

0401563

17CP 1469 315

ARREST/NOTICE TO APPEAR
Juvenile Referral Report

Check if Supplement is Attached

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

Juvenile

OBTS Number		Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s Only)		
FLO 5 0 0 6 0 0		PALM BEACH POLICE DEPARTMENT		7 6 1 1 7 0 0 0 2 3 9 ()				
Charge Type: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type:		Multiple Clearance Indicator		OK		
Location of Arrest (including Name of Business) 400 BLK Brazilian Ave		Location of Offense (Business Name, Address) 400 BLK Brazilian Ave						
Date of Arrest 02/10/17 2128		Time of Arrest		Booking Date		Booking Time		
Jail Date		Jail Time		Location of Vehicle				
Name (Last, First, Middle) Mazza, Keith, Michael		Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W-White B-Black		Sex M		Date of Birth 12/31/81		Height 5'10		
Weight 162		Eye Color BRN		Hair Color BRO		Complexion Fair		
Build Thin								
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status		Religion		
Local Address (Street, Apt. Number)		(City)		(State)		(Zip)		
Phone ()				Phone ()		Indication of Alcohol Influence Drug Influence		
Permanent Address (Street, Apt. Number) 1605 S US Hwy One Apt 8E Jupiter		(City)		(State)		(Zip)		
Business Name (Name, Street)		(City)		(State)		(Zip)		
Phone ()				Phone ()		Address Source Verbal		
Occupation								
DL Number, State M200513814710, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) Elizabeth, NJ		
Co-Defendant (Last, First, Middle)				Race		Sex		
Co-Defendant (Last, First, Middle)				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		
						<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		
Parent Legal Custodian Other		Name (Last) 1) 5000x2		(Middle)		Residence Phone ()		
Address (Street, Apt. Number)		(City) 2) 3000		(State)		(Zip)		
Notified By: (Name)		(City) 3) OR		(State)		(Zip)		
Released To: (Name)				Date		Time		
				Relationship		Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOTAL HOURS/DAYS 3. Incarcerated		
						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. <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				
CHARGE CODE	Drug Activity N. N/A P. Possess		S. Sell R. Smuggle B. Buy D. Deliver T. Traffic E. Use		K. Dispense/ Distribute M. Manufacture/ Produce Cultivate		Z. Other	
	Charge Description Possession of Heroin				Counts 2		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
CHARGE	Drug Type		Amount/Unit		Offense #		Statute Violation Number 8 9 3 1 1 3 (1)(a)(1)	
	P E		.29g		17-239		Violation of ORD # Bond	
CHARGE	Drug Activity P		Drug Type A		Amount/Unit .13g		Counts 1	
	Charge Description Possession of Controlled Substance IV				Offense # 17-239		Statute Violation Number 8 9 3 1 1 3 (1)(a)(2)	
CHARGE	Drug Activity P		Drug Type P		Amount/Unit 1		Counts 1	
	Charge Description Possession of Paraphernalia				Offense # 17-239		Statute Violation Number 8 9 3 1 1 4 7	
CHARGE	Drug Activity P		Drug Type P		Amount/Unit 1		Counts 1	
	Charge Description				Offense # 17-239		Statute Violation Number	
NOTICE TO APPEAR	Location (Court, Room Number, Address)							
	Court Date and Time Month Day Year Time A.M. P.M.							
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 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								
ADMIN	HOLD for other agency				Signature of Arresting Officer SCF		Name Verification (Printed by Arrestee) (PRINT)	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Other							
Ticket Number Thomas E. T. 404		Pouch #		Transporting Officer MacCaffee		I.D. # 9214 Agency TBPD		
Witness here if subject signed with an "X"								
PAGE i OF 1								

