

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile N

ADMINISTRATIVE	OBTS Number	Agency ORI Number FLO, 5 0 2, 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPT.		Agency Report Number (N.T.A.'s only) 7, 8 - 1 0 - 0 0 0 6 3 2 1					
	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	If Weapon Seized Enter Type <u>NIA</u>	Multiple Clearance Indicator					
DEFENDANT	Location of Arrest (Including Name of Business) <u>3360 BURNS RD PBG FL 33410</u>				Location of Offense (Business Name, Address) <u>SAME AS ARREST 100 FT 200</u>						
	Date of arrest <u>0 2 0 2 1 0 2 0 2 1</u>	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <u>NIA</u>				
	Name (Last, First, Middle) <u>DUNNWAY, JESSICA LYNN</u>										
CO-DEF.	Race W - White B - Black	Sex <u>W</u>	Date of Birth <u>0 8 1 8 0 4</u>	Height <u>5'06</u>	Weight <u>145</u>	Eye Color <u>BRO</u>	Hair Color <u>BRO</u>	Complexion <u>LIGHT</u>	Build <u>MED</u>		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <u>NONE VISIBLE</u>				Marital Status <u>MARRIED</u>	Religion <u>CATHOLIC</u>	Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk.				
	Local Address (Street, Apt. Number) <u>460 AUTUMN TRL PBG FL 33410</u>			(City)	(State)	(Zip)	Phone <u>(561) 502 3246</u>	Residence Type: 1. City 2. County 3. Florida 4. Out of State <input checked="" type="checkbox"/>			
	Permanent Address (Street, Apt. Number) <u>SAME AS ABOVE</u>			(City)	(State)	(Zip)	Phone	Address Source <u>FL DL</u>			
	Business Address (Name, Street)			(City)	(State)	(Zip)	Phone	Occupation <u>UNEMPLOYED</u>			
JUUVENILE	D/L Number, State <u>D500432047980</u>				INS Number		Place of Birth (City, State) <u>PBG, FL</u>		Citizenship <u>US</u>		
	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			
NOTICE TO APPEAR	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			
	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 Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated						
CHARGE	Released To: (Name) (Relationship) (Date) (Time)				School Attended			Grade			
	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 (Name) <input type="checkbox"/> No: (Reason)				Value of Property						
	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No				Description of Property						
CHARGE	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. Synthetic	U. Unknown Z. Other
	Charge Description <u>POSS OF CONTROLLED SUB - XANEX 18</u>				Counts <u>18</u>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <u>8 9 3 1 3 1 6 A</u>		Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
	<u>P</u>	<u>Z</u>	<u>4.5 GMS/17.5 UNITS</u>								
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
							<u>11 FEB 2002 11:11</u>				
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
NOTICE TO APPEAR	<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 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 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				
ADMIN.	HOLD for other Agency Name: <u>SCANNED</u>				Signature of Arresting Officer: <u>B Fedorenchik 321</u>			Name Verification (Printed by Arrestee)			
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other			(PRINT)			
	Intake Deputy: <u>Humphreys</u>				Name of Arresting Officer (Print): <u>B FEDORENCHIK 321</u>			I.D.#: <u>321</u>			
Pouch #				Transporting Officer: <u>FEDORENCHIK</u>			Agency: <u>PBGPD</u>				
Witness here if subject signed with an "X" <u>1 OF 1</u>											

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0502600		Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 10-000632
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:

Name (Last, First, Middle) DUNAWAY, JESSICA LYNN	Alias	Race W	Sex F	Date of Birth 08/18/1984
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Charge Description NPN POSSESSION OF NARCOTIC CONTROL SUB	Charge Description
Charge Description	Charge Description

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 **NURSING STAFF** who told **SECURITY** that he/she saw the arrested person commit the below acts.

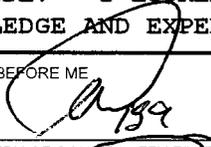
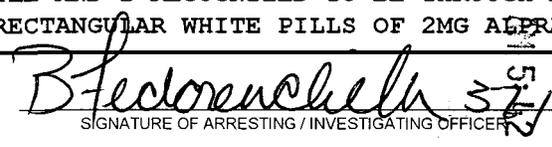
confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the **2** day of **February**, **2010** at **20:21** (Specifically include facts constituting cause for arrest.)

ON TUESDAY 02/02/2010 AT 1944 HRS., OFFICER BOSCHEN #348 AND I WERE DISPATCHED TO 3360 BURNS RD (PALM BEACH GARDENS MEDICAL CENTER) PALM BEACH GARDENS, PALM BEACH COUNTY FLORIDA IN REFERENCE TO A PATIENT THAT WAS VERBALLY BEING ABUSIVE TO NURSING STAFF.

