

0497522 1066

ARREST / NOTICE TO APPEAR

NA

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

1

JUVENILE

OBTS Number	Agency ORI Number <b>0500400</b>		Agency Name <b>Delray Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>4 0 18-005886</b>	
Charge Type: Check as many as apply: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input 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: <b>None/not Applicable</b>		Multiple Clearance Indicator <b>1</b>	
Location of Arrest (Including Name of Business) <b>100 SW 11TH AVE</b>			Location of Offense (Business Name, Address) <b>100 SW 11TH AVE, DELRAY BEACH, FL 33444</b>			
Date of Arrest <b>04/17/2018</b>	Time of Arrest <b>20:00</b>	Booking Date <b>04/17/2018</b>	Booking Time <b>20:15</b>	Jail Date	Jail Time	Location of Vehicle <b>WESTWAY TOWING</b>
Name (Last, First, Middle) <b>ORYELL, JOSEPH MICHAEL</b>			Alias:			
Race W - White B - Black	Sex <b>M</b>	Date of Birth <b>07/04/1967</b>	Height <b>6'00</b>	Weight <b>199</b>	Eye Color <b>BROWN</b>	Hair Color <b>BLACK</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status <b>M</b>	Religion	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>278 SW 29TH AVE, DELRAY BEACH, FL 33445</b>			Phone <b>(617) 939-7466</b>		Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>1</b>	
Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>278 SW 29TH AVE, DELRAY BEACH, FL 33445</b>			Phone <b>(617) 939-7466</b>		Address Source <b>FL DL</b>	
Business Address (Name, Street) (City) (State) (Zip) <b>BANFIELD PET HOSPITAL.</b>			Phone		Occupation <b>Field Director</b>	
DL Number, State <b>0640493672440 / FL</b>		INS Number	Place of Birth (City, State) <b>ALBANY, NY, United</b>		Citizenship <b>US</b>	
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor
<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) (City) (State) (Zip)						
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 <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.		School Attended		Grade		
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No.		Property Crime? <input type="checkbox"/> Yes <input checked="" 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. 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 <b>POSSESSION OF COCAINE</b>			Statute Violation Number <b>893.13 (6 A)</b>		Violation of ORD #	
Drug Activity	Drug Type <b>N</b>	Amount / Unit	Offense # <b>18-005886</b>	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number
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
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
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 type="checkbox"/> Injuries Explain:			
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 By		Released To
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		Date Transported // : :		Time Transported		Other
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>		Court Date and Time		
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	
HOLD for Other Agency		Signature of Arresting Officer <b>WOODS, JOHN J.</b>		Name Verification (Printed by Arrestee) <b>WOODS, JOHN J.</b>		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>WOODS, JOHN J.</b>		I.D. # <b>1071</b>		
Identifying # <b>05 10mm 803</b>		Pouch #		Transporting Officer <b>WOODS</b>		
				I.D. # <b>1071</b>		
				Agency <b>DBPD</b>		
Witness here if subject signed with arrest						

APR 18 AM 5:43  
SOUTH COUNTY JUVENILE COURT CLERK'S OFFICE

No Photo Available

SCANNED

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number <b>FL 0500400</b>		Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>	Agency Report Number <b>4   0   18-005886</b>
Charge Type: Check as many as apply.		<input checked="" type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance
		<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other

Name (Last, First, Middle) <b>ORYELL, JOSEPH MICHAEL</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>07/04/1967</b>
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Charge Description <b>893.13 (6 A) POSSESSION OF COCAINE</b>	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) <b>State Of Florida</b>	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source	
Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation	

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 . . .  
 committed the below acts in my presence.  was observed by \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person commit the below acts.  
 confessed to \_\_\_\_\_ admitting to the below facts.  was found to have committed the below acts, resulting from my (described) investigation.  
 On the **17** day of **April**, **2018** at **20:32** (Specifically include facts constituting cause for arrest.)

The following incident occurred in the City of Delray Beach, Palm Beach County, FL;  
 On 4/17/2018 at approximately 1937 hours, I was on patrol in the 100 Blk of SW 12th Ave when I observed the suspect, later identified by FL DL as Joseph M. Oryell (DOB 7/4/1967), parked in his vehicle on the East side of SW 12th Ave. The 100 Blk of SW 12th Ave is a documented area where numerous street level narcotics sales occur. The suspect, who was in his Gray 2010 Lexus ES350 (Bearing FL Tag 945PSX), was in contact with two black males at his driver side window. The black males, upon seeing me in my unmarked Police vehicle, immediately left the suspect's window and walked away quickly. The suspect then pulled out of the parking spot and began driving his vehicle slowly through the area of SW 11th and SW 12th Aves in the 100 Blks. After making two laps through the area, I initiated a traffic stop on the suspect in the 100 Blk of SW 11th Ave for a stop sign violation which occurred at SW 11th Ave and SW 2nd St.  
 Upon making contact with the suspect, he advised that he was in the area in an attempt to locate a female named "Tonya Padgett." The suspect could not advise where she lived or why he was looking for her. The suspect only advised that she seemed under the influence of an unknown substance while on the phone with her and possibly needed help. No record of this subject could be found in our computer database. I asked the suspect if he had any contraband on him, at which time he consented to a search of his person and the vehicle. On the driver side floor board, I located a small off white rock-like substance. Due to my knowledge, training and experience, I suspected this substance to be that of crack cocaine. Utilizing a Lynn Peavey Quick Check Test Kit, I field tested the off white rock-like substance which yielded a positive result for cocaine.  
 Based on my investigation, Probable Cause exists to charge W/M Joseph M. Oryell (DOB 7/4/1967) with Possession of Cocaine per FSS 893.13893.13 (6a).

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
<b>PITTI, PAUL</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	<b>WOODS, JOHN J (1071)</b> NAME OF OFFICER (PLEASE PRINT)
<b>04/17/2018</b> DATE	<b>04/17/2018</b> DATE