

		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile												
ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-17119814															
	Charge Type: Check as many as apply.		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator											
	Location of Arrest (Including Name of Business) Southern Blvd at Florida Turnpike West Palm Beach FL 33413						Location of Offense (Business Name, Address) Southern Blvd at Fl Turnpike WPB FL 33413															
	Date of Arrest 08/27/2017		Time of Arrest 01:10		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle Kauffs Towing									
DEFENDANT	Name (Last, First, Middle) Maher John A		Alias (Name, DOB, Soc. Sec. #, Etc.)																			
	Race W - White - American Indian B - Black - Oriental/Asian		Sex W M		Date of Birth 07/15/1983		Height 6'		Weight 190		Eye Color Bro		Hair Color Bro		Complexion Med		Build Med					
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status Sing		Religion None		Indication of: Alcohol Influence Drug Influence		Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
	Local Address (Street, Apt. Number) 4611 N Federal Hwy				(City) Pompano Beach FL		(State) 33063		(Zip)		Phone ()		Residence Type: 1. City 2. County 3. Florida 4. Out of State		2							
	Permanent Address (Street, Apt. Number)				(City)		(State)		(Zip)		Phone ()		Address Source D.A.V.I.D.									
	Business Address (Name, Street)				(City)		(State)		(Zip)		Phone ()		Occupation Sales									
	D/L Number, State M600461832550				Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) Ft Lauderdale Florida		Citizenship US											
	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									
	CO-DEF	<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												
JUVENILE	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 DUI		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 316.193(1)		Violation of ORD #													
CHARGE	Drug Activity N		Drug Type N		Amount / Unit		Offense # 17119814		Warrant / Capias Number		Bond											
	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											
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #													
CHARGE	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond											
	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											
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #													
CHARGE	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond											
	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											
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #													
NOTICE TO APPEAR	Location (Court Room Number, Address) PALM BEACH COUNTY COURTHOUSE CRIMINAL JUSTICE COMPLEX, 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406 -PH: (561) 355-2996																					
	Court Date and Time Month Sept Day 28 Year 2017 Time 08:30 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>																					
	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 08/27/2017																					
	Signature of Defendant (or Juvenile and Parent /Custodian) [Signature] Date Signed																					
ADMIN	HOLD for other Agency Name:				Signature of Arresting Officer X				Name Verification (Printed by Arrestee) [Signature]													
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:				Name of Arresting Officer (Print) Inv. J. Schneider				I.D. # 8501		(PRINT)											
	Intake Deputy I.D. #				Pouch #				Transporting Officer Inv. J. Schneider		ID # 8501		Agency PBSO		Witness here if subject signed with an "X" 1 OF 1							