

ARREST / NOTICE TO APPEAR

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

170911748

JUVENILE

OBTS Number		Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 410 17-019237	
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: Hands/fist/feet/teeth	
Location of Arrest (Including Name of Business) 16000 S MILITARY TRL Delray Beach, FL, 33494				Location of Offense (Business Name, Address) 16000 S MILITARY TRL, DELRAY BEACH, FL 33484			
Date of Arrest 12/09/2017	Time of Arrest 00:05	Booking Date 12/09/2017	Booking Time 00:15	Jail Date	Jail Time	Location of Vehicle	
Name (Last, First, Middle) CANTY, JENNIFER ELIZABETH				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black O - Oriental/Asian W		Sex F	Date of Birth 09/04/1988	Height 5'05	Weight 155	Eye Color BLUE	Hair Color BLACK
Complexion LIGHT		Build HEAVY		Marital Status U		Religion NOT INDICA	
Local Address (Street, Apt. Number) (City) (State) (Zip) 1618 S FEDERAL HWY, LAKE WORTH, FL 33460				Phone		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 1618 S FEDERAL HWY, LAKE WORTH, FL 33460				Phone		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1	
Business Address (Name, Street) (City) (State) (Zip) NONE,				Phone		Address Source VERBAL	
D/L Number, State /NY		Soc. Sec. Number		INS Number		Place of Birth (City, State) YONKERS, NY, United	
Citizenship US		Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth					
		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile					
		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor					
		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile					
		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor					
<input type="checkbox"/> Parent <input type="checkbox"/> Other		Name (Last, First, Middle)				Residence Phone	
<input type="checkbox"/> Legal Custodian		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 checked="" type="checkbox"/> No:		Property Crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property POLICE VEHICLE WINDOW	
						Value of Property \$100	
Drug Activity S. Sell N. N/A P. Possess		R. Smuggle D. Deliver E. Use		K. Disperse/ 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 BATTERY ON OFFICER, FIREFIGHTER, EMT ETC				Statute Violation Number 784.07(2B)		Violation of ORD #	
Drug Activity N		Amount / Unit /		Offense # 17-019237		Counts 1	
						Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
						Warrant / Capias Number	
						Bond 3000	
Charge Description CRIMINAL MISCHIEF-\$200 AND UNDER				Statute Violation Number 806.13(1B1)		Violation of ORD #	
Drug Activity N		Amount / Unit /		Offense # 17-019237		Counts 1	
						Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
						Warrant / Capias Number	
						Bond OR	
Charge Description DISORDERLY INTOXICATION				Statute Violation Number 856.011		Violation of ORD #	
Drug Activity N		Amount / Unit /		Offense # 17-019237		Counts 1	
						Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
						Warrant / Capias Number	
						Bond OR	
Health / Apparent Physical Condition of Defendant				Any knowledge of the following: Explain: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries			
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond				<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By	
						Released By	
						Released To	
Transported By				Date Transported		Time Transported	
						Other	
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court				Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444			
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				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				2017 DEC - 9 AM 5:53			
				No Photo Available			
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed			
HOLD for Other Agency				Signature of Arresting Officer SITZ, IAN		Name Verification (Printed by Arrestee) (PRINT)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input checked="" type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) SITZ, IAN		I.D. # 1107	
Intake Deputy D/S J. THOMAS #7956		I.D. #		Pouch #		Transpiring Officer SITZ	
						I.D. # 1107	
						Agency DBPD	
				Witness here if subject signed with an "X"			

COURT STATE ATTORNEY AGENCY RECORDS JAIL CRIME ANALYSIS P. I. O. DEFENDANT
 0449000
 DEC 09 2017
 221

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

Check if Supplement is Attached

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

Juvenile

OBTs Number: _____

Agency ORI Number: FLO 5,000,000 Agency Name: **Delray Beach**
PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number (N.T.A.'s only): 17-0117101192137(1)

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

Location of Arrest (including Name of Business): 16000 S Military Trl Delray Beach FL 33446
Location of Offense (Business Name, Address): 16000 S Military Trl Delray Beach, FL 33446

Date of Arrest: 12/09/17 Time of Arrest: 7:00 AM Booking Date: 12/09/17 Booking Time: 7:00 AM Jail Date: 12/09/17 Jail Time: _____ Location of Vehicle: _____

Name (Last, First, Middle): **Conty, Jennifer Elizabeth**
Alias (Name, DOB, Soc. Sec. #, Etc): _____

Race: W - White, B - Black, O - Oriental/Asian, N - American Indian, F - Female, M - Male
Date of Birth: 8/10/88 Height: 5'5" Weight: 155 Eye Color: BLU Hair Color: BIK Complexion: lgt Build: Heavy

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): _____

Local Address (Street, Apt. Number): 1618 S Federal Hwy, Lake Worth, FL 33460
Permanent Address (Street, Apt. Number): 1618 S Federal Hwy, Lake Worth, FL 33460
Business Address (Name, Street): _____

