

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

OBTS Number	Agency ORI Number 0500400			Agency Name Delray Beach Police Department			Agency Report Number (N.T.A.'s only) 4 0 17-018424			
Charge Type: Check as many as apply	<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	If Weapon Seized Enter Type	Hands/fist/feet/teeth	Multiple Clearance Indicator 2	
Location of Arrest (Including Name of Business) 29 SE 2ND AVE					Location of Offense (Business Name, Address) 29 SE 2ND AVE, DELRAY BEACH, FL 33444					
Date of Arrest 11/26/2017	Time of Arrest 01:20	Booking Date 11/26/2017	Booking Time 01:30	Jail Date 11/26/2017	Jail Time 01:50	Location of Vehicle				
Name (Last, First, Middle) BINDEL, JORDYN					Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White B - Black	Sex F	Date of Birth 08/18/1999	Height 5'05	Weight 100	Eye Color BROWN	Hair Color BLACK	Complexion LIGHT	Build Slim		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status S	Religion	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>			
Local Address (Street, Apt. Number) 14068 Country Club Rd, New Market, FL 32774					Phone		Residence Type: 1. City 3. Florida 2. County 4. Out of State 1 d			
Permanent Address (Street, Apt. Number)					Phone		Address Source			
Business Address (Name, Street)					Phone		Occupation			
D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State) Maryland, MD		Citizenship US		
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 <input type="checkbox"/> Other: _____ Name (Last, First, Middle)					Residence Phone					
<input type="checkbox"/> Legal Custodian					Business Phone					
Address (Street, Apt. Number)					School Attended					
Notified by: (Name)					Date	Time	JUVENTILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated			
Released To: (Name)					Relationship	Date	Time			
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.					Grade					
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No:					Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Drug Activity N. N/A P. Possess					S. Sell B. Buy T. Traffic					
R. Smuggle D. Deliver E. Use					K. Disperses/ 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 BATTERY ON OFFICER, FIREFIGHTER, EMT ETC					Statute Violation Number 784.07(2B)			Violation of ORD #		
Drug Activity	Drug Type N	Amount / Unit	Offense # 17-018424	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number				
Bond										
Charge Description BATTERY CAUSE BODILY HARM felony					Statute Violation Number 784.07(1)			Violation of ORD #		
Drug Activity	Drug Type N	Amount / Unit	Offense # 17-018424	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number				
Bond										
Charge Description					Statute Violation Number			Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number				
Bond										
Health / Apparent Physical Condition of Defendant					Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input checked="" type="checkbox"/> Injuries					
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail					PROPERTY - Received By					
Released To					Released By					
Transported By					Date Transported	Time Transported	Other			
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court					Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444					
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court					Court Date and Time					
but must comply with instructions on Page 2.										
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.					No Photo Available					
Signature of Defendant (or Juvenile and Parent/Custodian)					Date Signed					
HOLD for Other Agency					Signature of Arresting Officer J. Schumer 1046			Name Verification (Printed by Arrestee) NOV 26 AM 2017		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest					Name of Arresting Officer (Print) SCHUMER, JARED S.			ID # 1046		
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other					Transporting Officer Gordon			ID # 1087		
Intake Deputy GPI 140NEA/7246					Agency			PAGE 1 OF 1		
Witness here if subject signed with an "X"										

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O. DEFENDANT

J# 0493640

PA 1284
NOV 26 2017

(NK)

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

A D M I N	OBTS Number		Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 17-018424		
	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		Special Notes:		
D E F	Name (Last, First, Middle) BINDEL, JORDYN						Race W	Sex F	Date of Birth 08/18/1999
	Charge Description 784.041(1) FELONY BATTERY RESULTING FROM BODILY			Charge Description 784.07(2B) BATTERY ON OFFICER, FIREFIGHTER, EMT ET					
C H A R G E S	Victim's Name (Last, First, Middle) PELLEGRINO, STEVEN A						Race W	Sex M	Date of Birth 05/16/1963
	Local Address (Street, Apt. Number) 630 ANCHOR POINT, DELRAY BEACH, FL 33444			(City) (State) (Zip)		Phone (401) 952-5111		Address Source DEFENDANT	
	Business Address (Name, Street) PRIME/ IL BACIO, 110 E ATLANTIC AVENUE DELRAY BEACH, FL 33444			(City) (State) (Zip)		Phone		Occupation OWNER	
V I C T I M	The undersigned certifies and swears that he/she has just and resonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody... <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 committ 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 my (described) investigation. On the 26 day of November , 2017 at 02:07 (Specifically include facts constituting cause for arrest.)								
	<p>The following incident occurred in the City of Delray Beach, Palm Beach County, Florida.</p> <p>On 11/26/2017 at approximately 0130 hours I was approached by a white male with an apparent broken nose in front of Il Bacio located at 29 SE 2nd Ave. The victim was identified as Steven Pelligrino. Pelligrino advised that a white female punched him in the face, breaking his nose for no reason (DBFD confirmed that his nose was broken).</p> <p>Pelligrino guided me to the female suspect who was in the middle of the road screaming and resisting security guards. I attempted to talk to the suspect (Jordyn Bindel) but she was far too intoxicated to put a sentence together or walk on her own. As backup officers arrived on scene Bindel attempted to walk away at which point she was placed in hand cuffs. Once in hand cuffs, Bindel intentionally kicked Ofc. Schwartz in his groin. Bindel was resistant throughout the entire arrest process, fighting with police through every step.</p> <p>Based on the above facts, Probable Cause Exists to charge the defendant Jordyn Bindel with Battery on a LEO per FSS 784.07(2B) and Felony Battery per FSS 784.041(1).</p>								
P R O B A B L E C A U S E S T A T E M E N T	SWORN AND SUBSCRIBED BEFORE ME								
	VAN NESS, RACHEL NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 11/26/2017 DATE				 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER SCHUMER, JARED S (1046) NAME OF OFFICER (PLEASE PRINT) 11/26/2017 DATE				
A D M I N I S T R A T I V E	PAGE 1 OF 1								

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

SCANNED
NOV 26 2017