

0496056

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ARREST / NOTICE TO APPEAR

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   18-002962</b>		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	<b>1</b>	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 <b>None/not Applicable</b>	Multiples Clearance Indicator	<b>1</b>			
Location of Arrest (Including Name of Business) <b>1 SALINA AVE, DELRAY BEACH, FL</b>					Location of Offense (Business Name, Address) <b>1 ANDREWS AVE/E ATLANTIC AVE, DELRAY BEACH, FL</b>					
Date of Arrest <b>02/24/2018</b>	Time of Arrest <b>23:06</b>	Booking Date <b>02/24/2018</b>	Booking Time <b>23:16</b>	Jail Date <b>// : :</b>	Jail Time	Location of Vehicle <b>WESTWAY TOWING</b>				
Name (Last, First, Middle) <b>DRUMMOND, KATLYN DONN</b>					Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:					
Race W - White B - Black	1 - American Indian O - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>09/10/1996</b>	Height <b>5'05</b>	Weight <b>120</b>	Eye Color <b>BROWN</b>	Hair Color <b>BROWN</b>	Complexion <b>FAIR</b>	Build <b>MEDIUM</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status <b>S</b>	Religion <b>CHRISTIAN</b>	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) <b>402 HILLCREST CT, BELTON, MO 64012</b>			(City)	(State)	(Zip)	Phone <b>(816) 810-4091</b>				
Permanent Address (Street, Apt. Number) <b>402 HILLCREST CT, BELTON, MO 64012</b>			(City)	(State)	(Zip)	Phone <b>(816) 810-4091</b>				
Business Address (Name, Street) <b>NONE,</b>			(City)	(State)	(Zip)	Phone <b>MO/DL</b>				
D/L Number, State <b>X072255002 / MO</b>		Soc. Sec. Number	INS Number	Place of Birth (City, State) <b>KANSAS CITY, MO</b>		Citizenship <b>US</b>				
Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth			
Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth			
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Legal Custodian					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 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. 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 <b>FAIL RETURN HIRED/LEASED PROPERTY</b>						Statute Violation Number <b>812.155(3)</b>		Violation of ORD #		
Drug Activity	Drug Type <b>N</b>	Amount / Unit <b>/</b>	Offense # <b>18-002962</b>	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond		
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		Bond		
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		Bond		
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 type="checkbox"/> Postal Bond <input type="checkbox"/> South County Mental Health						<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By	Released By	Released To
Transported By						Date Transported <b>// : :</b>	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 334</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 AN ARREST WARRANT FOR MY ARREST SHALL BE ISSUED.						No Photo Available				
Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed				
HOLD for Other Agency						Signature of Arresting Officer		Name Verification (Printed by Arrestor)		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal						<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		(PRINT)		
Intake Deputy <b>SPANN 819</b>						Name of Arresting Officer (Print) <b>COLLARETTI, ANDREW</b>		I.D. # <b>0962</b>		
Pouch #						Transporting Officer <b>COLLARETTI</b>		I.D. # <b>962</b>		
						Agency <b>DBPD</b>		PAGE <b>1 OF 1</b>		

