

J# 0414037

P #3346

Rough Arrest Only

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest <input type="checkbox"/> 3. Request for Warrant <input type="checkbox"/> Juvenile <input type="checkbox"/>		
Agency ORI Number FL0500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 06-18-028422			
Charge Type: Check as many as apply. <input checked="" type="checkbox"/> 1. Felony <input checked="" 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		Weapon Seized/Type 2 1. Yes 2. No		Multiple Clearance Indicator 01				
Location of Arrest (Including Name of Business) US HIGHWAY 1 & YACHT CLUB DR HYPOLUXO FL, 33462				Location of Offense (Business Name, Address) SAME				
Date of Arrest 01/19/2018	Time of Arrest 1449	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle HALF MOON BAY		
Name (Last, First, Middle) DIROMA JENNIFER J				Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex F	Date of Birth 10/18/1983	Height 5-07	Weight 140	Eye Color BLUE	Hair Color BLONDE	Complexion LIGHT	Build SMALL
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) LOWER BACK 'JENNIFER'				Marital Status SINGLE	Religion PRESBYTARI	Indication of: Alcohol Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		
Local Address (Street, Apt. Number) 14828 ENCLAVE LAKES DR APT# T3		(City) DELRAY BEACH	(State) FL	(Zip) 33484	Phone (561) 503-8333	Residence Type 1. City 3. Florida 2. County 4. Out of State 1		
Permanent Address (Street, Apt. Number) SAME AS ABOVE		(City)	(State)	(Zip)	Phone	Address Source PALMS / VERBAL		
Business Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Occupation UNKNOWN		
D/L Number, State D650-430-83-878-0		Soc. Sec. Number		INS Number	Place of Birth NEW YORK, NY	Citizenship U.S.A.		
Co-Defendant Name (Last, First, Middle) JONES STEVEN M				Race W	Sex M	Date of Birth 03/17/1981	<input checked="" type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile	
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
<input type="checkbox"/> Parent Name (Last) (First) (Middle)				Residence Phone				
<input type="checkbox"/> Legal Custodian				Business Phone				
<input type="checkbox"/> Other								
Address (Street, Apt. Number) (City) (State) (Zip)								
Notified by: (Name) Date Time				Juvenile Disposition		1. Handled/Processed within Dept. and Released 2. TOT HRS/CYF 3. Incarcerated		
Released To: (Name) Relationship				FCIC/NCIC	Date	Time		
The above address was provided by defendant and/or defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office informed of any change of address: <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade		
Recovery Information 0. N/A 1. Voluntary 2. Located Not Returned 3. Hospitalized 4. HRS Custody 5. Law Enforcement Custody 6. Returned to Parent 7. Deceased 8. Other								
Drug Activity		S. Sell	R. Smuggle	K. Dispense/Distribute	M. Manufacture/Produce/Cultivate	Z. Other	Drug Type	
N. N/A		B. Buy	D. Deliver	E. Use			B. Barbituate	
P. Possess		T. Traffic					H. Hallucinogen	
						C. Cocaine		
						M. Marijuana		
						O. Opium/Deriv.		
						A. Amphetamine		
						E. Heroin		
						P. Parapharmaceutical		
						S. Synthetic		
						Z. Other		
Charge Description POSSESSION OF CRACK COCAINE				Counts 01	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number 893.13 (6) (A)	Violation of ORD #	
Drug Activity P	Drug Type C	Amount/Unit .7 GRAMS	Offense # 18-028422	Warrant/Capias Number		Bond		
Charge Description				Counts	Domestic Violence <input type="checkbox"/> Yes <input checked="" 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 <input type="checkbox"/> Yes <input checked="" 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 <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		
<input 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.		Court Date and Time Month Day Year Time P.M.						
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				
<input type="checkbox"/> HOLD for other Agency		Signature of Arresting Officer X		Name Verification (Printed by Arrestee) (PRINT)		PAGE		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest		Name of Arresting Officer (Print) D/S J. SCHILLER		I.D. # 8300		PAGE		
<input type="checkbox"/> Suicidal <input type="checkbox"/> Intoxicated		Transporting Officer 1/3 MONOZLO		I.D. # 809		Agency PR 10		
Intake Deputy		Pouch #		Witness here (Subject) signed with initials		1 OF 1		

