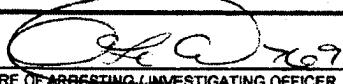
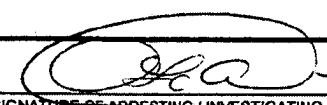


ARREST / NOTICE TO APPEAR			1. Arrest	3. Request for Warrant	1	JUVENILE		
Agency ORI Number		Agency Name	Agency Report Number (N.T.A.'s only)		2. N.T.A.	4. Request for Capias	5. Juvenile Referral	
0500200		Boca Raton Police Department	3 2 2019-005219		If Weapon Seized		Multiple Clearance Indicator	
Charge 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			Enter Type None/not Applicable			
Location of Arrest (Including Name of Business) 99 SE MIZNER BLVD			Location of Offense (Business Name, Address) 99 SE MIZNER BLVD, BOCA RATON, FL 33432					
Date of Arrest 04/12/2019		Time of Arrest 23:58	Booking Date 04/13/2019	Booking Time 00:05	In Jail Date 04/13/2019	In Jail Time 00:05	Location of Vehicle NONE	
Name (Last, First, Middle) RODRIGUEZ, ISABELLA DEL CARMEN								
Alias: RODRIGUEZ, ISABELLA DEL CARMEN								
Race: W - White B - Black		Sex: W - Female B - Male	Date of Birth 01/09/1997	Height 5'07	Weight 130	Eye Color BROWN	Hair Color BLACK	
Skin, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT R FOOT / MOON; TATT L HIP / "13"; TATT R HIP / ROSE				Marital Status S	Religion NONE		Complexion LIGHT	Build Small
Local Address (Street, Apt. Number) 7734 NW 70TH WAY, PARKLAND, FL 33067		(City) PARKLAND, FL	(State) FL	(Zip) 33067	Phone (954) 706-5099		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>	
Permanent Address (Street, Apt. Number) 7734 NW 70TH WAY, PARKLAND, FL 33067		(City) PARKLAND, FL	(State) FL	(Zip) 33067	Phone (954) 706-5099		Residence Type: 1. City 3. Florida 2. County 4. Out of State 3	
Business Address (Name, Street) HALLENDALE PHARMACY,		(City) HALLENDALE, FL	(State) FL	(Zip) 33067	Phone (954) 706-5099		Address Source DEFENDANT	
D/L Number, State R362404975090 / FL		Soc. Sec. Number XXXXXXXXXX	INS Number		Place of Birth (City, State) PARKLAND, FL	Citizenship US		
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		
Name (Last, First, Middle)								
Address (Street, Apt. Number) (City) PARKLAND, FL				Race	Sex	Date of Birth		
Notified by: (Name)				Date	Time	JUVENILE DISPOSITION		
Released To: (Name) Relationship				Date	Time	1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated		
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.				School Attended				
<input type="checkbox"/> Yes, <input type="checkbox"/> No:				Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		
						Value of Property		
Drug Activity S. Sell R. Smuggle K. Dispense/ M. Manufacture/ Z. Other								
N. N/A B. Buy D. Deliver Distribute Produce/ Cultivate								
P. Possess T. Traffic E. Use								
Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown								
N. N/A C. Cocaine M. Marijuana O. Opium/Deriv. Z. Other								
A. Amphetamine E. Heroin S. Synthetic								
Charge Description POSSESSION OF MARIJUANA OVER 20 GM								
Status Violation Number 893.13(6A)								
Violation of ORD # 4500.00								
Charge Description POSS DRUG PARAPHEALIA								
Status Violation Number 893.147(1)								
Violation of ORD # OR								
Charge Description								
Status Violation Number								
Violation of ORD #								
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number								
N / / 1 <input type="checkbox"/> Y <input checked="" type="checkbox"/> N								
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number								
N / / 1 <input type="checkbox"/> Y <input checked="" type="checkbox"/> N								
Health / Apparent Physical Condition of Defendant GOOD								
Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries								
Explain:								
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail								
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health								
PROPERTY - Received By ALVAREZ								
Released By ALVAREZ								
Released To PBCJ								
Transported By / : :								
Date Transported Time Transported Other								
Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444								
Court Date and Time								
INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.								
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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.								
Signature of Defendant (or Juvenile and Parent/Custodian)								
Date Signed								
HOLD for Other Agency				Signature of Arresting Officer ALVAREZ, A.				
				Name Verification (Printed by Arrestee)				
				(PRINT)				
				PAGE				
				1 OF 1				
Witness here if subject signed with an "X".								

