04007094 3537

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile: 1 | N

ADMINISTRATION

OBTS Number:

Agency ORI Number: FL0500300

Agency Name: BOYNTON BEACH POLICE DEPT.

Agency Report Number: 34-17-057296

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:

Multiple Clearance Indicator:

Location of Arrest (Including Name of Business): 574 E Woolbright Rd Boynton Beach Fl 33435

Location of Offense (Business Name, Address): 574 E Woolbright Rd Boynton Beach Fl 33435

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
10/05/2017	1449					

DEFENDANT

Name (Last, First, Middle): SCHWEINHART, JUNE ANN

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

W - White I - American Indian B - Black O - Oriental / Asian

Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	3/11/89	501	120	blue	blonde	fair	med

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

Marital Status: single

Religion: unk

Indication of: Alcohol Influence ☐ Y ■ N ☐ Unk. Drug Influence ■ Y ☐ N ☐ Unk.

Local Address (Street, Apt. Number): 4722 TODD ST (City): LAKE WORTH (State): Fl (Zip): 33463

Phone: (561)644-4595

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number): Same (City): (State): (Zip):

Phone: ( ) -

Address Source: Fl DI

Business Address (Street, Apt. Number): (City): (State): (Zip):

Phone: ( ) -

Occupation: unemployed

D/L Number, State: S563-421-89-591-0

Soc. Sec. Number: [redacted]

INS Number:

Place of Birth: West Palm Beach FL

Citizenship: US

CO-DEF

Co-Defendant Name (Last, First, Middle): [redacted]

Race	Sex	Date of Birth
W	F	11/6/89

■ 1. Arrested ■ 3. Felony ☐ 5. Juvenile ☐ 2. At Large ☐ 4. Misdemeanor

Co-Defendant Name (Last, First, Middle):

Race	Sex	Date of Birth

☐ 1. Arrested ☐ 3. Felony ☐ 5. Juvenile ☐ 2. At Large ☐ 4. Misdemeanor

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other

Name (Last) (First) (Middle):

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: OCT 5 Time: PM 6:15

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 561-355-2526) informed of any change of address:
☐ Yes, By: (Name) ☐ No: (Reason)

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. Barbituate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia Equipment S. Synthetic U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#
Child Neglect	1	☐Yes ■No	827.03 ~~(3)(c)~~ 20	

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
N/A	N/A	N/A	17-057296		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#
		☐Yes ☐No		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#
		☐Yes ☐No		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#
		☐Yes ☐No		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond

NOTICE TO APPEAR

☐ Instruction No. 1 Mandatory Appearance in Court
☐ Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.

Location (Court, Room Number, Address): South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444

Court Date and Time: Month Day Year Time ☐ A.M. ☐ P.M.

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:

ADMIN

HOLD for other Agency Name:
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Intake Officer: I.D. #: 8349 Pouch #:

Transporting Officer: I.D. #: 990 Agency: PBPD

Signature of Arresting Officer: 842

Name of Arresting Officer (Print): Ofc Levine I.D. #: 842

Name Verification (Printed by Arrestee) (PRINT):

BU# 109793

Witness here is subject Signed with an "X".

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OBTS Number	PROBABLE CAUSE AFFIDAVIT	1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias	1	Juvenile	N

Agency ORI Number	Agency Name	Agency Report Number
FL0500300	BOYNTON BEACH POLICE DEPT.	34-17-057296

Charge Type Check all that Apply: ☒ 1 Felony ☐ 2 Traffic Felony ☐ 3 Misdemeanor ☐ 4 Traffic Misdemeanor ☐ 5 Ordinance ☐ 6 Other

Special Notes:

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
SCHWEINHART, JUNE ANN		W	F	3/11/89

Charge Description: Child Neglect

Charge Description:

Charge Description:

Charge Description:

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
[redacted]	W	M	8/9/17

[redacted] Phone: Address Source: Verbal

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

The undersigned certifies and 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..

☐ 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 the below facts ☒ Was found to have committed the below acts, resulting from my (described) investigation.

On The 5 Day Of October 20 17 At 1252 ☐ A.M. ☒ P.M.