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number		PROBABLE CAUSE AFFIDAVIT					
Agency ORI Number FL 0500600		Agency Name PALM BEACH POLICE DEPARTMENT		Agency Report Number 7 6 17-000239			
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 6. Other		Special Notes:					
Name (Last, First, Middle) MAZZA, KEITH MICHAEL		Alias		Race W		Sex M Date of Birth 12/31/1981	
Charge Description 893.13(1A)(1) POSESSION OF HEROIN		Charge Description 893.13(1)(A)(2) POSS LSD SELL/POSS/MANUF/CONTROLLE					
Charge Description 893.147 POSSESSION/USE DRUG PARAPHERNALIA		Charge Description					
Victim's Name (Last, First, Middle) State Of Florida				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 _____</p> <p><input type="checkbox"/> confessed to _____ that he/she saw the arrested person committ the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>10</u> day of <u>February</u>, <u>2017</u> at <u>21:28</u> (Specifically include facts constituting cause for arrest.)</p>							
<p>On February 10, 2017 at approximately 2128 hours, Sergeant Walley and Officer Pumalo observed a white male on the corner of Cocoanut Row and Brazilian Avenue that appeared to be intoxicated. I arrived on scene and observed the white male leaning and almost falling backwards. I made contact with the male who was verbally identified as W/M Keith M. Mazza DOB: 12/31/1981.</p> <p>While speaking with Mazza, his speech was extremely slurred and he was unable to keep his balance. Mazza stated he was just getting off of work at Bice Restaurant, which is located at 313 1/2 Worth Ave and stated he only had one drink of vodka. I asked Mazza if he had anything in his pockets and Mazza stated no. I asked Mazza if he would empty his pockets at which time he stated yes. Mazza then emptied his shirt pocket and pulled a hand rolled cigarette. Mazza stated that the cigarette contained marijuana. Mazza was subsequently patted down for any other illegal contraband, at which time a small plastic baggie was located in his left sock. Inside of the baggie was two small clear capsules containing a brown powder, one green pill with S 90 written on top and a small straw with narcotic residue within.</p> <p>I read Mazza his Miranda Rights from a pre-printed card provided by The Palm Beach Police Department. Mazza stated he understood each right and signed the card confirming the same. Post Miranda, I asked Mazza what was inside the baggie and he stated the brown pills were Heroin and the small green pill was possibly Xanax. Mazza also stated the small straw was used to "snort" the Heroin. The brownish substance within the pill was tested utilizing a Sirchie NAR 10022 Test Kit. The test yielded a positive result for Heroin. Both pills together weighed 0.29 grams. I contacted Poison Control (case# M3558679) and Mandana confirmed the green pill to be Alprazolam, which is a Schedule IV Controlled Substance. The green pill weighed 0.13 grams.</p> <p>Based on the above facts, I have probable cause to arrest Keith M. Mazza for Possession</p>							
<p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><u>PINA, ADAM LEE</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p><u>02/10/2017</u> DATE</p> <p><i>SCA</i></p>							
<p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><u>MACCARONE, DAVID R (0292140)</u> NAME OF OFFICER (PLEASE PRINT)</p> <p><u>02/10/2017</u> DATE</p>							
<p>PAGE 1 OF 2</p>							

COURT

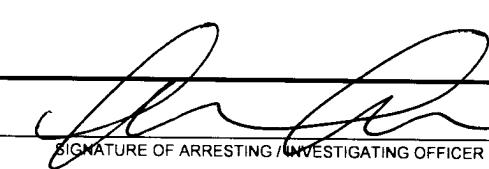
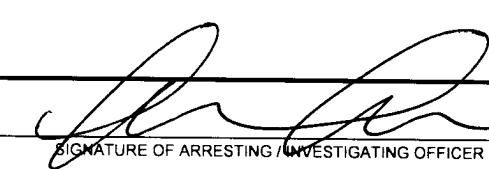
STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

PROBABLE CAUSE STATEMENT	OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE	
	Agency ORI Number FL 0500600	Agency Name PALM BEACH POLICE DEPARTMENT	Agency Report Number 7 6 17-000239						
	Charge Type: Check as many as apply.	<input checked="" type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other				Special Notes:			
	Name (Last, First, Middle) MAZZA, KEITH MICHAEL	Alias				Race W	Sex M	Date of Birth 12/31/1981	
	of Heroin in pursuant to F.S.S. 893.13 (1A)(1), Possession of Schedule IV Drug in pursuant to F.S.S. 893.13 (1)(A)(2) and Possession of Drug Paraphernalia in pursuant to F.S.S. 893.147. Mazza was transported to The Palm Beach Police Department for processing and was later transported to the Palm Beach County Jail without further incident.								
	NOT A CERTIFIED COPY								
	SWORN AND SUBSCRIBED BEFORE ME	 PINA, ADAM LEE NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 02/10/2017 DATE							
	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	 MACCARONE, DAVID R (0292140) NAME OF OFFICER (PLEASE PRINT)							
	DATE	02/10/2017							

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.