UPON OUR ARRIVAL, I NOTICED THAT SECURITY WAS WALKING TOWARDS US AND POINTING TO TWO WHITE MALES THAT WERE NOW STANDING BY A BENCH JUST OUTSIDE OF THE MAIN ENTRANCE DOORS TO THE HOSPITAL. SECURITY OFFICER SUSAN THOMPSON SAID THE ONE MALE CAUSING A DISTURBANCE AND WHO WAS VERBALLY ABUSIVE, WAS A PATIENT THAT RECENTLY SIGNED HIMSELF OUT AGAINST MEDICAL ADVISE. SHE SAID THE OTHER MALE WAS JUST SOMEONE THAT WAS VISITING HIM ALL DAY. THOMPSON ADVISED THERE WAS STILL A FEMALE, BELIEVED TO BE THE GIRLFRIEND OF THE PATIENT, WHO WAS STILL UPSTAIRS IN THE HOSPITAL ROOM FOR UNKNOWN REASONS. THE TWO MALES WERE IDENTIFIED AS (THE PATIENT) EVAN T WEBER AND HIS FRIEND BRANDON C MILLING. SECURITY OFFICER THOMPSON TOLD ME JUST BEFORE WEBER SIGNED HIMSELF OUT, HE WAS YELLING AND BEING BELLIGERENT TO THE NURSING STAFF, SHE SAW THE TWO MALES AND THE FEMALE HUDDLED TOGETHER IN THE ROOM AND SHE IDENTIFIED MILLING AS SAYING: "HURRY UP AND HIDE THIS SHIT....SOMEONE IS COMING". SHE SAID WHEN SHE APPROACHED THE ROOM, THEY LEFT BUT NOT WITHOUT YELLING AND SCREAMING STILL AT THE STAFF. SHE SAID IT WAS AT THIS POINT SHE CALLED THE POLICE.

APPROXIMATELY TEN MINUTES AFTER OUR ARRIVAL, THE FEMALE IN QUESTION WHO WAS LEFT BEHIND IN THE ROOM, WALKED OUTSIDE TOWARDS OFFICER BOSCHEN AND I WITH A NURSE (JOYCELYN NAPIER). THE FEMALE WHO WAS WEARING SUNGLASSES AT THE TIME, WALKED OVER TO WEBER AND GAVE HIM A HUG. NURSE NAPIER CAME OVER TO ME AND HANDED ME A PRESCRIPTION BOTTLE FOR CIPROFLOXACIN HCL 500MG IN THE NAME OF MARY JO RODDY. NAPIER SAID AS SHE CAME INTO THE ROOM, SHE WATCHED THE FEMALE THROW THE BOTTLE UNDER THE BED. I ASKED THE FEMALE FOR HER IDENTIFICATION AND SHE HANDED ME HER FLORIDA DRIVER'S LICENSE. JESSICA LYNN DUNAWAY UTTERED AS I TOOK THE BOTTLE FROM NAPIER: "THAT'S MY GRANDMA'S MEDICINE BOTTLE! BUT IT'S MY MEDICATION INSIDE." I LOOKED INSIDE THE BOTTLE AND I RECOGNIZED TO BE THROUGH MY TRAINING, KNOWLEDGE AND EXPERIENCE, SEVERAL RECTANGULAR WHITE PILLS OF 2MG ALPRAZOLAM

SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10) 2-2-10 DATE	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER FEDORENCHIK, BETHANY A (321) NAME OF OFFICER (PLEASE PRINT) 02/02/2010 DATE
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PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

1. Arrest
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1 JUVENILE

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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:

Name (Last, First, Middle) DUNAWAY, JESSICA LYNN	Alias	Race W	Sex F	Date of Birth 08/18/1984
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(GENERIC FOR XANAX). I SAID TO DUNAWAY: "WHAT MEDICATION DO YOU TAKE?" SHE SAID: "I HAVE A PRESCRIPTION FOR ROXICIDONE AND VALIUM, BOTH OF WHICH ARE IN MY PURSE. SHE HANDED ME HER PURSE AND INSIDE WERE TWO BOTTLES BOTH WITH HER NAME ON THEM CONTAINING THE CORRECT MEDICATION SHE HAD JUST NAMED.

