

J# 0440650

19CF-7440

67# 1261

ARREST / NOTICE TO APPEAR

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number 0500400	Agency Name Delray Beach Police Department	Agency Report Number (N.T.A.'s only) 410 19-012414	1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
	Charge Type: Check as many as apply: <input 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			
	Location of Arrest (Including Name of Business) 900 SW 20TH CT DELRAY BEACH FL			Location of Offense (Business Name, Address) 900 SW 20TH CT, DELRAY BEACH, FL 33445				
	Date of Arrest 08/06/2019	Time of Arrest 19:58	Booking Date 08/06/2019	Booking Time 20:08	Jail Date // : :	Jail Time	Location of Vehicle	

D E F E N D A N T	Name (Last, First, Middle) SHAPIRO, KELLI LOREN										Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:											
	Race W - White B - Black O - Original/Asian		Sex F	Date of Birth 02/09/1978		Height 5'07	Weight 135	Eye Color GREEN	Hair Color BLOND OR		Complexion LIGHT		Build SMALL									
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status S		Religion NOT INDICA		Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
	Local Address (Street, Apt. Number) 661 E LAKE DASHA LANE, PLANTATION, FL 33436				(City)	(State)	(Zip)	Phone						Residence Type: 1. City 3. Florida 2. County 4. Out of State 1								
	Permanent Address (Street, Apt. Number) 661 E LAKE DASHA LANE, PLANTATION, FL 33436				(City)	(State)	(Zip)	Phone						Address Source FL/DL								
Business Address (Name, Street)				(City)	(State)	(Zip)	Phone						Occupation									
D/L Number, State SI60512785490 / FL				Sex, Exp. Number		INS Number		Place of Birth (City, State) MIAMI, FL, United				Citizenship										

C O D E F E N D	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			
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)								Residence Phone			
	<input type="checkbox"/> Legal Custodian											
	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

C O D E	Drug Activity N. N/A P. Possess	S. Sell R. Buy T. Traffic	R. Seizure D. Deliver E. Use	K. Dispense/ 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
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C H A R G E	Charge Description POSSESSION OF COCAINE OR MARIJUANA OVER 20 GRAMS						Statute Violation Number 893.13(6A)		Violation of ORD #	
	Drug Activity P	Drug Type C	Amount / Unit 5.00 / GM	Offense #	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond 4,500	
C H A R G E	Charge Description POSSESSION OF CONTROLLED SUBSTANCE W/OUT A PRESCRIPTION (Heroin)						Statute Violation Number 893.13(6)(A)		Violation of ORD #	
	Drug Activity P	Drug Type E	Amount / Unit 5.00 / GM	Offense #	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond 4,500	
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 checked="" type="checkbox"/> N	Warrant / Capias Number		Bond	

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"/> Deformation <input type="checkbox"/> Injury Explain:					
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail						PROPERTY - Received By		Released By		Released To	
	<input type="checkbox"/> Postcard Bond <input type="checkbox"/> South County Mental Health						Date Transported // : :		Time Transported		Other	

N O T I C E T O A P P E A R	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court						Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444					
	<input checked="" 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						

A D M I N I S T R A T I O N	HOLD for Other Agency				Signature of Arresting Officer [Signature]				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 (Print) SAINT MARTIN, NORMILE				(PRINT)			
	Initials [Signature]				Transporting Officer SAINT-MARTIN				I.D. # 1103			
Agency DBPD				Agency DBPD				PAGE 1 of 1				

PROBABLE CAUSE AFFIDAVIT

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

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JUVENILE

A D M I N	OBTS Number		Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 19-012414	
	Charge Type: Check as many as apply.		Special Notes:		Name (Last, First, Middle) SHAPIRO, KELLI LOREN		Race W	Sex F
D E F	<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			
C H A R G E S	Charge Description 893.13(6A) POSSESSION OF COCAINE				Charge Description 893.13(6)(A) POSSESSION OF HEROIN			
	Victim's Name (Last, First, Middle) State Of Florida				Race	Sex	Date of Birth	
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source	
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation	
P R O B A B L E	<p>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 ...</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 commit the below acts. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>6</u> day of <u>August</u>, <u>2019</u> at <u>19:58</u> (Specifically include facts constituting cause for arrest.)</p>							
	<p>The following incident occurred in the City of Delray Beach, Palm Beach County, FL:</p> <p>On 8/6/19 at approximately 1937 hours, Ofc. Reed, Sgt. Schmidt, and I were on patrol in the 900 Blk of SW 20t Ct when we observed a black male subject, later identified as Jean-Marie Hilaire, standing next to a black Kia Optima bearing FL Tag HJU91 with the front passenger door opened. This area is well-known and documented for street level narcotics transactions. Upon seeing our unmarked vehicle and seeing us in full DPBD uniform, Hilaire dropped something on the front passenger seat of the vehicle and began walking away. Sgt. Schmidt walked over to the vehicle and observed in plain view a pipe with what appeared to be burnt marijuana inside of it.</p> <p>The vehicle was occupied by a lone white female driver, later identified as Kelli Shapiro. I asked Shapiro for consent to search the vehicle and she consented. While searching the vehicle, I located an empty cigarette box on the floorboards of the rear passenger seat directly behind the front driver seat. Inside of the empty cigarette box, I located a yellow plastic baggie with a powdery substance inside of it. I also located a clear plastic baggie inside of the box with a powdery substance inside of it. Post Miranda Warning, I asked Shapiro if she is the sole driver of the vehicle and she answered yes. I asked Shapiro if the cigarette box belonged to her and she stated yes. However, Shapiro denied the contents (yellow and clear plastic baggie) belonging to her. Shapiro was taken into custody and placed under arrest. Shapiro was transported to the DBPD THF for processing. I tested the powdery substance in the yellow plastic baggie, and it tested positive for heroin. I tested powdery substance in the clear plastic baggie, and it tested positive for cocaine. I placed both baggies into evidence.</p> <p>Based on the above stated facts, probable cause exists to charge Kelli Shapiro with Possession of Cocaine F.S.S. 893.13(6) (A) and Possession of Heroin F.S.S. 893.13(6) (A).</p>							
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME							
	<p>SCHMIDT, JAMES NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>08/06/2019</u> DATE</p>				<p>SAINT MARTIN, NORMILE (1103) NAME OF OFFICER (PLEASE PRINT) <u>08/06/2019</u> DATE</p>			

SCANNED
AUG 07



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), 2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2019025729	Date: 8/7/2019
	Specialist Name/ID: 7LaToya Rouse/ #6673

SCANNED
AUG 07 2019