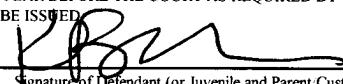
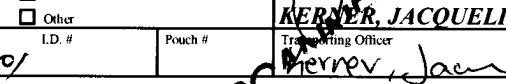


ARREST / NOTICE TO APPEAR

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 O N			OBT'S Number			Pch 2152 17mo 252							
Agency ORI Number 0500900		Agency Name Atlantis Police Department		Agency Report Number (N.T.A.'s only) 17-000100									
Charge Type: Check as many as apply		<input type="checkbox"/> 1. Felony <input checked="" 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			If Weapon Seized Enter Type: NONE		Multiple Clearance Indicator						
Location of Arrest (Including Name of Business) 5300-BLK S CONGRESS AVE ATLANTIS FL													
Date of Arrest 03/01/2017		Time of Arrest 03:58		Booking Date		Booking Time	Jail Date	Jail Time					
Location of Offense (Business Name, Address) 1109 NW 30TH CT 6, WILTON MANOR, FL 33311													
Name (Last, First, Middle) BRUTON, KAYLA K													
Alias: BRUTON, KAYLA K													
Race W - White B - Black		Sex W - Female F - Female		Date of Birth 06/25/1985		Height 5'08	Weight 145	Eye Color GRAY	Hair Color BROWN	Complexion LIGHT	Build Medium		
Skins, Marks, Tattoos, Unique Physical Features (Location, Type, Description)									Marital Status S	Religion none			
Local Address (Street, Apt. Number) 1109 NW 30TH CT 6, WILTON MANOR, FL 33311									Phone (954) 405-3345	Residence Type: 1. City 2. County			
Permanent Address (Street, Apt. Number) 1109 NW 30TH CT 6, WILTON MANOR, FL 33311									Phone (954) 405-3345	Address Source			
Business Address (Name, Street)									Phone	Occupation Unemployed			
D/L Number, State /		Soc. Sec. Number		INS Number			Place of Birth (City, State) POINT PLEASANT, NJ		Citizenship US				
Co-Defendant Name (Last, First, Middle)									Race	Sex	Date of Birth		
Co-Defendant Name (Last, First, Middle)									Race	Sex	Date of Birth		
Parent <input type="checkbox"/> Other: _____									Name (Last, First, Middle)			Residence Phone	
Legal Custodian													
Address (Street, Apt. Number) of									(City) (State) (Zip)	Business Phone			
Notified by: (Name)									Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released		
Released To: (Name)									Date	Time	2. TOT JAC 3. Incarcerated		
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	
C O D E Drug Activity S. Sell R. Smuggle K. Disperses/ M. Manufacture/ Z. Other									Drug Type N. N/A B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown	C. Cocaine M. Marijuana O. Opium/Deriv. S. Synthetic Z. Other			
P. Possess T. Traffic E. Use									A. Amphetamine E. Heroin				
C H A R G E Charge Description LOITERING OR PROWLING									Statute Violation Number 856.021		Violation of ORD #		
Drug Activity		Drug Type		Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number			Bond		
17-000100													
C H A R G E 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		
C H A R G E 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		
J I N T A K E 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"/> 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		
<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) Criminal Justice WEST PALM BEACH		No Photo Available		
									Court Date and Time 03/30/2017 08:00:00				
T O A P P E A R 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				
HOLD for Other Agency									Signature Arresting Officer		Name Verification (Printed by Arrestee)		
											(PRINT)		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other									Name of Arresting Officer (Print) KERNER, JACQUELINE		I.D. # 128	PAGE 1 OF 1	
ADMIN Intake Deputy I.D. # Pouch #									Transporting Officer I.D. # Agency		Witness here if subject signed with an "X".		
 Yvonne B. Kerner, Jac													
<input type="checkbox"/> COURT <input type="checkbox"/> STATE ATTORNEY <input type="checkbox"/> AGENCY <input type="checkbox"/> CENTRAL RECORDS <input type="checkbox"/> JAIL <input type="checkbox"/> CRIME ANALYSIS <input type="checkbox"/> P. L. O. <input type="checkbox"/> DEFENDANT													

ATLANTIS POLICE DEPARTMENT

STATEMENT

WITNESS VICTIM OTHER _____

DATE 3-1-17 Time 0341

Case # 17-000100

NAME Gayle Ramlahan DOB 6/15/68 RACE SEX F

ADDRESS JFK Medical Cntr ED

HOME PHONE 561-548-3836 WORK PHONE _____ OTHER PHONE _____

I, Gayle Ramlahan do hereby make the following voluntary statement of my own free will and without threat, coercion or promise of reward.

