

J# 0478799

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report1. Arrest  
2. N.T.A.  
3. Request for Warrant  
4. Request for Capias

JMM 10035

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>06-17114470</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		Multiple Clearance Indicator 02																					
Location of Arrest (Including Name of Business) <b>1958 Church Street, West Palm Beach FL 33409</b>				Location of Offense (Business Name, Address) <b>1958 Church Street, West Palm Beach FL 33409</b>																									
Date of Arrest <b>08/13/2017</b>		Time of Arrest <b>2333hrs</b>		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle																	
Name (Last, First, Middle) <b>Winter, Jerline, A</b>										Alias (Name, DOB, Soc. Sec. #, Etc.)																			
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex <b>F</b>		Date of Birth <b>12/19/1992</b>		Height <b>5'09</b>		Weight <b>160</b>		Eye Color <b>BRN</b>		Hair Color <b>RED</b>		Complexion <b>LIGHT</b>		Build <b>MED</b>													
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>tattoos roses left forearm</b>										Marital Status <b>Single</b>		Religion <b>none</b>		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>													
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>331 SO. FEDERAL HWY, LAKE WORTH FL 33460</b>										Phone ( ) ( )		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>																	
Permanent Address (Street, Apt. Number) (City) (State) (Zip)										Phone ( ) ( )		Address Source <b>FCIC/NCIC</b>																	
Business Address (Name, Street) (City) (State) (Zip)										Phone ( ) ( )		Occupation <b>unemployed</b>																	
D/L Number, State <b>W536421929590, FL</b>				Soc. Sec. Number <b>[REDACTED]</b>				INS Number				Place of Birth (City, State) <b>georgia</b>				Citizenship <b>yes</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"/> Legal Custodian <input type="checkbox"/> Other										Residence Phone ( ) ( )																			
Address (Street, Apt. Number) (City) (State) (Zip)										Business Phone ( ) ( )																			
Notified by: (Name)										Date		Time		Juvenile Disposition 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated															
Released To: (Name)										Relationship		Date		Time															
The above address 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 (Phone 355-2526) informed of any change of address. <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									
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		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. Synthetics		U. Unknown Z. Other									
Charge Description <b>R/A without violence</b>										Counts <b>01</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>843.02</b>				Violation of ORD # <b>N/A</b>											
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit		Offense # <b>17114470</b>		Warrant / Capias Number <b>N/A</b>				Bond <b>N/A</b>																	
Charge Description <b>VIOLATION OF COMMUNITY CONTROL (STREET VIOLATION)</b>										Counts <b>01</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>948.06</b>				Violation of ORD # <b>N/A</b>											
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit <b>N</b>		Offense # <b>17114470</b>		Warrant / Capias Number				Bond																	
Charge Description										Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		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"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number				Violation of ORD #											
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond																	
Location (Court, Room Number, Address) <b>TO BE SET</b>																													
Court Date and Time Month Day Year Time AM PM <b>08/13/2017</b>																													
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 <b>08/13/2017</b>																			
HOLD for other Agency Name: <input checked="" type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:										Signature of Arresting Officer <b>D/S.D. BELL</b> Name of Arresting Officer (Print) <b>D/S.D. BELL</b> I.D. # <b>28976</b>										Name Verification (Printed by Arrestee) (PRINT)									
Intake Deputy <b>Spencer 819</b> I.D. # Pouch #										Transporting Officer <b>D/S.D. BELL</b> I.D. # <b>28976</b> Agency <b>PBSO</b>										Witness here if subject signed with an "X" <b>1 OF 1</b>									

DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - DEFENDANT (N.T.A.'s ONLY)

0478799

386

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest    3. Request For Warrant 2. N.T.A.   4. Request For Capias		Juvenile <span style="border: 1px solid black; padding: 0 5px;">N</span>
Agency ORI Number <b>FLO 5 0 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06 17-114470</b>		
Charge Type: Check as many as apply: <input checked="" type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other _____				Special Notes		
Defendant Name (Last, First, Middle) <b>Winter Jerline Angelina</b>				Race <b>W</b>	Sex <b>F</b>	
				Date of Birth <b>12/19/1992</b>		
Charge <i>RESISTANCE</i> <b>R/A without violence</b>		Charge <b>Violation of Community Control</b>				
Victim Name (Last, First, Middle) <b>State of Florida</b>		Race		Sex	Date of Birth	
Local Address (Street, Apt. Number)		City	State	Zip	Phone	
Business Address (Street, Apt. Number)		City	State	Zip	Phone	
				Address Source	Occupation	
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...						
<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. <input type="checkbox"/> confessed to admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.						
On the <u>13</u> day of <u>August</u> 20 <u>17</u> at <u>6:51</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM						