SCANNED

2018 FEB 25 AM 5:46  
SOUTH COUNTY JUVENILE COURT BRANCH

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

A D M I N	OBTS Number		Agency ORI Number <b>FL 0500400</b>		Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>		Agency Report Number <b>4   0   18-002962</b>		
	Charge Type: Check as many as apply.		Special Notes:		Name (Last, First, Middle) <b>DRUMMOND, KATLYN DONN</b>		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>09/10/1996</b>
D E F	Charge Description <b>812.155(3) FAIL RETURN HIRED/LEASED PROPERTY</b>		Charge Description		Victim's Name (Last, First, Middle) <b>ENTERPRISE HOLDINGS, INC,</b>		Race	Sex	Date of Birth
	Charge Description		Charge Description		Local Address (Street, Apt. Number) (City) (State) (Zip) <b>14002 E 21ST ST, TULSA, OK 74134</b>		Phone	Address Source	
C H A R G E S	Victim's Name (Last, First, Middle)		Local Address (Street, Apt. Number) (City) (State) (Zip)		Business Address (Name, Street) (City) (State) (Zip)		Phone	Occupation	
	Business Address (Name, Street) (City) (State) (Zip)		Phone		Business Address (Name, Street) (City) (State) (Zip)		Phone	Occupation	
V I C T I M	Business Address (Name, Street) (City) (State) (Zip)		Phone		Business Address (Name, Street) (City) (State) (Zip)		Phone	Occupation	
	Business Address (Name, Street) (City) (State) (Zip)		Phone		Business Address (Name, Street) (City) (State) (Zip)		Phone	Occupation	
P R O B A B L E	Business Address (Name, Street) (City) (State) (Zip)		Phone		Business Address (Name, Street) (City) (State) (Zip)		Phone	Occupation	
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S T A T E	Business Address (Name, Street) (City) (State) (Zip)		Phone		Business Address (Name, Street) (City) (State) (Zip)		Phone	Occupation	
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M E M O R A N D	Business Address (Name, Street) (City) (State) (Zip)		Phone		Business Address (Name, Street) (City) (State) (Zip)		Phone	Occupation	
	Business Address (Name, Street) (City) (State) (Zip)		Phone		Business Address (Name, Street) (City) (State) (Zip)		Phone	Occupation	
A D M I N I S T R A T I V E	Business Address (Name, Street) (City) (State) (Zip)		Phone		Business Address (Name, Street) (City) (State) (Zip)		Phone	Occupation	
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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 to the below facts.  was found to have committed the below acts, resulting from my (described) investigation.  
 On the 24 day of February, 2018 at 22:13 (Specifically include facts constituting cause for arrest.)

The following incident occurred in the City of Delray Beach, Palm Beach County, Florida.

On 02/24/2018 at approximately 2213 hours, I was stopped near the intersection of Andrews Ave and E Atlantic Ave. A gray Hyundai Sonata (FL tag AFM-D48) was traveling north bound on Andrews Ave and stopped at the stop sign at E Atlantic Ave. I ran the license plate of the vehicle through FCIC/NCIC on my lap top. There appeared to be an alert on this vehicle that it was an overdue rental/stolen vehicle from Enterprise Holdings Company. I confirmed this information with our dispatch and continued to follow the vehicle west bound on E Atlantic Ave. The Hyundai then made a U-turn at Venitian Dr and continued east bound on E Atlantic Ave. The Hyundai then turned north on Salina Ave when I conducted a traffic stop. A felony stop was conducted and the driver, who was later identified as Jake Shore, and front passenger, who was later identified as Katlyn Drummond, were detained.

Ofc. Florvil searched Shore's person to which he located a pill bottle in his right front pocket. The pill bottle was for Drummond's Tramadol prescription but also had other pills inside. Inside the bottle was 5.5 Subutex (Schedule 3) pills which Shore claimed were his. Officers gave Shore several different opportunities to prove the pills were his but he failed to do so.

Post Miranda Drummond stated that she fell behind on her rental payment. She claimed that she went to an Enterprise Rental store in Delray Beach and made a payment. Originally Drummond stated that she possibly had an electronic receipt for the last payment on 02/22/18 but when asked again, she stated that she just dropped the payment in the "over night drop off slot" of Enterprise. Teletype confirmed with Enterprise that there was no such payment made and that the vehicle was still listed as stolen. Drummond and Shore were taken back to the DBPD for processing and then TOT to PBC jail.

SWORN AND SUBSCRIBED BEFORE ME

**MCCABE, EDWARD**

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

**02/25/2018**

DATE

*[Signature]*  
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

**COLLARETTI, ANDREW (0962)**

NAME OF OFFICER (PLEASE PRINT)

**02/25/2018**

DATE

PAGE

1 OF 2

SCANNED  
FEB 25 2018

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

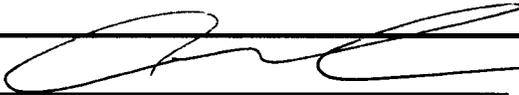
**1** JUVENILE

A D M I N I S T R A T I V E	OBTS Number		Agency ORI Number <b>FL 0500400</b>		Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>		Agency Report Number <b>4 0 18-002962</b>	
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<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				

Due to the above stated facts, I believe there is probable cause to charge the defendant, Katlyn Drummond, with Failing to return hired/leased property, pursuant to FSS 812.155(3).

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A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
	<b>MCCABE, EDWARD</b> <i>M: / -841</i>			
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		NAME OF OFFICER (PLEASE PRINT) <b>COLLARETTI, ANDREW (0962)</b>	
	<b>02/25/2018</b> DATE		<b>02/25/2018</b> DATE	

PAGE  
**2** OF **2**

SCANNED  
RECORDS  
FEB 25 2018