AT THIS POINT I PLACED DUNAWAY IN HANDCUFFS AND I TOLD HER SHE WAS UNDER ARREST FOR POSSESSION OF A CONTROLLED NARCOTIC. AS I WAS TRYING TO EXPLAIN MYSELF TO HER, SHE STARTED YELLING AND SCREAMING SAYING SHE TAKES XANAX AND MUST HAVE GRABBED THE WRONG BOTTLE FROM HER HOUSE BEFORE SHE LEFT. I ASKED HER IF HER OTHER MEDICATIONS (ROXICODONE AND VALIUM) WERE BEING PROPERLY CARRIED, THEN WHY WASN'T THIS MEDICATION (ALPRAZOLAM) BEING CARRIED PROPERLY. SHE STARTED YELLING AGAIN SAYING I NEED TO BE ARRESTING "REAL" CRIMINALS INSTEAD OF HER. I ASKED HER WHO PRESCRIBES THE ALPRAZOLAM FOR HER AND SHE STATED: "MY DOCTOR". I ASKED HER AGAIN WHO AND WHAT DOCTOR PRESCRIBES HER THE MEDICATION FOR HER AND AGAIN SHE SAID: "MY DOCTOR". IN HER PURSE WERE NUMEROUS BUSINESS CARDS FOR PAIN MANAGEMENT CLINICS IN PALM BEACH AND BROWARD COUNTIES. DUNAWAY KEPT YELLING THAT SHE WILL BE IN "BIG TROUBLE" BECAUSE SHE IS CURRENTLY ATTENDING DRUG COURT FOR A DOCTOR SHOPPING CHARGE SHE GOT SEVERAL MONTHS AGO. I ASKED DUNAWAY HOW SHE INGESTS HER MEDICATION AND SHE SAID SHE SNORTS THEM. WHEN I ASKED HER IF HER DOCTOR TOLD HER TO TAKE HER MEDICATION IN THIS FASHION SHE REPLIED: "MY DOCTOR TOLD ME TO GET THE DRUGS INTO MY SYSTEM ANY WAY I CAN, AND THATS WHAT I DO, I SNORT THEM".

AT THIS POINT OFFICER BOSCHEN ASKS EVAN WEBER IF HE HAS ANY WEAPONS OR ILLEGAL DRUGS ON HIS PERSON TO WHICH HE REPLIES "NO, GO AHEAD AND LOOK" AS HE PUT HIS HANDS UP WITHOUT BEING ASKED OR DIRECTED TO DO SO. NO WEAPONS OR ILLEGAL DRUGS WERE FOUND ON WEBER'S PERSON. I ASKED BRANDON MILLING IF HE HAD ANY WEAPONS OR ILLEGAL DRUGS ON HIS PERSON OR IN THE BACK PACK HE WAS CARRYING AND HE SAID THAT HE DID NOT. OFFICER BOSCHEN ASKED MILLING IF HE COULD PAT THE OUTSIDE OF HIS CLOTHING DOWN TO WHICH HE REPLIED: "NO PROBLEM". HE THEN UTTERED TO ME: "UM M'AM YOU CAN LOOK IN MY BACK PACK I DON'T HAVE ANYTHING OTHER THAN CLOTHES IN THERE". I SAID TO HIM: "SO, YOU WANT ME TO LOOK IN YOUR BACK PACK?" HE REPLIED: "YES, GO AHEAD". AS I OPENED THE MAIN POUCH TO THE BAG, I NOTICED A GREEN AND CLEAR PLASTIC PILL GRINDER WITH A WHITE POWDER RESIDUE INSIDE. I HELD UP THE PILL GRINDER AND I ASKED HIM: "WHAT'S THIS?" HE LOOKED AT ME FOR SEVERAL SECONDS WITH A BLANK STARE BEFORE HE FINALLY SAID: "UM IT'S A PILL GRINDER, CRAP I FORGOT I HAD THAT IN THERE". HE THEN SAID: "I DON'T DO PILLS ALL THE TIME...I'M NOT AN ADDICT OR ANYTHING". OFFICER BOSCHEN PLACED MILLING UNDER ARREST FOR POSSESSION OF PARAPHERNALIA AND ISSUED HIM A NOTICE TO APPEAR. PLEASE SEE CASE #: 10-000634.

INSIDE THE PRESCRIPTION BOTTLE WERE 17.5 PILLS (4.5 GRAMS) OF POSITIVELY IDENTIFIED 2MG ALPRAZOLAM PILLS (GENERIC FOR XANAX) VIA WWW.DRUGS.COM. THE PILLS AND THE PRESCRIPTION BOTTLE WERE PLACED INTO EVIDENCE.

DUNAWAY IS BEING CHARGED WITH 18 COUNTS OF POSSESSION OF A CONTROLLED SUBSTANCE PURSUANT

SWORN AND SUBSCRIBED BEFORE ME	<i>B Fedorenchik 32</i> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	FEDORENCHIK, BETHANY A (321) NAME OF OFFICER (PLEASE PRINT)
DATE	02/02/2010 DATE

ADMINISTRATIVE

SCANNED
DATE
FEB 03 2010

21 FEB -

PROBABLE CAUSE AFFIDAVIT
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1

JUVENILE

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D E F	Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
	DUNAWAY, JESSICA LYNN		W	F	08/18/1984

TO F.S.S. 893.13(6)(A) AND WAS TRANSPORTED TO COUNTY JAIL.

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A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	 NOTARY PUBLIC / CLERK OF COURT / OFFICER F.S.S. 117.10 2-2-10	 FEDORENCHIK, BETHANY A (321) NAME OF OFFICER (PLEASE PRINT)
	DATE	DATE
	2-2-10	02/02/2010

2010 FEB 3 AM 5:42