

049 7068

267

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number		Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERRIF'S OFFICE		Agency Report Number 06		Alias 18056977			
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		If Weapon Seized Enter Type		Multiple Clearance Indicator 0 3			
Location of Arrest (Including Name of Business) 6179 GATEWAY BLVD BOYNTON BEACH, FL 3344					Location of Offense (Including Name of Business) 6179 GATEWAY BLVD BOYNTON BEACH, FL 3344						
Date of Arrest 04/01/2018		Time of Arrest 0100		Booking Date		Booking Time		Jail Date			
Jail Time		Location of Vehicle		Name (Last, First, Middle) LOPEZ JOSEPH MICHAEL		Alias (Name, DOB, Soc. Sec. #. Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian W M		Sex M		Date of Birth 05/13/1994		Height 6'0		Weight 185			
Eye Color BRW		Hair Color BRW		Complexion LIGHT		Build MEDIUM					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NA					Marital Status SINGLE		Religion CHRISTIAN		Indication of: Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk <input type="checkbox"/>		
Local Address (Street, Apt. Number) 6290 TERRA ROSA CIR			City BOYNTON BEACH, FL 33472			State FL			Zip 33472		
Phone 561-512-6310			Residence Type: 1. City 3. Florida 2. County 4. Out of State			Permanent Address (Street, Apt. Number)			City		
State FL			Zip			Phone			Address Source FL DL		
Business Address (Street, Apt. Number)			City			State			Zip		
Phone			Occupation DELIVERY DRIVER			D/L Number, State L120493941730			Social Security Number		
INS Number			Place of Birth HOLLYWOOD, FL			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			Parent Legal Guardian <input checked="" type="checkbox"/> Other			Name (Last, First, Middle)		
Address (Street, Apt. No.)			City			State			Zip		
Business Phone			Notified By (Name)			Date			Time		
Juv. Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRSDYS 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 561 355-2525) informed of any address change <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)			School Attended			Grade		
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Description of Property			Value of Property			Drug Activity S. Sell N. N/A P. Possess R. Smuggle B. Buy T. Traffic 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 P. Paraphernalia/ Equipment U. Unknown Z. Other		
Charge Description POSSESSION OF A CONTROLLED SUBSTANCE (HASH)			Counts 2			Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N			Statute Violation Number 893.13(6)(a)		
Drug Activity Y			Drug Type M			Amount/Unit			Offense # 18056977		
Warrant/Capias Number			Bond 3000 x 2			Charge Description POSSESSION OF DRUG PARAPHERNALIA			Counts 1		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			Statute Violation Number 893.147(1)(b)			Warrant/Capias Number			Bond OR		
Charge Description			Counts			Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			Statute Violation Number		
Drug Activity			Drug Type			Amount/Unit			Offense #		
Warrant/Capias Number			Bond			Charge Description			Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			Statute Violation Number			Warrant/Capias Number			Bond		
Drug Activity			Drug Type			Amount/Unit			Offense #		
Warrant/Capias Number			Bond			Charge Description			Counts		
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			Statute Violation Number			Warrant/Capias Number			Bond		
Drug Activity			Drug Type			Amount/Unit			Offense #		
Warrant/Capias Number			Bond			Location (Court, Address, Room Number)			Court Date and Time		
Month			Day			Year			Time		
AM <input type="checkbox"/>			PM <input type="checkbox"/>			I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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.			Date Signed Apr 1, 2018		
Signature of Defendant (or Juvenile and Parent/Custodian)			Signature of Arresting Officer <i>[Signature]</i>			Name Verification (Printed by Arrestee) APR 1 2018 2:50			Page 1 of 1		
Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other			Name of Arresting Officer D/S Y. QUESADA			ID # 17135			Agency PBSO		
Intake Officer Thomas 2900			Transporting Officer D/S Y QUESADA 17135			Witness here if subject signed with an "X"			Page 1 of 1		

NOT A
SCANNED
APR 01 2018

2018 APR -
AM 5 25
APR 1 2018 2:50

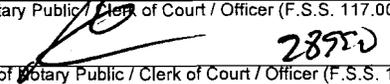
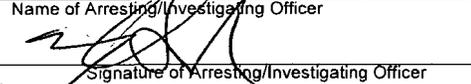
OBTS Number		PROBABLE CAUSE AFFIDAVIT			1. Arrest	3. Request For Warrant	1	Juvenile	N
Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 06 18056977				
Charge Type: Check as many as apply		Special Notes							
<input checked="" type="checkbox"/> 1. 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									
Defendant Name (Last, First, Middle) LOPEZ JOSEPH MICHAEL				Race W	Sex M	Date of Birth 05/13/1994			
Charge POSSESSION OF A CONTROLLED SUBSTANCE (HASH)				Charge POSSESSION OF DRUG PARAPHERNALIA					
Victim 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 (Street, Apt. Number)		City	State	Zip	Phone		Occupation		
The undersign 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 checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to admitting to the below facts.				<input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.					
On the <u>1ST</u> day of <u>APRIL</u> 20 <u>18</u> at <u>0100</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM									

On Sunday 04/01/2018 at approximately 0045 hours, I responded to the area of 6179 Gateway Blvd, in reference to a possible motor vehicle accident. A complainant called PBSO emergency services saying he heard a crash and then a white male walking around the vehicle acting suspicious. When I arrived, Sgt. Lin had located the white male, later identified as Joseph M. Lopez walking East bound on Gateway Blvd. Joseph stated he hit the medium with his wheel and was walking home. As I spoke with Joseph, I could detect the odor of an unknown alcoholic beverage coming from Joseph's face area. The complainant was unable to place Joseph behind the wheel, he only heard the accident. I told Joseph I would place him in the back seat of my marked PBSO vehicle and go over to where his vehicle was in order to complete an accident report. Per PBSO policy, all passenger not arrested must be patted down. As I patted down Joseph, I felt a long cylinder with a flat tip in his left front pocket. As I continued to feel on the outside of his pocket, the cylinders felt more and more like a mouth piece. Based on my training and experience, it was immediate apparent as possible drug paraphernalia. I pulled the cylinders out of his pocket and my suspicions were correct. The cylinder was approximately three inches in length. The bottom part was chromed in color with the word "OOZE" on it. The top part was clear in the middle, containing a light brown liquid inside of it and at the top was a plastic white smoke tip. Also, in the same pocket was a replacement clear tube with the same light brown liquid inside of it. The unopened replacement was enclosed in a package "Gold Extracts" "Supreme Quality Nug Run-Premium Oil" "Skywalker OG Hybrid" "THC 93.7%. When asked what a "Nug Run" was, Joseph said it was HTC, Hash Oil or Marijuana Oil. At this point, Joseph was placed under arrest with his hands behind his back, checked for double lock and proper fit.

Based on the above mentioned facts, I find probable cause to arrest Joseph M. Lopez with two counts of Possession of a Controlled Substance (Hash Oil) in pursuant to F.S.S. 893.13(6)(a) and Possession of Drug Paraphernalia in pursuant to F.S.S. 893.147(1)(b).

Case is cleared by arrest.

ANNEXED
01 2018

The foregoing instrument was sworn to and affirmed before me this <u>1ST</u> day of <u>APRIL</u> 20 <u>18</u> , by:	
<u>D/S B. CLAYTON 28990</u> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>D/S Y. QUESADA 17135</u> Name of Arresting/Investigating Officer
 Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	 Signature of Arresting/Investigating Officer
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