

ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias 5. Juvenile Referral		1		JUVENILE	
ORIS Number		Agency ORI Number <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>		Agency Report Number (N.T.A.'s only) <b>3 2 2019-005219</b>			
Charge Type: Check as many as apply: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" 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: <b>None/not Applicable</b>		Multiple Clearance Indicators					
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)							
<b>99 SE MIZNER BLVD</b>		<b>99 SE MIZNER BLVD, BOCA RATON, FL 33432</b>							
Date of Arrest <b>04/12/2019</b>	Time of Arrest <b>23:58</b>	Booking Date <b>04/13/2019</b>	Booking Time <b>00:05</b>	Jail Date <b>04/13/2019</b>	Jail Time <b>00:05</b>	Location of Vehicle <b>NONE</b>			
Name (Last, First, Middle) <b>RODRIGUEZ, ISABELLA DEL CARMEN</b>		Alias: <b>Alias (Name, DOB, Soc. Sec. #, Etc.)</b>							
Race W - White B - Black O - Oriental/Asian <b>W</b>		Sex <b>F</b>	Date of Birth <b>01/09/1997</b>	Height <b>5'07</b>	Weight <b>130</b>	Eye Color <b>BROWN</b>	Hair Color <b>BLACK</b>	Complexion <b>LIGHT</b>	Build <b>Small</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TATT R FOOT/MOON; TATT L HIP/"13"; TATT R HIP/ROSE</b>		Marital Status <b>S</b>		Religion <b>NONE</b>		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) <b>7734 NW 70TH WAY, PARKLAND, FL 33067</b>		(City) <b>PARKLAND</b>		(State) <b>FL</b>		(Zip) <b>33067</b>		Phone <b>(954) 706-5099</b>	
Permanent Address (Street, Apt. Number) <b>7734 NW 70TH WAY, PARKLAND, FL 33067</b>		(City) <b>PARKLAND</b>		(State) <b>FL</b>		(Zip) <b>33067</b>		Phone <b>(954) 706-5099</b>	
Business Address (Name, Street) <b>HALLENDALE PHARMACY,</b>		(City) <b>PARKLAND</b>		(State) <b>FL</b>		(Zip) <b>33067</b>		Phone <b>(954) 706-5099</b>	
D/L Number, State <b>R362404975090 / FL</b>		Soc. Sec. Number <b>[REDACTED]</b>		DNS Number <b>[REDACTED]</b>		Place of Birth (City, State) <b>PARKLAND, FL</b>		Citizenship <b>US</b>	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)		Residence Phone							
<input type="checkbox"/> Legal Guardian Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone	
Notified by: (Name)		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated			
Released To: (Name)		Relationship		Date		Time			
The above address was provided by <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		Grade					
<input type="checkbox"/> Yes, by: _____ <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 N. N/A P. Possess		S. Sell R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other	
Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other	
Charge Description <b>POSSESSION OF MARIJUANA OVER 20 GM</b>		Statute Violation Number <b>893.13(64)</b>		Violation of ORD #					
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit <b>/</b>		Offense # <b>1</b>		Counts <b>1</b>	
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond <b>4500.00</b>					
Charge Description <b>POSS DRUG PARAPHENALIA</b>		Statute Violation Number <b>893.147(1)</b>		Violation of ORD #					
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit <b>/</b>		Offense # <b>4</b>		Counts <b>4</b>	
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond <b>OR</b>					
Charge Description		Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts	
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond					
Health / Apparent Physical Condition of Defendant <b>GOOD</b>		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"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By <b>ALVAREZ</b>		Released By <b>ALVAREZ</b>	
Transported By		Date Transported <b>// ::</b>		Time Transported		Other		Released To <b>PBCJ</b>	
<input type="checkbox"/> 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.		Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>		Court Date and Time					
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed					
HOLD For Other Agency		Signature of Arresting Officer <b>[Signature]</b>		Name Verification (Printed by Arrestee) <b>ALVAREZ</b>					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>ALVAREZ, A.</b>		ID # <b>769</b>		Agency <b>BRPD</b>	
Junkie Deputy <b>DS 601115 7622</b>		ID # <b>7622</b>		Hench # <b>7622</b>		Transporting Officer <b>Gannon</b>		ID # <b>775</b>	
Witness here if subject signed with an "X".		PAGE <b>1 OF 1</b>							

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APR 13 2019 8:17

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Copies		1	JUVENILE
A D M I N	Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3 2 2019-005219</b>		
	Charge Type: <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		Special Notes:				
D E F	Name (Last, First, Middle) <b>RODRIGUEZ, ISABELLA DEL CARMEN</b>				Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>01/09/1997</b>
	Charge Description <b>893.13(6A) POSSESSION OF MARIJUANA OVER 20 GM</b>		Charge Description <b>893.147(1) POSS DRUG PARAPHENALIA</b>				
C H A R G E S	Charge Description		Charge Description				
	Charge Description		Charge Description				
V I C T I M	Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA,</b>				Race	Sex	Date of Birth
	Local Address (Street, Apt. Number) <b>100 NW 2ND AVE, BOCA RATON, FL 33432</b>		(City)	(State)	(Zip)	Phone <b>(561) -</b>	Address Source
B U S I N E S S	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone <b>(56) -</b>	Occupation
<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.</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 _____ 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 <b>12</b> day of <b>April</b>, <b>2019</b> at <b>23:58</b> (Specifically include facts constituting cause for arrest.)</p>							
P R O B A B L E	<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>						
C A U S E	<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>						
A D M I N I S T R A T I V E	<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>						
	<p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><b>WOLLSCHLAGER, ANTHONY J</b>            NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)  <b>04/13/2019</b>            DATE</p> <p><b>ALVAREZ, AMANDA (769)</b>            NAME OF OFFICER (PLEASE PRINT)  <b>04/13/2019</b>            DATE</p>						
PAGE <b>1 OF 2</b>							

COURT


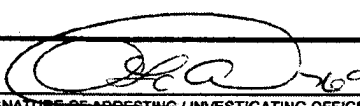
STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

OBT Number		<b>PROBABLE CAUSE AFFIDAVIT SUPPLEMENT</b>		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Copies	<b>1</b>	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number <b>FL 0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2019-005219</b>				
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D E F	Name (Last, First, Middle) <b>RODRIGUEZ, ISABELLA DEL CARMEN</b>			Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>01/09/1997</b>	
	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							
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">   <b>WOLLSCHLAGER, ANTHONY J</b>          NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)   <b>04/13/2019</b>          DATE       </div> <div style="width: 45%;">           SIGNATURE OF ARRESTING / INVESTIGATING OFFICER   <b>ALVAREZ, AMANDA (769)</b>          NAME OF OFFICER (PLEASE PRINT)   <b>04/13/2019</b>          DATE       </div> </div>						
							PAGE <b>2 OF 2</b>

COURT

STATE ATTORNEY

CENTRAL RECORDS

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CRIME ANALYSIS

P. I. O.



**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), 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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<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. Tooks #8557