I saw pt who was discharged from the ER- trying to lift doors of vehicles to see if they were unlocked. white minivan and other vehicle in the Valet parking lot. Reported to security & AHP

I Swear & Affirm that the statement I have provided is true and accurate.



SIGNATURE

Sworn to and Subscribed before me this 1 day of March 2017. Personally known
Produced ID Hospital ID (Type).

Officer Notary (F.S. 117.10)


Duncan, Jonathan #129

SIGNATURE: Officer/Notary Public

RECEIPT FOR PRISONER'S PERSONAL PROPERTY
PALM BEACH COUNTY

JAIL	Jacket # <u>0455742</u> Cell # _____		Pouch # <u>2152</u>											
ARRESTING AGENCY	Arrest Agency <u>ABOVE 911</u> Arrest Date <u>3/1/17</u> Arrest Time <u>0350</u> Tamper-Proof Bag # <u>031020</u>													
	Print Prisoner's <u>Lealan Burton</u>													
	Prisoner's <u>ABOVE 911</u>	LAST NAME <u>Burton</u>	FIRST NAME <u>K</u>											
	Prisoner's <u>ABOVE 911</u>	DATE OF BIRTH <u>1/15/75</u>	MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> WHITE <input checked="" type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC <input type="checkbox"/> OTHER <input type="checkbox"/>											
	Prisoner's <u>ABOVE 911</u>	SOCIAL SECURITY NUMBER <u>361-12-1234</u>												
1's <input type="checkbox"/> 5's <input type="checkbox"/> 10's <input type="checkbox"/> 20's <input type="checkbox"/> 50's <input type="checkbox"/> 100's <input type="checkbox"/> Other <input type="checkbox"/>		U.S. Bills Total <u>\$ 0.00</u> U.S. Coin Total <u>\$ 0.00</u> Check/M.O. Total <u>\$ 0.00</u>												
Total Amount of Money in Writing <u>One Hundred and Zero Cents</u>		Total Amount of Money Numerical <u>\$ 0.00</u>												
DESCRIPTION OF PERSONAL PROPERTY			BAG 1 OF _____ - BULK PROPERTY - BAG 2 OF _____											
1. <u>1/20 metal Ring</u> 2. <u>1/20 metal Ring</u> 3. 4. 5. 6. 7. 8. 9. 10. 11.			1. <u>Shirt</u> 2. <u>Misc. Paperwork</u> 3. <u>1/20 Ring</u> 4. 5. 6. 7.											
PRISONER IS WEARING														
1. <u>Black pants</u> Black Glasses 2. <u>Black shirt</u> Black pants 3. <u>Black shirt</u>														
FBI <u>John</u>		PRINT NAME OF OFFICIAL TAKING PROPERTY <u>John Koen</u>		ID # <u>311760</u>	SIGNATURE									
TRANSPORT	CHAIN OF CUSTODY													
I certify the above inventory is correct and I have received all items listed above.														
Name <u>John</u> ID Number <u>2236</u> Agency <u>PBSO</u> Date <u>3/1/17</u>														
1. <u>John</u> 2. <u>John</u> 3. <u>John</u>														
INTAKE	Shower/Uniform Issuance. D/S Print Name and ID #: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Items retained by inmate</td> <td style="width: 50%;">Additional property/clothing placed into Property</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>						Items retained by inmate	Additional property/clothing placed into Property						
Items retained by inmate	Additional property/clothing placed into Property													
By my signature, I acknowledge receipt of all my listed property and money in the amount of: Check Total <u>\$ 0.00</u> Cash Total <u>\$ 0.00</u>														
RELEASE			SIGNATURE OF PRISONER			SIGNATURE /ID # OF WITNESS			DATE					

**INCIDENT/INVESTIGATION
REPORT**

Agency Name	Atlantis Police Department
ORI	FL0500900

Case#	17-000100
Date / Time Reported	03/01/2017 04:00 Wed
Last Known Secure	03/01/2017 03:31 Wed
At Found	03/01/2017 03:31 Wed

I N C I D E N T D A T A MO	Location of Incident	Premise Type	Zone/Tract		
	5300 S Congress Ave, Atlantis FL 33462-	Parking Lot / Area	ATL, 2003		
#1	Crime Incident(s) Loitering Or Prowling 856.021	(Com)	Weapon / Tools	NONE	Activity
		M	Entry	Exit	Security
	#2	Crime Incident	()	Weapon / Tools	
#3	Crime Incident	()	Weapon / Tools		Activity
			Entry	Exit	Security