0506997

APR 13 19 8117

OBTS Number		PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Copies	1	JUVENILE
Agency ORI Number	Agency Name				Agency Report Number			
FL 0500200	BOCA RATON POLICE DEPARTMENT				3	2	2019-005219	
Charge Type: Check as many as apply.	<input checked="" type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			Special Notes:				
Name (Last, First, Middle)	Alias			Race	Sex	Date of Birth		
RODRIGUEZ, ISABELLA DEL CARMEN				W	F	01/09/1997		
Charge Description	Charge Description							
893.13(6A) POSSESSION OF MARIJUANA OVER 20 GM				893.147(1) POSS DRUG PARAPHENALIA				
Charge Description	Charge Description							
Victim's Name (Last, First, Middle)				Race	Sex	Date of Birth		
STATE OF FLORIDA,								
Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source			
100 NW 2ND AVE, BOCA RATON, FL 33432				(561) -				
Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation			
				(56) -				
<p>The undersigned certifies and swears that he/she has just and resonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>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 _____</p> <p><input type="checkbox"/> confessed to _____ that he/she saw the arrested person committ the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>12</u> day of <u>April</u> <u>2019</u> at <u>23:58</u> (Specifically include facts constituting cause for arrest.)</p>								
<p>On 04/12/19 at approximately 2341 hours, I responded to 99 SE Mizner Blvd in reference to a disturbance. I made contact with the caller and security guard for the building B/M Jerry Rocher.</p> <p>Rocher advised that W/F Isabella Rodriguez was intoxicated and he wanted her removed from the property for causing a disturbance. Officer Calhoun and I made contact with Rodriguez, who had walked over to the public sidewalk upon police arrival. Rodriguez appeared to be extremely intoxicated in the way she was slurring her words, stumbling, and a strong odor of alcohol was emanating from her breath.</p> <p>While standing next to Rodriguez, I detected the strong odor of marijuana emanating from inside the red and white tote purse she held on her left shoulder. Rodriguez turned over the purse to me and sat down on the sidewalk as instructed. I found a baggie containing a green leafy substance and a VidaCann bottle containing more green leafy substance inside a silver makeup bag, which I know to be marijuana from my training and experience. I also found one orange cylinder with green leafy residue, a purple grinder, one package of honey cigars, and raw tip packs within the same makeup bag. Inside the large red and white tote bag, I found Rodriguez's wallet containing her Florida driver's license.</p> <p>I read Rodriguez her constitutional rights from a pre-printed department issued Miranda Warnings card. Rodriguez stated she understood her rights. Rodriguez stated that she knew about the marijuana in her bag, but she did not own it. Rodriguez refused to state who own the drugs and other paraphernalia.</p> <p>I used a Quick Check test kit for marijuana and the green leafy substance in the baggie and in the VidaCann bottle tested positive (turned purple for THC positive indication). The marijuana was later weighed to be 31.1 grams and was submitted along with the purple</p>								
SWORN AND SUBSCRIBED BEFORE ME <i>Anthony J. Wollschlager</i> WOLLSCHLAGER, ANTHONY J.	 SIGNATURE OF ARRESTING/INVESTIGATING OFFICER <u>ALVAREZ, AMANDA (769)</u> NAME OF OFFICER (PLEASE PRINT) <u>04/13/2019</u> DATE							
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)								
04/13/2019								
DATE								
ADMINISTRATIVE		PAGE		1 of 2				

CBTS Number Agency ORI Number FL 0500200	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Caples 1 JUVENILE
Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2019-005219
Charge Type: Check as many as apply. <input checked="" type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Special Notes:
Name (Last, First, Middle) RODRIGUEZ, ISABELLA DEL CARMEN		Alias
		Race W Sex F Date of Birth 01/09/1997
grinder, orange cylinder, purple grinder, pack of honey cigars, and raw tip packs into the Boca Raton Evidence Department.		
Based on my investigation, Rodriguez was arrested for possession of marijuana over 20 grams per F.S.S. 893.13(6A) and possession of drug paraphernalia per F.S.S. 893.147(1). Rodriguez was processed at the Boca Raton Police Department and later TOT PBCJ.		
NOT A CERTIFIED COPY		
ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME  WOLLSCHLAGER, ANTHONY J. NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 04/13/2019 DATE	
	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER ALVAREZ, AMANDA (769) NAME OF OFFICER (PLEASE PRINT) 04/13/2019 DATE	
	PAGE 2 of 2	

COURT	STATE ATTORNEY	CENTRAL RECORDS	JAIL	CRIME ANALYSIS	P. I. O.
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Florida State Statute Exemption Sheet

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.	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), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>			
	<input type="checkbox"/>	943.031 (2)	Other: Names of Gangs Criminal Activity	
	<input type="checkbox"/>	119.0712 (2)	Other: Personal Information Contained in a Motor Vehicle Record	

REVIEW COMPLETED BY

Booking Number: 2019012289	Date: 4/14/2019
	Specialist Name/ID: M. Took #8557