

0510921

19CF8671 NR # 2/12

Rough Arrest Only

OBTS Number		<b>ARREST / NOTICE TO APPEAR</b>				1. Arrest 3. Request for Warrant		J Juvenile		
Agency ORI Number <b>FL0500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>				Agency Report Number <b>06-19-114767</b>		2. N.T.A. 4. Request for Capias		
Charge Type: Check as many as apply.		<input checked="" type="checkbox"/> 1. Felony		<input type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance		Weapon Seized/Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other		Type:		Multiple Clearance Indicator <b>0 1</b>		
Location of Arrest (Including Name of Business) <b>500 N. CONGRESS AVE, LAKE PARK FL 33403 (TARGET)</b>					Location of Offense (Business Name, Address) <b>(TARGET) 500 N. CONGRESS AVE, LAKE PARK FL 33403</b>					
Date of Arrest <b>Sep 13, 2019</b>		Time of Arrest <b>17:00</b>		Booking Date		Booking Time		Jail Date		
Jail Time		Location of Vehicle								
Name (Last, First, Middle) <b>HUGHES, JESSICA LYNN</b>					Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian <b>W</b>		Sex <b>F</b>		Date of Birth <b>12/31/1978</b>		Height <b>57</b>		Weight <b>140</b>		
Eyes Color <b>BRO</b>		Hair Color <b>BLACK</b>		Complexion <b>FAIR</b>		Build <b>SMALL</b>				
Scars, Marks, Tattoos, Unique Features (Location, Type, Description) <b>TRIBAL TATTOO ON LOWER BACK, SMALL LETTER "B" RIGHT INNER ANKLE</b>					Marital Status <b>SINGLE</b>		Religion <b>CHIRTIAN</b>		Indication of Alcohol Influence Drug Influence Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Local Address (Street, Apt. Number) <b>17000 PORTOFINO CIR 107</b>			(City) <b>PALM BEACH GARDENS</b>		(State) <b>Florida</b>		(Zip) <b>33418</b>		Phone <b>(561) 529-8917</b>	
Permanent Address (Street, Apt. Number) <b>NA</b>			(City) <b>NA</b>		(State) <b>NA</b>		(Zip) <b>NA</b>		Phone <b>(NA)</b>	
Business Address (Street, Apt. Number) <b>NA</b>			(City) <b>NA</b>		(State) <b>NA</b>		(Zip) <b>NA</b>		Phone <b>(NA)</b>	
DL Number, State		INS Number <b>M/T</b>		Place of Birth <b>CHICAGO IL</b>		Citizenship <b>USA</b>				
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"/> Parent		Name (Last)		(First)		(Middle)		Residence Phone		
<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number)		(City)		(State)		(Zip)		
<input type="checkbox"/> Other		Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handed/Processed within Dept. and Released 2. TOT HRS/CYF 3. Incarcerated		
Released To: (Name)					Relationship		FCIC/NCIC		Date	
Time					School Attended		Grade			
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 informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)										
Recovery Information 0. N/A 1. Voluntary 2. Located Not Returned 3. Hospitalized 4. HRS Custody 5. Law Enforcement Custody 6. Returned to Parent 7. Deceased 8. Other										
Drug Activity S. Sell R. Smuggle K. Dispense/ Distribute M. Manufacture Produce/ Cultivate Z. Other N. N/A B. Buy D. Deliver E. Use P. Possess T. Traffic										
Drug Type A. Amphetamine B. Barbituate C. Cocaine E. Heroin N. N/A M. Marijuana O. Opium/Deriv. S. Synthetic										
Charge Description <b>GRAND THEFT</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number <b>812.014 FCYI</b>		Violation of ORD #		
Drug Activity <b>N/A</b>		Drug Type <b>N/A</b>		Amount/Unit <b>\$838.50</b>		Offense # <b>19-114767</b>		Warrant/Capias Number		
Bond										
Charge Description										
Counts		Domestic Violence		Statute Violation Number		Violation of ORD #				
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		
Bond										
Charge Description										
Counts		Domestic Violence		Statute Violation Number		Violation of ORD #				
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		
Bond										
Charge Description										
Counts		Domestic Violence		Statute Violation Number		Violation of ORD #				
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		
Bond										
<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					
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED, UNDERSTANDING THAT SHOULD I 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					
HOLD for other Agency Name:					Signature of Arresting Officer					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Related Arrest					Name of Arresting Officer (Print) <b>DS B FITCH</b>					
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other:					I.D. # <b>7948</b>					
Intake Deputy <b>D/S B. SHATARA #7623</b>					Transporting Officer <b>DS [Signature] # 8936</b>					
I.D. #					Agency <b>1958</b>					
Pouch #					PAGE <b>1 OF 1</b>					

