0379250 19CF5693 1026

ARREST / NOTICE TO APPEAR

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

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500400 | Agency Name: Delray Beach Police Department | Agency Report Number (N.T.A.'s only): 40 19-009716

Charge Type: Check as many as apply: ☒ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

If Weapon Seized — Enter Type: None/not Applicable | Multiple Clearance Indicator: 2

Location of Arrest (Including Name of Business): 199 E LINTON BLVD/S FEDERAL HWY

Location of Offense (Business Name, Address): 199 E LINTON BLVD/S FEDERAL HWY, DELRAY BEACH, FL

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
06/17/2019	20:23	06/17/2019	21:01	/ / : :		TOWED

DEFENDANT

Name (Last, First, Middle): ISCARO, JOSEPH CHRISTOPHER — Alias:

Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	03/03/1983	5'08	190	BROWN	BROWN	LIGHT	MEDIUM

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):

Marital Status: S — Religion: CATHOLIC — Indication of: Alcohol Influence ☐ Yes ☒ No ☐ Unk. ☐ Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip): 217 VIA D`ESTE 1804, DELRAY BEACH, FL 33445 — Phone: (561) 762-3601 — Residence Type: 1. City 2. County 3. Florida 4. Out of State: 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 217 VIA D`ESTE 1804, DELRAY BEACH, FL 33445 — Phone: (561) 762-3601 — Address Source: FL DL

Business Address (Name, Street) (City) (State) (Zip): UPS, — Phone: — Occupation: Driver

D/L Number, State: I260483830830 / FL — [redacted] — INS Number: — Place of Birth (City, State): MILLERS PLACE, NY — Citizenship: US

CO-DEFENDANT

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian — Name (Last, First, Middle): 1-OR — Residence Phone

Address (Street, Apt. Number) (City) (State) (Zip): 2-3,000 — Business Phone

Notified by: (Name) — Date — Time — JUVENILE 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 ☐ defendant and/or ☐ 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.
☐ Yes, by: ☐ No:

School Attended — Grade

Property Crime? ☐ Yes ☒ No — Description of Property — Value of Property

CODE

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

Charge Description: POSSESS MARIJUANA NOT MORE THAN 20 GRAMS — Statute Violation Number: 893.13(6B) — Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
P	M	1.00 / GM		1	☐ Y ☒ N		

CHARGE

Charge Description: TAMPER/DESTROY EVIDENCE — Statute Violation Number: 918.13~~(1)(a)~~ KL — Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE

Charge Description — Statute Violation Number — Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant — Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries — Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☒ T.O.T. County Jail ☐ Postal Bond ☐ South County Mental Health

PROPERTY - Received By — Released By — Released To

Transported By — Date Transported: / / — Time Transported: : — Other

NOTICE TO APPEAR

☐ INSTRUCTION NO. 1 - Mandatory appearance in court
☒ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): South County 200 W Atlantic Ave Delray Beach, FL 33444

Court Date and Time: 2019 JUN 18 AM 5:35

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

No Photo Available

ADMIN

HOLD for Other Agency — Signature of Arresting Officer: [signature] — Name Verification (Printed by Affiant) (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Name of Arresting Officer (Print): KUNDGREN, KYLE — I.D. #: 1005

D/S B. SHATARA #7623 — Pouch #

Transporting Officer: LUNDGREN — I.D. #: 1005 — Agency: DBPD

Witness here if subject signed with an "X".

PAGE 1 OF 1

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ DEFENDANT

PROBABLE CAUSE AFFIDAVIT

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

ADMIN

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number
	FL 0500400	DELRAY BEACH POLICE DEPARTMENT	4 0 19-009716

Charge Type: Check as many as apply. [X] 1. Felony [ ] 2. Traffic Felony [X] 3. Misdemeanor [ ] 4. Traffic Misdemeanor [ ] 5. Ordinance [ ] 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
ISCARO, JOSEPH CHRISTOPHER		W	M	03/03/1983

CHARGES

Charge Description	Charge Description
893.13(6B) POSSESS MARIJUANA NOT MORE THAN 20 GRAMS	918.13(1A) TAMPER/DESTROY EVIDENCE
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
State Of Florida			

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation

PROBABLE CAUSE STATEMENT

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 . . .

[X] committed the below acts in my presence.
[ ] confessed to _____ admitting to the below facts.
[ ] was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.
[X] was found to have committed the below acts, resulting from my (described) investigation.

On the 17 day of June, 2019 at 21:18 (Specifically include facts constituting cause for arrest.)

The following incident occurred in the City of Delray Beach, Palm Beach County, State of Florida.

While on patrol, I was driving north bound on S. Federal Hwy. from Lindell Blvd. I was driving behind a dark gold/silver BMW sport utility vehicle, bearing FL tag JREF28. I ran the tag in FCIC/NCIC and the registration came back expired as of 03/03/2019. I conducted a traffic stop on the vehicle at the intersection of E. Linton Blvd. and S. Federal Hwy.

I approached the vehicle from the driver`s side and looked in the driver`s side window at the driver. The white male driver, later identified as Joseph Iscaro, was eating and choking on a green leafy substance. Based on my training, knowledge, and experience, I immediately recognized the substance to be marijuana. I also observed Iscaro holding a clear plastic baggie with more marijuana inside of it. I immediately ordered Iscaro out of the vehicle and for him to spit out the marijuana in his mouth. I asked Iscaro if he had swallowed a lot and he stated "No." I then asked Iscaro if he needed medical treatment and he again stated "No." Iscaro was placed into handcuffs at this point and placed in the back of my marked patrol unit.

Ofc. Butner arrived on scene as my backup officer and began to search Iscaro`s vehicle subject to arrest. Ofc. Butner located a small blue Camel tin in the center console area of the vehicle which also contained more marijuana.

The total weight of the marijuana found in the clear plastic baggie was 4 grams. The total weight of the marijuana located in the blue Camel tin was 0.5 grams. The marijuana was field tested using a Quick Check Marijuana test kit and tested positive for the presence of THC.

Based on the stated facts, probable cause exists to charge the defendant, Joseph Iscaro, with one count of possession of marijuana under 20 grams, in accordance with FSS 893.13(6)(b). Probable cause also exists to charge Iscaro with one count of Destruction of Evidence, in accordance with FSS 918.13(1)(a).

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

PIMENTEL, LOISE A (1094)
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

06/17/2019
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

LUNDGREN, KYLE (1005)
NAME OF OFFICER (PLEASE PRINT)

06/17/2019
DATE

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

PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2019019959	**Date:** 6/18/2019
	Specialist Name/ID: Gammage/5660