

ARREST / NOTICE TO APPEAR				1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE					
Agency ORI Number 0502300		Agency Name North Palm Beach Police Department		Agency Report Number (N.T.A.'s only) 7 0 17-000812								
Charge Type: Check as many as apply: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other						If Weapon Seized Enter Type NONE						
Location of Arrest (Including Name of Business) 860 US HWY 1 NPB, FL 33408				Location of Offense (Business Name, Address) 860 US HIGHWAY 1, NORTH PALM BEACH, FL 33408								
Date of Arrest 09/08/2017		Time of Arrest 01:11		Booking Date 09/08/2017	Booking Time 01:21	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) BREEN, JENNIFER MORGAN												
Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)												
Race W - White B - Black		Sex I - American Indian O - Oriental/Asian W F		Date of Birth 01/15/1978	Height 5'06	Weight 120	Eye Color BROWN	Hair Color BLACK				
Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)						Marital Status S	Religion CATHOLIC	Complexion LIGHT	Build Thin			
Local Address (Street, Apt. Number) 101 ALBERTSON DR, EASLEY, SC 29642		(City)		(State)		(Zip)	Phone					
Permanent Address (Street, Apt. Number) 101 ALBERTSON DR, EASLEY, SC 29642		(City)		(State)		(Zip)	Phone					
Business Address (Name, Street)		(City)		(State)		(Zip)	Phone					
D/L Number, State 650433785150 / SC		Soc. Sec. Number		INS Number		Place of Birth (City, State) BOGOLUSA, LA,	Citizenship U.S.					
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: _____ <input type="checkbox"/> Legal Custodian Name (Last, First, Middle)									Residence Phone			
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. <input type="checkbox"/> Yes, by: <input type="checkbox"/> No:									Grade			
				Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property			Value of Property				
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	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 DRUGS - CONTROLLED SUBST W/O PRESCRIPTION									Statute Violation Number 893.13(6)(A)	Violation of ORD #		
Drug Activity P		Drug Type C	Amount / Unit / GM	Offense # 17-000812	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number			Bond		
Charge Description									Statute Violation Number	Violation of ORD #		
Drug Activity		Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number			Bond		
Charge Description									Statute Violation Number	Violation of ORD #		
Drug Activity		Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number			Bond		
Health / Apparent Physical Condition of Defendant									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 type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Post Bond <input type="checkbox"/> South County Mental Health									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 <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.									Location (Court, Room)			
									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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.									3-433107			
Signature of Defendant (or Juvenile and Parent/Custodian)									Date Signed			
HOLD for Other Agency				Signature of Arresting Officer J			Name Verification (Printed by Arrestee)					
							(PRINT) ZUCCARELLI, MICHAEL					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other			ID # 9857					
Intake Deputy		ID #	Pouch #	Transporting Officer ZUCCARELLI	ID # 9857	Agency NPBPD						
Witness here if subject signed with an "X".												

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS ~~TYPE 9~~ DEFENDANT

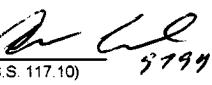
SEP - 8 2017

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

A D M I N	OBTS Number FL 0502300	Agency Name NORTH PALM BEACH POLICE	Agency Report Number 7 0 17-000812	
Charge Type: Check as many as apply: 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			Special Notes:	
D E F	Name (Last, First, Middle) BREEN, JENNIFER MORGAN			Alias
C H A R G E S	Charge Description 893.13(6)(A) POSSESSION OF A CONTROLLED SUBSTANCE			Charge Description
V I C T I M	Charge Description			Charge Description
P R O B A B L E C A U S E S T A T E M E N T	Victim's Name (Last, First, Middle) State Of Florida			Race Sex Date of Birth
Local Address (Street, Apt. Number)		(City)	(State)	(Zip)
Business Address (Name, Street)		(City)	(State)	(Zip)
<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 _____ that he/she saw the arrested person committ 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 8 day of September, 2017 at 01:11 (Specifically include facts constituting cause for arrest.)</p>				
<p>On 09/08/2017 at approximately 0048 hours, I observed a white 2006 Hummer SUV bearing Florida tag HVS-U38 leaving the Camelot Motel at 1000 US Highway One North Palm Beach, Florida 33408 without a functional tag light illuminating the license plate.</p> <p>The vehicle proceeded southbound on US Highway One from the 800-blk where I conducted a traffic stop using my emergency equipment. I then made contact with the driver and passenger. The driver was identified as Keith C. Pharo (w/m 11/13/58) and the passenger, Jennifer M. Breen (w/f 01/15/78). At this time Police K-9 Officer James Kaminski and Police K-9 Cole arrived on scene and conducted an exterior sniff of the vehicle. Officer Kaminski informed me that K-9 Cole alerted him to the presence of an unknown narcotic odor.</p> <p>A search of the vehicle revealed a small white rock like substance on the passenger floor board next to Breen's purse. I field tested the small white rock substance using a SIRCHIE Nark Cocaine ID swipe, which field tested positive for crack cocaine. Breen was then read her constitutional warnings from a card I keep in my uniform pocket. Breen acknowledged that she understood her rights and agreed to talk to me. Post Miranda, Breen stated "we both are users".</p> <p>Based on my lawful traffic stop and subsequent investigation, Breen was placed under arrest for Possession of a controlled substance without a prescription contrary to F.S.S. 893.13(6)(a). Breen was searched prior to entering my marked patrol vehicle wearing a blue sports bra, green shorts, and black shoes. Breen was then transported to the North Palm Beach Police Department for processing. Breen was issued a citation for Possession of a controlled substance without a prescription contrary to F.S.S. 893.13(6)(a), citation #: A87QJFE. Pharo was issued a written warning for Improper Equipment (No tag light) contrary to F.S.S. 316.610(1), warning #: 5276.</p>				
ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME			
	 COUNCIL, ANDREW <i>3799</i> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 09/08/2017 DATE			
	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER ZUCCARELLI, MICHAEL (9857) NAME OF OFFICER (PLEASE PRINT) 09/08/2017 DATE			
	PAGE 1 OF 2 SCANNED			

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

SEP - 8 2017

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	Agency ORI Number FL 0502300	Agency Name NORTH PALM BEACH POLICE	Agency Report Number 7 0 17-000812					
N	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:				
D E F	Name (Last, First, Middle) BREEN, JENNIFER MORGAN	Alias		Race W	Sex F	Date of Birth 01/15/1978		
<p>The trace amount of crack cocaine was placed into evidence at the North Palm Beach Police Department, total package weight 5.2g. It should be noted that the crack cocaine rocks are small and therefore did not provide a weight measurement on the scale.</p> <p>Breen was subsequently transported to the Palm Beach County Jail without incident.</p> <p>End of report.</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">PROBABLE CAUSE STATEMENT</p>								

NOT A CERTIFIED COPY

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME COUNCIL, ANDREW <i>AC</i> 9794 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 09/08/2017 DATE	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER ZUCCARELLI, MICHAEL (9857) NAME OF OFFICER (PLEASE PRINT) 09/08/2017 DATE	PAGE 2 OF 2
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