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046815 n 4

☐ Check if Supplement is Attached

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

Juvenile

N

ADMINISTRATIVE	OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		<input type="checkbox"/> Check if Supplement is Attached 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		Juvenile <input checked="" type="checkbox"/> N				
	Agency ORI Number FLO 5 0 0 3 0 0		Agency Name BOYNTON BEACH POLICE DEPARTMENT		Agency Report Number (N.T.A.'s only) 3 4 - 17-03 8901 () ()						
DEFENDANT	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		Multiple Clearance Indicator						
	Location of Arrest (including Name of Business) Heming Inn 2321 S FEDERAL HWY		Location of Offense (Business Name, Address) 2321 S. FEDERAL HWY								
CO-DEF	Date of Arrest 07/10/17	Time of Arrest 1:34:2	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
	Name (Last, First, Middle) CLANCY, KELLY LYNN		Alias (Name, DOB, Soc. Sec. #, Etc.)								
JUVENILE	Race W - White B - Black I - American Indian O - Oriental/Asian	Sex M F	Date of Birth 1/23/07	Height 5'6	Weight 120	Eye Color BRO	Hair Color Blonde	Complexion Fair			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status Single	Religion Catholic	Indication of: Alcohol Influence Drug Influence Y N Unk						
ADMIN	Local Address (Street, Apt. Number) 819 SE 1ST AVE		(City) Delray Beach	(State) FL	(Zip)	Phone () ()	Residence Type: 1. City 2. County 3. Florida 4. Out of State				
	Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone () ()	Address Source FL DL				
ADMIN	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone () ()	Occupation Unemployed				
	D/I Number, State 452-57-76-970-0		INS Number		Place of Birth (City, State) Purdue, IN		Citizenship US				
CO-DEF	Co-Defendant (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 (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				
JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last) First Middle		Residence Phone () ()						
	Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone () ()					
JUVENILE	Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated						
	Released To: (Name)		Relationship		Date	Time					
JUVENILE	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	Drug Activity N. N/A 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. 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 Possession of Cocaine		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 8931131A(1)		Violation of ORD #				
CHARGE	Drug Activity P	Drug Type C	Amount / Unit .1 grams	Offense # 1-238901	Warrant / Capias Number		Bond				
	Charge Description Possession of Drug Paraphernalia		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 8931147(1)		Violation of ORD #				
CHARGE	Drug Activity P	Drug Type P	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
NOTICE TO APPEAR	Location (Court, Room Number, Address) South County Courthouse • 200 W. Atlantic Avenue, Delray Beach, FL 33444										
	Court Date and Time Month Day Year Time A.M. P.M. JUL 11 2017 5:44										
ADMIN	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 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 X		Name Verification (Printed by Arrestee)						
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) B. Jones		(PRINT) JUL 10 PM 8:44						
ADMIN	Transporting Officer B. Jones		I.D. # 954		Agency BBPD						
	Witness here if subject signed with an "X"		PAGE 1 OF 1								

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA		3 Request for Warrant 4 Request for Capias		1		Juvenile		N	
Agency ORI Number FL0500300		Agency Name BOYNTON BEACH POLICE DEPT.				Agency Report Number 34-17-03890							
Charge Type Check all that Apply		<input checked="" type="checkbox"/> 1 Felony		<input type="checkbox"/> 3 Misdemeanor		<input type="checkbox"/> 5 Ordinance		Special Notes					
		<input type="checkbox"/> 2 Traffic Felony		<input type="checkbox"/> 4 Traffic Misdemeanor		<input type="checkbox"/> 6 Other							
Name (Last, First, Middle) CLANCY, KERRY, LYNN								Race W		Sex F		Date of Birth 12/30/1976	
Charge Description POSSESSION OF COCAINE				Charge Description POSSESSION OF PARAPHERNALIA									
Charge Description				Charge Description									
Victim's Name (Last, First, Middle) STATE OF FLORIDA								Race		Sex		Date of Birth	
Local Address (Street, Apt Number) 100 E Boynton Beach Blvd				(City) Boynton Beach		(State) FL		(Zip) 33435		Phone		Address Source	
Business Address (Name, Street)				(City)		(State)		(Zip)		Phone		Occupation	
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..													
<input type="checkbox"/> Committed the below acts in my presence. <input checked="" type="checkbox"/> Was observed by CPT. Kelly Who told OFC. Jones That he/she saw the arrested person commit the below acts.													
<input type="checkbox"/> Confessed to Admitting the below facts <input type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation.													
On The 10th Day Of JULY 20 17 At 1829 <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.													

On the above date and time, I responded to the Homing Inn located at 2821 S Federal Hwy, in reference to a suspicious vehicle. Upon arrival I met with Cpt. Kelly, who advised he observed a white 2001 Acura RSX (FL tag 491-2QF) who was parked in 2 parking spaces. Cpt. Kelly made contact with the driver and only occupant of the vehicle, W/F Kerry Clancy. Cpt. Kelly advised in plain view he observed a copper mesh material (Cho Boy) which from his training and experience is known to be used to smoke crack cocaine. Cpt. Kelly then advised he asked Clancy if she had other paraphernalia in her possession, which she advised that she had a broken pipe, which is also used to smoke crack cocaine. Cpt. Kelly asked Clancy to step out of her vehicle, at that time Clancy exited her vehicle. Upon exiting Cpt. Kelly observed a small hard white rock like substance which from his training and experience appeared to be crack cocaine laying on the driver seat, where Clancy was just sitting.

The suspected rock cocaine was tested using a SIRCHIE Narc Cocaine ID swipe which yielded positive for cocaine.

Based on the above Clancy was placed under arrest for possession of .1 grams of crack per FSS 893.13.1 and possession of drug paraphernalia per FSS 893.147.1.

The foregoing instrument was sworn to or affirmed and subscribed before me

OSC [Signature] 887
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

7 10/17
Date

[Signature] 954
(Signature of Arresting / Investigative Officer)

JONES
(Print name of Arresting/Investigative Officer)

7 10/17
Date