Marital Status: M Religion: Not Inv
Indication of Alcohol Influence Drug Influence: Y N U-Inv

D/L Number State: NY Sex: _____ I/S Number: _____ Place of Birth (City, State): Yonkers NY Citizenship: US

Co-Defendant (Last, First, Middle): _____
Race: _____ Sex: _____ Date of Birth: _____
 1 Arrested 2 At Large 3 Felony 4 Misdemeanor 5 Juvenile

Co-Defendant (Last, First, Middle): _____
Race: _____ Sex: _____ Date of Birth: _____
 1 Arrested 2 At Large 3 Felony 4 Misdemeanor 5 Juvenile

Parent Name (Last, First, Middle): _____
Address (Street, Apt. Number): _____
Notified by (Name): _____ Date: _____ Time: _____
Released To (Name): _____ Relationship: _____
Juvenile Disposition: 1 Hand ed/Processed within Dept. and Released 2 TOT HAS'DAYS 3 Incarcerated

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 (Phone (561) 355-6511) informed of any change of address.
 Yes by (Name): _____ No (Reason): _____

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

Drug Activity: N, P, S, T, B, D, E, R, K, M, Z
Drug Type: A, B, C, E, H, M, O, P, U, Z

Charge Description: Resist Officer With Violence
Counts: 1 Domestic Violence: Y N
Statute Violation Number: 84301
Warrant / Capias Number: 3000 **OR**

Charge Description: _____
Counts: _____ Domestic Violence: Y N
Statute Violation Number: _____
Warrant / Capias Number: _____ Bond: _____

Charge Description: _____
Counts: _____ Domestic Violence: Y N
Statute Violation Number: _____
Warrant / Capias Number: _____ Bond: _____

Charge Description: _____
Counts: _____ Domestic Violence: Y N
Statute Violation Number: _____
Warrant / Capias Number: _____ Bond: _____

Location (Court, Room, Number, Address): _____
Court Date and Time: _____
Month: _____ Day: _____ Year: _____ Time: _____ A.M. 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 FAIL TO APPEAR 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: _____
Signature of Arresting Officer: _____ Name of Arresting Officer (Print): _____
Intake Deputy: _____ Pouch #: _____
Transporting Officer: _____ Agency: _____
Witness here if subject signed with an 'X': _____

SCANNED
DEC 10

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number	Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 17-019237
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	Special Notes:

Name (Last, First, Middle) CANTY, JENNIFER ELIZABETH	Alias	Race W	Sex F	Date of Birth 09/04/1988
--	-------	------------------	-----------------	------------------------------------

Charge Description 784.07(2B) BATTERY ON OFFICER, FIREFIGHTER, EMT ETC	Charge Description 806.13(1B1) CRIMINAL MISCHIEF-\$200 AND UNDER
Charge Description 843.01 RESIST OFFICER WITH VIOLENCE	Charge Description 856.011 DISORDERLY INTOXICATION

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 **9** day of **December**, **2017** at **00:36** (Specifically include facts constituting cause for arrest.)

The following incident occurred in the city of Delray Beach, Palm Beach County, Florida.
 On December 8, 2017 I responded to 16000 S Military Trl (Valero Gas Station) in reference to a white female later identified as Jennifer E Canty (hereby referred to as the defendant) causing a disturbance. Dispatch advised one caller stated the defendant was throwing traffic cones at passing vehicles, and a second caller stated the defendant was causing a disturbance with customers. Upon arrival I made contact with the defendant who appeared extremely intoxicated, and was very uncooperative when asked questions. The defendant started shouting and acting very aggressively when I asked her questions. The defendant was placed under arrest, handcuffed, double locked, and checked for spacing. As Ofc Kitzerow and I walked the defendant back to my patrol vehicle the defendant became extremely agitated. While unlocking my patrol vehicle Ofc Kitzerow had control of the defendant who began shouting. I observed the defendant attempt to kick Ofc Kitzerow, but did not make contact. I attempted to put the defendant in my patrol vehicle who initially sat down, but kept her legs outside of the car. The defendant refused to put her legs in the vehicle, and when I was reaching for her legs to put them in. The defendant kicked me with both legs which struck my left thigh. The defendant calmed down and was eventually placed in the vehicle. While standing outside of my patrol vehicle the defendant started kicking the inside of my patrol vehicle, and left several large scratches on the inside of the vehicle window (estimated value \$100).

Based on the above facts the defendant Jennifer E Canty is charged with one count of Battery on an Officer pursuant to F.S.S. 784.07(2B)
 One count of Criminal Mischief pursuant to F.S.S. 806.13(1B1)
 One count of Resist Officer with Violence pursuant to F.S.S. 843.01
 One count of Disorderly Intoxication pursuant to F.S.S. 856.011

SWORN AND SUBSCRIBED BEFORE ME SC 333 QUINN, DANIELA NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 12/09/2017 DATE	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER SITZ, IAN (1107) NAME OF OFFICER (PLEASE PRINT) 12/09/2017 DATE	PAGE 1 OF 1
---	--	-----------------------