DcfREITAs

SCANNED SEP 14 2019

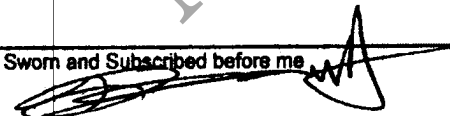
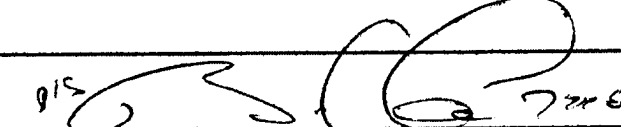
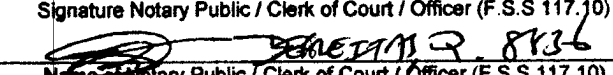
OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1	N
Agency ORI Number <b>FLO 5 0 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06 - 19-114767</b>	
Charge Type: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other as apply.				Special Notes: NA	
Defendant's Name (Last, First, Middle) <b>HUGHES, JESSICA LYNN</b>				Race <b>W</b>	Sex <b>F</b>
				Date of Birth <b>12/31/1978</b>	
Charge Description <b>GRAND THEFT</b>		Charge Description			
Charge Description		Charge Description			
Victim's Name (Last, First, Middle) <b>TARGET</b>				Race <b>NA</b>	Sex <b>NA</b>
				Date of Birth <b>NA</b>	
Victim's Local Address (Street, Apt. Number) <b>500 N CONGRESS AVE</b>		(City) <b>LAKE PARK</b>	(State) <b>FLORIDA</b>	(Zip) <b>33403</b>	Phone <b>(561)352-2098</b>
		Address Source <b>KNOWN STORE</b>			
Victim's Business Address (Name, Street) <b>500 N CONGRESS AVE</b>		(City) <b>LAKE PARK</b>	(State) <b>FLORIDA</b>	(Zip) <b>33403</b>	Phone <b>(561)352-2098</b>
		Occupation <b>RETAILER</b>			
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...					
<input type="checkbox"/> committed the below acts in my presence.		<input type="checkbox"/> was observed by _____ who told _____			
<input type="checkbox"/> confessed to _____		that he/she saw the arrested person commit the below acts.			
<input type="checkbox"/> admitting to the below facts.		<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.			
On the 13th day of September, 2019 at 4:30 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest).					

On the above, I was dispatched to the "Target" located at 500 N. Congress Ave in the "Town of Lake Park" Florida in reference to an in-progress shoplift call. Upon my arrival to the store I met and spoke with Loss Prevention Officer "Gregory Jackson" who just finished detaining a female customer identified by US passport as "Jessica Lynn Hughes". While walking back to the office I noticed Loss Prevention pushing her shopping cart which contained a large amount of items. Once in the office L.P.O. Jackson was able to provide a sworn written statement to the events he claimed to have witnessed.

L.P.O. Jackson told me via statement where he witnessed Hughes enter the store at approximately 4:05 pm where she went to the electronics department. Once in electronics he witnessed via store security video Hughes as she cut at the spider wrap from a head phone case in attempts to remove the anti-theft device. From this point L.P.O. Jackson continued to maintain surveillance suspecting Hughes would continue to steal. Hughes was seen selecting a Shark Robo Vacuum, Sony Blu-Ray, several more packs of headphones, Net-Gear wifi modem, watch band, and sever small pet food items all of which she placed into her shopping cart. Hughes is then seen on video going to the changing rooms where she enters with her shopping cart containing the items, as she exits she is witnessed throwing the damaged empty vacuum box and wifi router box under a clothing rack. Hughes then proceeds to the self-checkout where she makes a small purchase neglecting to scan the majority of the items in her cart. After leaving self-checkout and passing all other points of sale as she attempts to exit the store doors she is stopped.

During the investigation L.P.O. Jackson was able to total the unpaid items which came out to \$836.50 in attempted stolen goods which Hughes neglected to pay for. Evidence in this case consists of a sworn statement provided by L.P.O. Jackson along with in store video on cd and one store receipt provided to the Sheriff's Office.

Based on the above listed fact finding information along with statements gathered during the investigation, it appeared evident where as the defendant "Jessica Lynn Hughes" entered the Target with intent to steal merchandise from the business by manipulating anti-theft equipment then by neglecting to pay for the items at point of purchase. These acts were as prohibited by Florida State Statues 812.014 2(c)1 under grand theft more than \$750.00 and less than that of \$5,000.

Sworn and Subscribed before me		
Signature Notary Public / Clerk of Court / Officer (F.S.S 117.10)		Signature of Arresting / Investigating Officer
 Name of Notary Public / Clerk of Court / Officer (F.S.S 117.10)		<b>D/S BRIAN C FITCH 7948</b> Name of Officer (Please Print)
September 13, 2019 Date		September 13, 2019 Date



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

Booking Number: 2019029938	Date: 09/14/2019
	Specialist Name/ID: AM/31562

**SCANNED**  
SEP 14 2019