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N.R. IMM 825

1891

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	N											
Agency ORI Number <b>FL 0500300</b>		Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>			Agency Report Number <b>34-19-33457</b>																
Charge Type: Check as many as Apply.		<input 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											
Location of Arrest (including Name of Business) <b>634 E. Ocean Ave, Boynton Beach, FL 33435</b>					Location of Offense (Business Name, Address) <b>634 E. Ocean Ave, Boynton Beach, FL 33435</b>																
Date of Arrest <b>08/23/2019</b>		Time of Arrest <b>1417</b>		Booking Date		Booking Time		Jail Date		Jail Time	Location of Vehicle										
Name (Last, First, Middle) <b>Wang, Junying</b>																					
Alias (Name, DOB, Soc. Sec. #, Etc)																					
W - White B - Black		I - American Indian O - Oriental / Asian		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>07/05/1973</b>		Height <b>503</b>	Weight <b>115</b>	Eye Color <b>Brown</b>	Hair Color <b>Brown</b>	Complexion <b>Light</b>	Build <b>Med</b>								
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)																					
Marital Status																					
Religion																					
Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK																					
Local Address (Street, Apt. Number) <b>1331 N 71st Ter, Hollywood, FL 33024</b>					(City)		(State)		(Zip)		Phone ( ) ( ) ( )	Residence Type 1. City 3. Florida 2. County 4. Out of State		1							
Permanent Address (Street, Apt. Number)																					
Business Address (Street, Apt. Number)																					
Occupation <i>Master</i>																					
DL Number, State <b>W520420737450</b>					INS Number			Place of Birth <b>China</b>		Citizenship <b>Immigrant</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		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor								
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		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor								
<input type="checkbox"/> Parent Name (Last) (First) (Middle)					Residence Phone					<input type="checkbox"/> Legal Custodian		<input type="checkbox"/> Other									
Address (Street, Apt. Number) <b>1-250 AD</b>					(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		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 561-355-2526) informed of any change of address: <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)											School Attended		Grade								
Property Crime? <input type="checkbox"/> Yes <input 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. 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 Description <b>Offer to Commit Prostitution</b>					Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number <b>796.07.2E 4A1</b>		Violation of ORD#		Warrant/Capias Number		Bond						
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount/Unit <b>N/A</b>		Offense # <b>19-33457</b>		Warrant/Capias Number		Bond											
Charge Description					Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#										
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond											
Charge Description					Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#										
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond											
Charge Description					Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#										
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond											
<input 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 instruction on reverse side.											Location (Court, Room Number, Address) <b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b>										
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.											Month		Day		Year		Time		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		
Signature of Defendant (or Juvenile and Parent/Custodian)											Date Signed										
HOLD for other Agency Name:					Signature of Arresting Officer <i>[Signature]</i> #997					Name Verification (Printed by Arrestee) (PRINT)											
<input type="checkbox"/> Dangerous <input type="checkbox"/> Releated Arrest <input checked="" type="checkbox"/> Release <input type="checkbox"/> Other:					Name of Arresting Officer (Print) <b>Det. Loshelder</b>					I.D. # <b>941</b>											
Intake Agency <b>AS (COMM) - 8093</b>					Pouch #					Transporing Officer <b>[Signature]</b> I.D. # <b>994</b> Agency <b>8880</b>											
Witness here is subject Signed with an "X".											Page <b>1 OF 1</b>										

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2019

OBS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest	3 Request for Warrant	1	Juvenile	N
Agency/ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-19-33457				
Charge Type Check all that Apply		Special Notes						
<input 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				
Name (Last, First, Middle) Wang, Junying				Alias	Race W	Sex F	Date of Birth 07/05/1973	
Charge Description Offer to Commit Prostitution				Charge Description				
Charge Description				Charge Description				
Victim's Name (Last, First, Middle) State of Florida				Race	Sex	Date of Birth		
Local Address (Street, Apt Number) 2045 High Ridge Rd				(City) Boynton Beach	(State) FL	(Zip) 33435	Phone 561-742-6100	
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...								
<input type="checkbox"/> Committed the below acts in my presence. <input type="checkbox"/> Was observed by      Who told      That he/she saw the arrested person commit the below acts. <input type="checkbox"/> Confessed to      Admitting the below facts <input checked="" type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation.								
On The 23 Day of August 20 19 At 1:30 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.								

On 8/23/2019 members of the Boynton Beach Police Department detective bureau conducted an undercover operation at Health Spa Ocean Ave, 634 E. Ocean Ave. The operation was executed based on the fact that BBPD has received multiple calls for service and complaints from citizens to include Crime Stopper Tips in reference to each business engaging in illegal activities ie. prostitution, solicitation and possible human trafficking.

Furthermore on the above date, an undercover officer (who will be referred to as UC) walked into Health Spa Ocean Ave where he was greeted by Junying Wang (DOB 7/5/1973) whom welcomed UC into the business and asked him to follow her to a massage room. Once in the room, Wang asked UC what he would like. UC replied that he wanted a thirty minute massage, but the whole body. Wang then asked UC if he wanted to do a one hour massage for \$70 or thirty minute for \$50 dollars. UC told Wang that he didn't care how long the massage was, as long as she would massage his whole body. Wang then grabbed UC's genitals over his clothing and said \$70 for one hour plus \$50 tip and made a motion for a hand job; Wang ended with saying \$120 in total. UC told Wang that he only had \$60 on him and he would need to go to an ATM for more money. Wang asked UC if he could use a credit card, but he told her that he couldn't because he is married and his wife would see. Wang then tried to stop UC from leaving so she said she would do half hour and then made the hand job motion sign again for \$50. UC told Wang that he wanted to do the one hour deal for \$120. Wang then made UC pinky swear that he would come back and said she would wait for him. Wang told UC that there is a Bank Of America is very close and asked that he return quickly. UC proceeded to walk outside and exited the business/ parking lot as detectives then walked into Health Spa Ocean Ave and made contact with Wang. Detectives explained to Wang that she was being placed under arrest for solicitation and she was transported back to BBPD by road patrol. Wang was placed into a recorded interview room and read her Miranda rights via language line at which time she advised that she wanted a lawyer. Let it be noted that the above encounter was monitored via live feed and recorded.; the recording was later entered into BBPD evidence.

Based on the above investigation, Wang was charged with one count of Offer to Commit Prostitution according to FSS: 796.07.2E and TOT PBCJ.

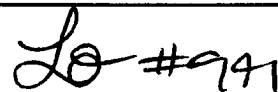
The foregoing instrument was sworn to or affirmed and subscribed before me



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

8 /23/2019

Date



(Signature of Arresting / Investigative Officer)

Det. Loshelder

(Print name of Arresting/Investigative Officer)

8 /23/2019

Date

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**Palm Beach County Sheriff's Office – Arrests Only**

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

**REVIEW COMPLETED BY**

Booking Number: 2019027672	Date: 8/24/2019
	Specialist Name/ID: LaToya Rouse/ #6673