V I C T I M O T H E R S I N V O L V E D	# of Victims	1	Type:	SOCIETY / PUBLIC		Injury:	Domestic: N				
	V1	Victim/Business Name (Last, First, Middle) State Of Florida			Victim of Crime #	DOB	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
	Home Address						Home Phone				
	Employer Name/Address						Business Phone			Mobile Phone	
	VYR	Make	Model	Style	Color	Lic/Lis	VIN				

CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)											
Type: Injury:											
Code	Name (Last, First, Middle)			Victim of Crime #	DOB	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status	
Age						Age					
Home Address						Home Phone					
Employer Name/Address						Business Phone			Mobile Phone		
Type: Injury:											
Code	Name (Last, First, Middle)			Victim of Crime #	DOB	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status	
Age						Age					
Home Address						Home Phone					
Employer Name/Address						Business Phone			Mobile Phone		

L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found ("OJ" = Recovered for Other Jurisdiction)											
VI #	Code	Status Frm/Tc	Value	OJ	QTY	Property Description		Make/Model		Serial Number	
P R O P E R T Y											
Officer/ID# KERNER, J. (128)											
Invest ID# KERNER, J. (128)						Supervisor BROWN, C. (108)					
Status	Complainant Signature			Case Status	Closed/cleared	02/28/2017	Case Disposition:	Cleared By Arrest	02/28/2017	Page 1	

Incident Report Additional Name List

Atlantis Police Department

OCA: 17-000100

Additional Name List

Name Code/#	Name (Last, First, Middle)	Victim of Crime #	DOB	Age	Race	Sex
1) WI 1	RAMLAHHAN, GAYLE		06/15/1968	48	W	F
Address	5301 S Congress Ave , Atlantis, FL 33462-			H:	561-548-3836	
Empl/Addr	Jfk Medical Center, 5301 S Congress Ave			B:	561-965-7300	
		Mobile #:	- -			

NOT A CERTIFIED COPY

INCIDENT/INVESTIGATION REPORT

Atlantis Police Department

Case # 17-000100

Status Codes		L = Lost	S = Stolen	R = Recovered	D = Damaged	Z = Seized	B = Burned	C = Counterfeit / Forged	F = Found
D R U G S	UCR	Status	Quantity	Type Measure	Suspected Type			Up to 3 types of activity	

Assisting Officers
FURNESS, S. (119), DUNCAN, J. (129)

Suspect Hate / Bias Motivated: *None (No bias)*

INCIDENT/INVESTIGATION REPORT

Narr. (cont.) OCA: 17-000100

Atlantis Police Department

NARRATIVE

REPORTING OFFICER NARRATIVE*Atlantis Police Department*

OCA	17-000100
Date / Time Reported	Wed 03/01/2017 04:00

Victim
*Society*Offense
LOITERING OR PROWLING

ON WEDNESDAY 03/01/2017 AT APPROX 0330 HOURS, OFC. DUNCAN ADVISED OVER THE RADIO THAT A WHITE FEMALE, DRESSED IN ALL BLACK, JUST LEFT THE ER PARKING LOT AT JFK MEDICAL CENTER AT 5301 S CONGRESS AVE ATLANTIS FL, IN PALM BEACH COUNTY AND WAS HEADING SOUTH. HE SAID THAT A STAFF MEMBER FROM THE HOSPITAL STATED THAT SHE SAW THE FEMALE IN THE PARKING LOT WALKING ON FOOT AND LIFTING CAR DOOR HANDLES, TRYING TO GAIN ACCESS INSIDE. WHEN I APPROACHED THE W/F KAYLA BRUTON (06/25/1985), AT 5503 S CONGRESS AVE, JUST OUTSIDE OF THE PARKING LOT, SHE STATED THAT SHE WAS GOING THROUGH THE PARKING LOT LOOKING FOR CIGARETTES. AFTER FUTHER QUESTIONING SHE THEN SAID THAT SHE WAS LIFTING HANDLES BECAUSE SHE WANTED TO FIND A SWEATER. BASED ON MY INVESTIGATION, BURTON WAS IN VIOLATION OF FSS. 856.021 LOITERING OR PROWLING. BRUTON WAS PLACED IN HANDCUFFS WHICH WERE CHECKED FOR PROPER FITTING AND DOUBLE LOCKED. SHE WAS SEARCHED, AND PLACED INTO MY MARKED PATROL VEHICLE. SHE WAS BROUGHT TO THE ATLANTIS POLICE STATION TO BE PROCESSED. HER PROPERTY WAS INVENTORIED, AND SHE WAS GIVEN A PROPERTY RECEIPT. SHE WAS THEN TRANSPORTED TO THE PALM BEACH COUNTY SHERIFF'S OFFICE FOR BOOKING ON FSS 856.021 LOITERING OR PROWLING. SHE WAS ALSO GIVEN A COURT DATE ON 03/30/2017 AT THE CRIMINAL JUSTICE COMPLEX. THE WITNESS FILLED OUT A WITNESS STATEMENT. THIS CASE IS CLOSED.

