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ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-19-103514</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		Weapon Seized / Type 2 1. Yes 2. No	
Location of Arrest (Including Name of Business) 114 Banyan Cir. Jupiter FL 33458				Location of Offense (Business Name, Address) 114 Banyan Cir. Jupiter FL 33458			
Date of Arrest 08/13/19	Time of Arrest 0850	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle N/A	
Name (Last, First, Middle) <b>FRANK, JEREMY, DANIEL</b>						Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White I - American Indian B - Black O - Oriental/Asian		Date of Birth 03/11/1973		Height 5-10	Weight 190	Eye Color BRN	Hair Color BLN
Complexion LIGHT		Build MED		Marital Status S		Religion NONE	
Local Address (Street, Apt. Number) 114 BANYAN CIR. JUPITER FL 33458				Phone (561) 371-0907		Residence Type: 1. City 2. County 3. Florida 4. Out of State	
Permanent Address (Street, Apt. Number) 114 BANYAN CIR. JUPITER FL 33458				Phone (561) 371-0907		Address Source WARRANT	
Business Address (Name, Street) 114 BANYAN CIR. JUPITER FL 33458				Phone ( )		Occupation BUSINESS OWNER	
D/L Number, State F652-424-73-091-0		Soc. Sec. Number		INS Number ---		Place of Birth (City, State) CENTRAL CITY, KY	
Citizenship USA		Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	
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"/> Legal Custodian <input type="checkbox"/> Other		Name (Last) (First) (Middle)		Residence Phone ( )		Business Phone ( )	
Address (Street, Apt. Number)		(City) (State) (Zip)		Notified by: (Name)		Date	Time
Released To: (Name)		Relationship		Date		Time	
<input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No, (Reason)				School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property		<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	
Drug Activity N. N/A S. Sell P. Possess		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.	
U. Unknown Z. Other		P. Paraphernalia/ Equipment S. Synthetics		Charge Description <b>FAIL TO APPEAR</b>		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Statute Violation Number <b>843.15 1A</b>		Violation of ORD # ---		Drug Activity N N		Drug Type N	Amount / Unit 0
Offense # 19-103514		Warrant / Capias Number 19-001139		Bond 15,000		Charge Description <b>RESISTING ARREST W/ OUT VIOLENCE</b>	
Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 843.02		Violation of ORD # ---	
Drug Activity N N		Drug Type N		Amount / Unit 0		Offense # 19-103514	
Warrant / Capias Number ---		Bond <del>15,000</del>		Charge Description		Counts	
Statute Violation Number <b>NO Bond</b>		Violation of ORD #		Drug Activity N N		Drug Type N	
Warrant / Capias Number <b>open</b>		Bond		Charge Description		Counts	
Statute Violation Number <b>case</b>		Violation of ORD #		Drug Activity N N		Drug Type N	
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Statute Violation Number		Violation of ORD #		Drug Activity 			



OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest	3. Request for Warrant	1	Juvenile	
				2. N.T.A.	4. Request for Capias			
ADMIN	Agency ORI Number	Agency Name	Agency Report Number					
	<b>FLO 500000</b>	<b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	<b>06- 19-103514</b>					
DEF	Charge Type: Check as many as apply.		Special Notes:					
	<input checked="" type="checkbox"/> 1. Felony	<input checked="" 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		
CHARGES	Name (Last, First, Middle)		Alias	Race	Sex	Date of Birth		
	<b>FRANK, JEREMY, DANIEL</b>			<b>W</b>	<b>F</b>	<b>03/11/1973</b>		
VICTIM	Charge Description		Charge Description					
	<b>FAIL TO APPEAR 843.15 1A</b>		<b>RESISTING ARREST W/ OUT VIOLENCE 843.02</b>					
VICTIM	Victim's Name (Last, First, Middle)		Race	Sex	Date of Birth			
	<b>STATE OF FLORIDA</b>							
	Local Address (Street, Apt. Number)		(City)	(State)	(zip)	Phone	Address Source	
						( )		
Business Address (Name, Street)		(City)	(State)	(zip)	Phone	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. 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 my (described) investigation.</p> <p>On the <b>13TH</b> day of <b>AUGUST</b> 20 <b>19</b> at <b>0850</b> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>								
<p>to provide us with a key to the front door. We attempted to use the key on the front door to unlock and open it but it had a chain lock on the inside and we had to use our PBSO issued breaching tools to gain complete access into the home. Once the door was open we again made continuous announcements for Frank to come out and turn himself in but he still refused.</p> <p>We made entry into the home and found a locked bathroom door in the last bedroom where we could smell cigarette smoke coming from inside the locked bathroom area. Again, we stopped and gave Frank continues announcements and several opportunities to turn himself into us but again he refused. We had to breach the locked bathroom door and were able to locate Frank fully clothed sitting on the toilet.</p> <p>We asked him several times to exit the bathroom which he was reluctant to do so Detectives [REDACTED] and M. Tognacci #8063 had to physically remove him from the bathroom while he was refusing to comply with orders to place his hands behind his back. I attempted to grab his left arm as he was coming out of the bathroom in order to gain control but it pulled away from me. At this point he was taken down to the ground by Detective [REDACTED] and Tognacci. Frank was repeatedly told to stop resisting and to put his hands behind his back. I handed Detective Tognacci my handcuffs so he could put them on Frank.</p> <p>Once Frank was finally placed into handcuffs it was discovered that he sustained a minor laceration to the left side of his forehead and some abrasions to the left side of his face. Palm Beach County Fire Rescue was notified and rescue 19 responded to the scene reference run# 19-85942 and treated the injuries. Frank was transported by rescue 19 to Jupiter Medical Center for county jail medical clearance purposes.</p> <p>After medical clearance Frank was placed into a waist chain and handcuffs. The handcuffs were checked for proper fit and double locked. He was transported to Palm Beach County Jail without further incident.</p>								
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p><i>[Signature]</i> <b>DET. J. SANTOS</b></p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <b>13TH</b> day of <b>AUGUST</b> 20 <b>19</b> by <b>DET. J. SANTOS 9171</b></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <b>Personally known</b></p> <p><i>[Signature]</i> Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>								
<p>PAGE <b>2</b></p> <p><b>SCANNED</b> OF <b>2</b></p> <p><b>AUG 14 2019</b></p>								



**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 checked="" type="checkbox"/>	119.071(4)(c)	Undercover personnel.	4
	<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"/>	Other:		
	<input type="checkbox"/>	Other:		

**REVIEW COMPLETED BY**

<b>Booking Number:</b> 2019026455	<b>Date:</b> 8/14/2019
	<b>Specialist Name/ID:</b> Gammage/5660

**SCANNED**  
**AUG 14 2019**