		Phone		Occupation								
D/I Number, State					NS Number					Place of Birth (City, State)		Citizenship									
1522 325 81064 0										Hackensack, NJ		US									
Co-Defendant Name (Last, First, Middle)										Sex		Date of Birth		1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile					
Co-Defendant Name (Last, First, Middle)										Sex		Date of Birth		1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile					
Parent Legal Custodian					Name (Last) (First) (Middle)					Residence Phone											
Other:																					
Address (Street, Apt. Number)					(City)		(State)		(Zip)		Business Phone										
Notified by: (Name)					Date		Time		Juvenile Disposition			1. Handled/Processed within Dept. and Released		2. TOT DCF		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 parent. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.										School Attended					Grade						
<input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)																					
Property Crime?					Description of Property					Value of Property											
<input type="checkbox"/> Yes <input type="checkbox"/> No																					
Drug Activity		S. Sell		R. Smuggle		K. Dispense/Distribute		M. Manufacture/Produce/Cultivate		Z. Other		Drug Type		B. Barbiturate		H. Hallucinogen		P. Paraphernalia/Equipment		U. Unknown	
N. N/A		B. Buy		D. Deliver								A. Amphetamine		C. Cocaine		M. Marijuana		S. Synthetic		Z. Other	
P. Possess		T. Traffic		E. Use										F. Heroin		O. Opium/Deriv.					
Charge Description					Counts		Domestic Violence		Statute Violation Number					Violation of ORD #							
Possession of Cocaine					1		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		8,9,311,3, (16 A) RA												
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number					Bond								
P		C		17.3 grams									3000								
Charge Description					Counts		Domestic Violence		Statute Violation Number					Violation of ORD #							
Possession of Controlled Substance					1		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		8,9,311,3, (16 A) RA												
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number					Bond								
P		M		(THC oil)									3000								
Charge Description					Counts		Domestic Violence		Statute Violation Number					Violation of ORD #							
Possession of Marijuana					1		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		8,9,311,3, (16 B) RA												
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number					Bond								
P		M		2 grams									OR								
Charge Description					Counts		Domestic Violence		Statute Violation Number					Violation of ORD #							
Possession drug paraphernalia					1		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		8,9,311,4,7(1) RA												
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number					Bond								
P		P											OR								
<input checked="" type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court					Location (Court, Room Number, Address)																
<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.					North County Courthouse 3188 PSA Blvd.																
					Court Date and Time		Month		Day		Year		Time		P.M.						
					04		25		2018		10:00		AM								
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.																					
Signature of Defendant (or Juvenile and Parent / Custodian)										Date Signed											
HOLD for other Agency Name:					Signature of Arresting Officer					Name Verification (Printed)											
					X [Signature] 452					SCANNED											
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest					Name of Arresting Officer (Print)					(PRINT)											
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other:					Robert Artola 452					MAR 23 2018											
I.D. #					Pouch #					MAR 23 AM 4:02											
Thomas [Signature] I.D. #					K. Artola 452 PB6PD					PAGE 1 OF 1											

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - JAIL GOLD - DEFENDANT

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0502600		Agency Name PALM BEACH GARDENS POLICE		Agency Report Number 7 8 18-001833	
Charge Type: 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

Name (Last, First, Middle) INCOGNITO, HELENE EVDOKIA	Alias	Race W	Sex F	Date of Birth 05/04/1981
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Charge Description 893.13 DRUGS - POSSESSION OF COCAINE	Charge Description 893.13(1)(A) DRUGS - POSSESSION OF CONTROLLED SUBS
Charge Description 893.13(6)(B) DRUGS - POSSESS MARIJUANA NOT MORE TH	Charge Description 893.147(1) DRUGS - POSSESS A/ND/OR USE DRUG PARAPH

Victim's Name (Last, First, Middle) State Of Florida	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.

The Person taken into custody . . .

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the **22** day of **March**, **2018** at **23:43** (Specifically include facts constituting cause for arrest.)

On March 22, 2018 at approximately 11:43 p.m. I, Officer Artola, was on patrol in the area of North Military Trail and Holly Drive, Palm Beach Gardens, Palm Beach County, Florida; in my marked patrol vehicle.

While on patrol, I observed a dark colored Cadillac bearing Florida tag L8RMENG traveling northbound on North Military Trail and Holly Drive. A check was conducted through FCIC/NCIC which showed the vehicle registration expired February 16, 2018. I conducted a traffic stop on the vehicle for the above listed infraction on North Military Trail and Lilac Street.

I made contact with the driver and sole occupant of the vehicle, identified as Helene Incognito, and explained to her my reason for the traffic stop. Incognito provided me with her driver's license and stated she was unaware of the registration being expired. After confirming Incognito's license was valid, I asked for her consent to search her vehicle to which she said yes. While searching her vehicle, I located the following items inside Incognito's purse on the passenger seat: a clear plastic bag containing a green leafy substance which I could identify by my training and experience as Marijuana, a hookah pen containing oil suspected to be THC, a metal electronic cigarette used to smoke Marijuana, and a plastic bag with no labeling containing blue and green gummies that looked like candy.

Prior to asking Incognito any further questions, I read her Miranda Rights from a pre-printed card to which she understood. I explained to Incognito about finding suspected Marijuana in her purse, and when I asked her if the oil inside of her hookah pen contained THC she stated she did not wish to talk to me anymore at which point no other questions were asked.

I confirmed the green leafy substance to be Marijuana utilizing a Duquenois Levine

SWORN AND SUBSCRIBED BEFORE ME	
	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	ARTOLA, ROBERT (452)
03/22/2018	NAME OF OFFICER (PLEASE PRINT)
DATE	03/22/2018
	DATE

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
A D M I N	Agency ORI Number	Agency Name	Agency Report Number				
	FL 0502600	PALM BEACH GARDENS POLICE	7 8 18-001833				
Charge Type: Check as many as apply.						Special Notes:	
<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other							

D E F	Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
	INCOGNITO, HELENE EVDOKIA		W	F	05/04/1981

Reagent field test kit which provided a positive indication for the presence of Marijuana. I confirmed the suspected oil to be THC utilizing a Duquenois Levine Reagent field test kit which provided a positive indication for the presence of THC in the oil. I confirmed the gummies to be Cocaine in an edible form utilizing a Scott Reagent (Modified) field test kit which indicated a positive indication for the presence of Cocaine.

Based on the above facts and circumstances, Helene Incognito was placed under arrest and is charged with Possession of Cocaine in violation of F.S.S. 893.13, Possession of a controlled substance in violation of F.S.S. 893.13(1) (A), Possession of Marijuana less than 20 grams in violation of F.S.S. 893.13(6) (B), and Possession of Drug Paraphernalia in violation of F.S.S. 893.147(1). Incognito was transported to Palm Beach County Jail where he was booked under these charges.

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A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		452
		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	ARTOLA, ROBERT (452)	
	03/22/2018	NAME OF OFFICER (PLEASE PRINT)	
	DATE	03/22/2018	DATE