

0456152

2233

## ARREST / NOTICE TO APPEAR

## Juvenile Referral Report

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

Juvenile

1

N

OBTS Number	
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Agency ORI Number	Agency Name	Agency Report Number									
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	06 17080272									
Charge Type: Check as many as apply	1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>	If Weapon Seized Enter Type	Multiple Clearance Indicator 0 2								
Location of Arrest (Including Name of Business) 1600 S. Dixie Highway Lake Worth FL 33460		Location of Offense (Including Name of Business) 1600 S. Dixie Highway LAKE WORTH FL 33460									
Date of Arrest 05/21/2017	Time of Arrest 1816	Booking Date	Booking Time								
Jail Date		Jail Time									
Name (Last, First, Middle) Perreila Kauwela Aoull				Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W M	Date of Birth 07/28/1978	Height 5'10	Weight 195	Eye Color Hazel	Hair Color Brown	Complexion Fair	Build Med			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Tattoo on left side of chest					Marital Status Married	Religion	Indication of: Alcohol Influence <input checked="" type="checkbox"/> N <input type="checkbox"/> Drug Influence <input checked="" type="checkbox"/> Unk <input type="checkbox"/>				
Local Address (Street, Apt. Number) 5271 Edgewood Dr		City Lake Worth	State FL	Zip 33467	Phone 360-5817438	Residence Type: 1. City 3. Florida 2. County 4. Out of State 1					
Permanent Address (Street, Apt. Number)		City	State	Zip	Phone	Address Source Deff					
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation Cook					
D/L Number, State P660501782680	Social Security Number	INS Number	Place of Birth Portland OR		Citizenship Yes						
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <table border="0"> <tr> <td><input type="checkbox"/> 3. Felony</td> </tr> <tr> <td><input type="checkbox"/> 4. Misdemeanor</td> </tr> <tr> <td><input type="checkbox"/> 5. Juvenile</td> </tr> </table>			<input type="checkbox"/> 3. Felony	<input type="checkbox"/> 4. Misdemeanor	<input type="checkbox"/> 5. Juvenile
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<input type="checkbox"/> 3. Felony											
<input type="checkbox"/> 4. Misdemeanor											
<input type="checkbox"/> 5. Juvenile											
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	Name (Last, First, Middle)					Phone					
Address (Street, Apt. No.)		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		1					
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 address change <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)					School Attended				Grade		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property					Value of Property					
Drug Activity N. NA 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. NA A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana	P. Paraphernalia/ Equipment	U. Unknown Z. Other	
Charge Description Poss. Cocaine		Offense #	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 893.13.(6A)		Violation or ORD. #				
Drug Activity P	Drug Type C	Amount/Unit 0.1 grams	Offense # 17080272	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant/Capias Number		Bond 3,000.00			
Charge Description Poss. Paraphernalia		Offense #	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 893.147		Violation or ORD. #				
Drug Activity P	Drug Type P	Amount/Unit	Offense # 17080272	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant/Capias Number		Bond OR			
Charge Description		Offense #	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation or ORD. #				
Drug Activity	Drug Type	Amount/Unit	Offense #	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant/Capias Number		Bond 201			
Charge Description		Offense #	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation or ORD. # MAY 22				
Drug Activity	Drug Type	Amount/Unit	Offense #	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant/Capias Number		Bond 50			
Location (Court, Address, Room Number)											
Court Date and Time Month Day Year Time AM <input type="checkbox"/> PM <input type="checkbox"/>											
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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 Name			Signature of Arresting Officer			Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other _____			Name of Arresting Officer D/SHAUGH ID # 26694 (PRINT)								
Intake Date DIS/lex-7136		ID # Pouch #	Transporting Officer D/S Haugh	ID #	Agency PSSA	SCANNED Witness here if subject signed with an "X"					
Page 1 of 1											

MAY 22 2017

2017 05 22 7:51

OBTS Number

## PROBABLE CAUSE AFFIDAVIT

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

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Juvenile

N

Agency ORI Number <b>FLO 5 0 0 0 0 0</b>	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number <b>06</b>	<b>17080272</b>		
Charge Type Check as many as apply	<input type="checkbox"/> 1. Felony <input checked="" 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 _____	Special Notes			
Defendant Name (Last, First, Middle) <b>Perreila</b>	<b>Kauwela</b>	<b>Aouli</b>	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>07/28/1978</b>
Charge <b>Poss. Cocaine</b>	Charge <b>Poss. Paraphernalia</b>				
Charge <b></b>	Charge <b></b>				
Victim 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 (Street, Apt. Number)	City	State	Zip	Phone	Occupation
The undersigned 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 checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to admitting to the below facts. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.					
On the <b>21st</b> day of <b>May</b> 20 <b>17</b> at <b>6:16</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM					

On the above date and time, Units were conducting surveillance at the 1600 block of S. Dixie Highway in reference to ongoing complaints of open air hand to hand drug sales. While conducting surveillance, I observed a black Honda Accord bearing FL tag DCSH25 enter the parking lot. The driver later identified as Kauwela Perreila exit the vehicle and make contact with an unknown black female wearing a gray shirt and black pants. After a brief conversation, Kauwela and the unknown female began walking next to each other east bound in the parking lot where Kauwela handed an unknown amount of currency to the female while the female appeared nervous and was looking around throughout the parking lot. Once the female received the money she discretely handed Kauwela an unknown object which she attempted to conceal from view. Once Kauwela received the item, he immediately walked back to his vehicle and drove south bound on Dixie Highway where I conducted a traffic stop. I asked Kauwela to step out of the vehicle and in plain view 0.1 grams of suspect crack cocaine was located in the driver's door handle. The suspect cocaine was field tested with positive results utilizing a Cobalt test kit. Kauwela was placed under arrest for the cocaine and while conducting tow inventory of the vehicle, two used crack cocaine pipes were located in the vehicle's center console.

NOTA CEE

The foregoing instrument was sworn to and affirmed before me this <b>21st</b> day of <b>May</b> 20 <b>17</b> , by:	<b>D/S Kalmus 20186</b>	<b>D/S HAUGH</b>	<b>26694</b>
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer		
<i>[Signature]</i>	<i>[Signature]</i>		
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer		
SCANNED			
MAY 22 2017			
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