2018 JAN 20 5:44 PM
 PALM BEACH COUNTY SHERIFF'S OFFICE
 JUVENILE DIVISION
 CLERK

SCANNED

JAN 20 2018

OBTS Number		PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A.	3. Request For Warrant 4. Request For Capias	1	Juvenile
Agency ORI Number FLO 5 0 0 0 0	Agency Name PALM BEACH COUNTY SHERRIF'S OFFICE			Agency Report Number 06	18-028422			
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	Special Notes				
Defendant Name (Last, First, Middle) DIROMA JENNIFER JEAN				Race W	Sex F	Date of Birth 10/18/1983		
Charge POSSESSION OF CRACK/COCAINE				Charge				
Charge				Charge				
Victim 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 (Street, Apt. Number)		City	State	Zip	Phone	Occupation		
<p>The undersign 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 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.</p> <p><input type="checkbox"/> confessed to admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.</p> <p>On the 19TH day of JANUARY 20 18 at 249 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM</p>								

ON THE ABOVE DATE AND TIME, I PERFORMED A TRAFFIC STOP ON A BLUE HONDA CIVIC BEARING FL TAG Y09QQF AT YACHT CLUB WAY AND US1, HYPOLUXO FLORIDA, FOR FSS. 316.2953, VEHICLE TINT VIOLATION. THE FRONT WINDOW TINT WAS LATER TESTED AND FOUND TO BE AT 12% DARKNESS.

UPON CONTACTING THE DRIVER, LATER IDENTIFIED AS STEVEN MICHAEL JONES, I COULD SMELL THE ODOR OF BURNT MARIJUANA COMING FROM THE INSIDE OF THE VEHICLE. D/S GAREAU ASKED JONES TO EXIT THE DRIVER SEAT WHILE I CONDUCTED MY NARCOTICS INVESTIGATION.

WHILE D/S GAREAU WAS CONDUCTING A SEARCH FOR NARCOTICS HE FOUND IN JONES'S RIGHT SOCK, 2 BLUE PILLS WRAPPED IN PAPER, IDENTIFIED AS OXYCODONE 30 MG, A CLEAR PLASTIC BAGGIE CONTAINING 1GRAM OF SUSPECT COCAINE, AND A CLEAR PLASTIC BAGGIE CONTAINING 1.1 GRAMS OF SUSPECT MDMA.

I ASKED THE PASSENGER, JENNIFER JEAN DIROMA, FOR HER ID. SHE COMPLIED AND RETRIEVED IT FROM HER PURSE. I ASKED THE DEFENDANT TO EXIT THE VEHICLE, SHE COMPLIED. WHILE D/S GAREAU WAS INTERVIEWING DIROMA, SHE TOLD HIM THAT SHE HAD SOMETHING IN HER BRA, THAT JONES PLACED THERE. 0.7 GRAMS OF CRACK/COCAINE WRAPPED IN PAPER WAS RETRIEVED FROM DIROMA'S BRA. I READ JONES MIRANDA WARNINGS AND ASKED HIM IF HE PLACED THE CRACK COCAINE IN HER BRA. JONES SAID, "NO, I DID NOT."

THE 30 MG OXYCODONE WAS IDENTIFIED BY "FRANK" ID NUMBER 68542, AT POISON CONTROL. THE CRACK/ COCAINE, COCAINE AND MDMA SHOWED POSITIVE RESULTS WITH COBALT AND MARQUIS FIELD TEST KITS FOR THOSE SPECIFIC DRUGS.

DUE TO THE ABOVE INFORMATION AND FACTS, I FIND PROBABLE CAUSE TO ARREST, JENNIFER JEAN DIROMA, FOR FSS 893.13(6A), POSSESSION OF COCAINE, POSSESSION OF MDMA AND POSSESSION OF OXYCODONE.

The foregoing instrument was sworn to and affirmed before me this 19TH day of JANUARY 20 18 , by:	
D/S GAREAU #17740	D/S SCHILLER 8300
_____ Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	_____ Name of Arresting/Investigating Officer
_____ Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	_____ Signature of Arresting/Investigating Officer

SCANNED

JAN 20 2018