Incident Report Suspect List

Atlantis Police Department

OCA: 17-000100

1	Name (Last, First, Middle) BRUTON, KAYLA KIRK						Also Known As				Home Address 1109 NW 30TH CT - 6 WILTON MANOR, FL 33311 954-405-3345	
	Business Address											
	DOB 06/24/1985	Age 31	Race W	Sex F	Eth N	Hgt 508	Wgt 145	Hair BRO	Eye GRY	Skin LBR	Driver's License / State.	
Scars, Marks, Tattoos, or other distinguishing features												
<i>Reported Suspect Detail</i>			Suspect Age		Race	Sex	Eth	Height		Weight		SSN
Weapon, Type		Feature	Make		Model			Color	Caliber	Dir of Travel Mode of Travel		
VehYr/Make/Model			Drs	Style		Color		Lic/St			VIN	
Notes						Physical Char Build, Medium						

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

A D M I N	OBTS Number Agency ORI Number FL FL0500900	Agency Name ATLANTIS POLICE DEPARTMENT	Agency Report Number 17-000100												
D E F	Charge Type: Check as many as apply. 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor 5. Ordinance <input type="checkbox"/> 6. Other	Special Notes:													
C H A R G E S	Name (Last, First, Middle) BRUTON, KAYLA KIRK		Alias												
V I C T I M			Race Sex Date of Birth W F 06/25/1985												
P R O B A B L E C A U S T A T E M E N T	<table border="1"> <tr> <td>Charge Description 856.021 LOITERING OR PROWLING</td> <td>Charge Description</td> </tr> <tr> <td>Charge Description</td> <td>Charge Description</td> </tr> <tr> <td>Victim's Name (Last, First, Middle)</td> <td>Race Sex Date of Birth</td> </tr> <tr> <td>Local Address (Street, Apt. Number) (City) (State) (Zip)</td> <td>Phone</td> <td>Address Source</td> </tr> <tr> <td>Business Address (Name, Street) (City) (State) (Zip)</td> <td>Phone</td> <td>Occupation</td> </tr> </table>			Charge Description 856.021 LOITERING OR PROWLING	Charge Description	Charge Description	Charge Description	Victim's Name (Last, First, Middle)	Race Sex Date of Birth	Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source	Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation
Charge Description 856.021 LOITERING OR PROWLING	Charge Description														
Charge Description	Charge Description														
Victim's Name (Last, First, Middle)	Race Sex Date of Birth														
Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source													
Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation													
<p>The undersigned certifies and swears that he/she has just and resonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody . . .</p> <p><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 committ the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>1</u> day of <u>March</u>, <u>2017</u> at <u>04:27</u> (Specifically include facts constituting cause for arrest.)</p>															
<p>ON 03/01/2017 AT APPROX 0330 HOURS, OFC. DUNCAN ADVISED THAT A WHITE FEMALE JUST LEFT THE ER PARKING LOT AT JFK MEDICAL CENTER AT 5301 S CONGRESS AVE ATLANTIS FL, IN PALM BEACH COUNTY. A STAFF MEMEBER FROM THE HOSPITAL STATED THAT SHE SAW THE FEMALE IN THE PARKING LOT LIFTING CAR DOOR HANDLES. WHEN I APPROACHED THE W/F KAYLA BRUTON (06/25/1985), AT 5503 S CONGRESS AVE JUST OUTSIDE OF THE PARKING LOT SHE STATED THAT SHE WAS GOING THROUGH THE PARKING LOT LIFTING HANDLES BECAUSE SHE WANTED TO FIND A SWEATER. AT THIS TIME BRUTON WAS PLACED IN HANDCUFFS WHICH WERE CHECKED FOR PROPER FITTING AND DOUBLE LOCKED. SHE WAS SEARCHED, AND PLACED INTO MY PATROL VEHICLE.</p>															
<p><i>NOT A CERTIFICATE</i></p> <p>SWORN AND SUBSCRIBED BEFORE ME <i>Scott #119</i> FURNESS, SCOTT NOTARY PUBLIC / CLERK OF COURT OFFICER (F.S.S. 117.10) <i>Signature</i> 03/01/2017 DATE</p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>Jerner, Jacqueline #118</i> KERNER, JACQUELINE (128) NAME OF OFFICER (PLEASE PRINT) 03/01/2017 DATE</p>															

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.