

0487297

ARREST / NOTICE TO APPEAR

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ADMI NIST RATI ON	OBTS Number	Agency ORI Number 0502000	Agency Name Lantana Police Department	Agency Report Number (N.T.A.'s only) 6, 4 17-000990	1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
	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	None/not Applicable	Multiple Clearance Indicator	1
	Location of Arrest (Including Name of Business) PUBLIC 1589 W LANTANA RD, LANTANA, FL 32			Location of Offense (Business Name, Address) 1589 W LANTANA RD, LANTANA, FL 33462				
	Date of Arrest 04/22/2017	Time of Arrest 17:00	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	

DEF END ANT	Name (Last, First, Middle) KENYON, KATHERINE ELIZABETH										Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:									
	Race W - White B - Black		Sex W F		Date of Birth 10/06/1983		Height 5'01		Weight 118		Eye Color BROWN		Hair Color BROWN		Complexion LIGHT		Build Thin			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATTOR TORSO / TO THE SEA										Marital Status M		Religion CATHOLIC		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>			
	Local Address (Street, Apt. Number) 115 S 11TH ST, LANTANA, FL 33462				(City)		(State)		(Zip)		Phone (561) 602-2274				Residence Type: 1. City 3. Florida 2. County 4. Out of State 1					
	Permanent Address (Street, Apt. Number) 115 S 11TH ST, LANTANA, FL 33462				(City)		(State)		(Zip)		Phone (561) 602-2274				Address Source VERBAL					
	Business Address (Name, Street)				(City)		(State)		(Zip)		Phone				Occupation Server					
	D/L Number, State K550505838660 / FL			Soc. Sec. Number			INS Number			Place of Birth (City, State) BOYNTON BEACH, FL			Citizenship US							

CO DE FE	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		
JU VE NI LE	Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)									Residence Phone	
	Legal Custodian <input type="checkbox"/> _____									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		
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Description of Property			Value of Property		

CH AR GE	Drug Activity N. N/A P. Possess										S. Sell B. Buy T. Traffic										R. Smuggle D. Deliver E. Use										K. Disperse/ 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 RETAIL THEFT-FELONY										Statute Violation Number 812.0145(C)(2C)										Violation of ORD #																																																																																									
	Drug Activity N		Drug Type N		Amount / Unit /		Offense # 17-000990		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number										Bond																																																																																							
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IN TA KE	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																																						
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input 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										Transported By										Date Transported										Time Transported										Other								

NO TI CE TO AP PE AR	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court										Location (Court, Room)									
	<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.										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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.																			
Signature of Defendant (or Juvenile and Parent/Custodian)										Date Signed										

AD MI N	HOLD for Other Agency										Signature of Arresting Officer [Signature]										Name Verification (Printed by Arrestee)																												
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest										Name of Arresting Officer (Print) CROWLEY, STEPHANIE D.										I.D. # 699																												
	<input type="checkbox"/> Suicidal <input type="checkbox"/> Other										Transporting Officer [Signature]										I.D. # 877										Agency 4PD										PAGE 1 OF 1								

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

A D M I N I S T R A T I V E	OBTS Number		Agency Name LANTANA POLICE DEPARTMENT		Agency Report Number 6 4 17-000990	
	Agency ORI Number FL 0502000					
Charge Type: Check as many as apply.					Special Notes:	
<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) KENYON, KATHERINE ELIZABETH			Alias	Race W	Sex F	Date of Birth 10/06/1983
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Charge Description 812.014(3)(C) RETAIL THEFT-FELONY	Charge Description
Charge Description	Charge Description

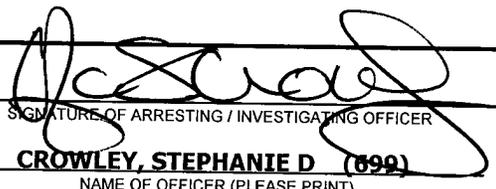
Victim's Name (Last, First, Middle) PUBLIX SUPERMARKET,			Race	Sex	Date of Birth
Local Address (Street, Apt. Number) 1589 W LANTANA RD, LANTANA, FL 33462		(City)	(State)	(Zip)	Phone (561) 585-4225
Business Address (Name, Street)		(City)	(State)	(Zip)	Occupation

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 **NATALIE NUNEZ** who told **OFC CROWLEY** 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 22 day of April, 2017 at 17:26 (Specifically include facts constituting cause for arrest.)

On 04/22/2017 at 1614 hours I was dispatched to Publix. 1589 W. Lantana Rd, Lantana, Fl 33462 reference to a retail theft.

Upon my arrival I made contact with Loss Prevention Officer Natalie Nunez 12/03/90 who advised the following: I noticed a white female pushing a cart with a younger girl selecting merchandise. The female proceeded to aisle 10 where she concealed everything inside a Publix shopping bag then started to walk to the exit doors, passing all points of sale with out paying for the merchandise. The female was stopped outside and escorted back into the front office of the store. The total of the merchandise stolen and recovered by Publix was \$371.16.

The white female was later identified as Katherine Kenyon 10/06/83 by her Florida drivers license K550-505-83-866-0. Kenyon was placed under arrest and transported to the Lantana Police Department for processing and later lodged at the Palm Beach County Jail. Kenyon advised the juvenile with her was her daughter Kylie Lorenzen 09/28/06. Lorenzen was turned over to a family friend at Publix per Kenyon's request.

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER 
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	CROWLEY, STEPHANIE D (699) NAME OF OFFICER (PLEASE PRINT)
<u>04/22/2017</u> DATE	<u>04/22/2017</u> DATE