I responded to 574 E Woolbright Rd in reference to a ALS (MEDICAL) call in which two females were overdosing inside a vehicle. While responding, BBPD dispatched that two infant children were also located in the back seat of the SUV. Upon arrival I met BBFR units who were already on scene rendering aide to a W/F (later identified as [redacted] 11/6/89) that was reclined in the front passengers seat (unconscious). Their was another W/F (later identified as Schweinhart, June 3/11/89) that was already loaded up in the BBFR medical rig. Both females were transported to Bethesda Hospital East for advanced treatment for possible overdose on an unknown narcotic. BBPD units did located two small infants in the rear seat that were properly strapped in their car seats. Based on the above W/F's need for medical treatment, the infants were removed from the vehicle (2006 Ford Expedition FL tag IDNC34) and transported to BBPD. I then responded to Bethesda hospital and spoke with both females separately. Post Miranda, [redacted] stated that she picked Schweinhart up earlier this afternoon to hang out. [redacted] stated that she knows Scweinhart from a prior drug treatment program. [redacted] stated that they both were pregnant and had the same "due date" which brought them closer as friends. [redacted] stated that on this date they were having a conversation about her old drug dealer texting her stating "are you good?" (essentially asking if she needed any drugs from him). During that conversation, it was decided that they should get some Heroin. [redacted] then contacted, met up with, and bought approx. $60.00 worth of Heroin, all the while [redacted] were in the vehicle with them. [redacted] advised that both her and Schweinhart snorted a small amount of heroin in the vehicle (with the children inside). [redacted] stated that she allowed Schweinhart to drive the vehicle after using the heroin due to a belief that Schweinhart could drive better under the influence of heroin.

I then spoke with Schweinhart and post Miranda, stated the same sequence of events. Schweinhart's statements were captured on my BWC.

Shortly leaving the parking garage where they snorted the drugs (One Boynton Condo Complex 1391 S. Federal Hwy), [redacted] started shaking and became unresponsive. [redacted] stated that all she remembers was hearing Schweinhart yelling "oh my god, oh my god." [redacted] then awoke to BBFR personnel around her. [redacted] above statements were captured on my BWC.

Based on the above statements [redacted] and Schweinhart exhibited a blatant disregard for the safety of [redacted]. I find probable cause to exist to charge [redacted] and Schweinhart with Child Neglect pursuant to FSS# 827.03 (3)(c). [redacted] (W/M [redacted] 8/5/17) and Schweinhart's [redacted] (W/F [redacted] 8/9/17 were taken in DCF custody. [redacted] and Schweinhart were TOT PBCJ.

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The foregoing instrument was sworn to or affirmed and subscribed before me

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

10/05/2017
Date

(Signature of Arresting / Investigative Officer)

Ofc Levine
(Print name of Arresting/Investigative Officer)

10/05/2017
Date

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- ***Homicide (Ch. 782)***
- ***Attempted Murder***
- ***Stalking (S. 784.084)***
- ***Sexual Offense (Ch. 794)***
- ***Attempted Sexual Offense***
- ***Domestic Violence*** (This includes any *Assault, Agg. Assault, Battery, Agg. Battery, Sexual Assault, Sexual Battery, Stalking, Agg. Stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same dwelling)*

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

SUSPECT/ OFFENDER : SCHWEINHART, JUNE ANN

COURT CASE/WARRANT #: _____
(FOR WARRANTS USE ONLY)

1. Incident Report #: 17-057296 Agency: Boynton Beach Police Department
   Offense: Child Neglect
   Suspect/Offender: SCHWEINHART, JUNE ANN
   DOB: 3/11/89 Race: W Sex: F

2. Warrant # (s): _____

3. Complete one (1) of the following:

   A. Victim's Name: [redacted]
   Add [redacted]
   City
   Home #: _____ Work #: _____ Other: _____

   B. Victim's Next of Kin: _____
   Address: _____
   City: _____ State: _____ Zip: _____
   Home #: _____ Work #: _____ Other: _____

   C: Victim's designated contact other than next of kin (for example: a friend or neighbor):
   Name: _____
   Address: _____
   City: _____ State: _____ Zip: _____
   Home #: _____ Work #: _____ Other: _____

4. Relevant identification or case numbers assigned to the case (please specify):
   _____

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of Victim: _____

Printed Name of Victim [redacted]

Officer's Name: Ofc Levine I.D.# 842 Date: 10/05/2017

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