On the above date and time, I was in service in Palm Beach County, FL, located on Okeechobee Boulevard when I was dispatched to a suspicious person call involving a white female that may be overdosing. The female was last seen wearing a black shirt with black and white shorts walking in the shopping plaza located at 1900 Okeechobee Boulevard, West Palm Beach, FL 33409, Palm Beach County. The caller described the female as stumbling back and forth, slurring speech, and smelled of alcohol. Upon my arrival, I did not observe the subject in the plaza, the caller advised that she left walking west on Okeechobee Boulevard. I drove around the area looking for the female. She was later found in the area of Church Street and Okeechobee Boulevard. Residents at the Fern House located at 1958 Church Street, West Palm Beach, FL 33409, advised that she walked into the parking lot attempting to jump the fence to the adjacent property. When I made contact with the subject, she could barley walk straight, she stumbled towards me, her speech was slurred and she smelled of an unknown alcoholic beverage, she was sweating and drooling out of the mouth. I then asked the subject to have a seat on the curb so she doesn't fall. She had cuts and bruises on her legs, she appeared dirty and her shorts were ripped.

I asked the subject for her name and she was argumentative. She then stated that her name was Angelina Stokes and her DOB was 12/13/1992. I provided that information to dispatch and the were no records for that name. I then asked the subject for her name again and she stated Angelina Winters, with the same DOB. There were no records. I asked her if she took any medication or drugs today and she advised tha she had Xanax, Bendryl, and an unknown drug. She would not give any information on phone numbers of wear she got the drugs. The subject stated that she did not want to get in trouble and that the ankle monitor on her foot is not active. EMS was called to the scene and they transported her to JFK North Campus hospital for further medical evaluation.

I contacted D/S M. Flores to the hospital to utilize his Bio-Metric RAPID ID System to identify the subject. There was a "HIT" from the system and the subject was identified as Jerline Angelina Winter, DOB 12/19/1992.

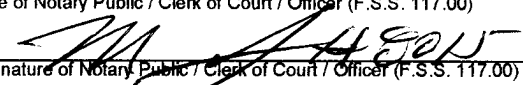
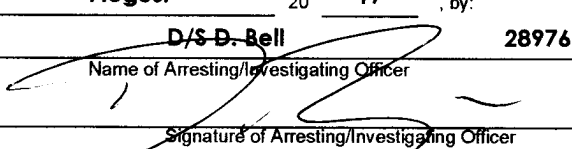
Her discharge paperwork was completed from the hospital around 2317 hours and she was placed under arrest at 2333 hours, the handcuffs were checked for proper tightness and double locked.

The foregoing instrument was sworn to and affirmed before me this <u>13</u> day of <u>August</u> 20 <u>17</u> , by:	
<b>D/S M.FLORES 8015</b>	<b>D/S D. Bell 28976</b>
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer
<i>[Signature]</i>	<i>[Signature]</i>
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer
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OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest    3. Request For Warrant 2. N.T.A.    4. Request For Capias		Juvenile <span style="border: 1px solid black; padding: 0 5px;">1</span>	N <span style="border: 1px solid black; padding: 0 5px;">N</span>
Agency ORI Number <b>FLO 5 0 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06</b>		<b>17-114470</b>	
Charge Type: Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other _____				Special Notes			
Defendant Name (Last, First, Middle) <b>Winter Jerline Angelina</b>				Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>12/19/1992</b>	
Charge <b>R/A without violence</b>				Charge <b>Violation of Community Control</b>			
Victim Name (Last, First, Middle) <b>State of Florida</b>				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	
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...  <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. <input type="checkbox"/> confessed to admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.							
On the <u>13</u> day of <u>August</u> 20 <u>17</u> at <u>6:51</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM							

She was found to have been on Felony Probation for aggravated stalking and violated 2 special conditions, she violated "remain confined to an approved residence", and "alcohol and illegal drug use". This is a violation of community control (street violation) pursuant to FSS 948.06. She was also charged with R/A without violence pursuant to FSS 843.02 regarding giving false and inaccurate names when I asked her for her identity.

**Street Violation-Administrative hold for Florida Department of Corrections (Probation and Parole) due to arrest in jurisdiction of Palm Beach County. In reference to probation case number 50217CF00486AXXXMB.**

The foregoing instrument was sworn to and affirmed before me this <u>13</u> day of <u>August</u> 20 <u>17</u> , by:	
<b>D/S M.FLORES 8015</b> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<b>D/S D. Bell 28976</b> Name of Arresting/Investigating Officer
 Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	 Signature of Arresting/Investigating Officer
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