

Agency ORI Number **FLO 5 0 0 0 0** Agency Name **PALM BEACH COUNTY SHERIFF'S OFFICE** Agency Report Number **06 17-112836**

Charge Type: 1. Felony 3. Misdemeanor 5. Ordinance 6. Other _____ # Weapon Seized _____ Multiple Clearance Indicator **1 2**

Location of Arrest (Including Name of Business) **5352 Linton Blvd, Delray Beach, FL 33484** Location of Offense (Including Name of Business) **5352 Linton Blvd, Delray Beach, FL 33484**

Date of Arrest _____ Time of Arrest _____ Booking Date _____ Booking Time _____ Jail Date _____ Jail Time _____ Location of Vehicle _____

Name (Last, First, Middle) **SUMMAS KRIS ANN** Alias (Name, DOB, Soc. Sec. #, Etc.) **N/A**

Race **W** Sex **F** Date of Birth **12/15/66** Height **5'2** Weight **150** Eye Color **BROWN** Hair Color **BROWN** Complexion **MED** Build **THIN**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) **UNK** Marital Status **SINGLE** Religion **CATHOLIC** Indication of Alcohol Influence Drug Influence Y N Unk.

Local Address (Street, Apt. Number) **AT LARGE** City _____ State _____ Zip _____ Phone **561-445-6480** Residence Type: 1. City 2. County 3. Florida 4. Out of State **3**

Permanent Address (Street, Apt. Number) _____ City _____ State _____ Zip _____ Phone _____ Address Source **DEFENDANT**

Business Address (Street, Apt. Number) **N/A** City _____ State _____ Zip _____ Phone _____ Occupation **UNEMPLOYED**

DL Number, State **S520501669551** Social Security Number _____ INS Number _____ Place of Birth **NY** Citizenship **US**

Co-Defendant Name (Last, First, Middle) _____ Race _____ Sex _____ Date of Birth _____ 1. Arrested 3. Felony 2. At Large 4. Misdemeanor 5. Juvenile

Co-Defendant Name (Last, First, Middle) _____ Race _____ Sex _____ Date of Birth _____ 1. Arrested 3. Felony 2. At Large 4. Misdemeanor 5. Juvenile

Parent Legal Guardian 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

Released To (Name) _____ Relationship _____ Date _____ Time _____

The above address was provided by defendant and/or 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 Yes, by: (Name) _____ No: (Reason) _____ School Attended _____ Grade _____

Property Crime? Yes No Description of Property _____ Value of Property _____

Drug Activity **N** S. Sell **N** R. Smuggle **N** K. Dispense/Distribute **N** M. Manufacture/Produce/Cultivate **N** Z. Other **N** Drug Type **N** N. N/A B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana P. Paraphernalia/Equipment U. Unknown Z. Other

Charge Description **BATTERY ON LEO** Counts **1** Domestic Violence Y N Statute Violation Number **784.07(2B)** Violation or ORD. # _____

Drug Activity **N** Drug Type **N** Amount/Unit _____ Offense # **17-112836** Warrant/Capias Number _____ Bond _____

Charge Description **RESISTING ARREST WITH VIOLENCE** Counts **1** Domestic Violence Y N Statute Violation Number **843.01** Violation or ORD. # _____

Drug Activity **N** Drug Type **NU** Amount/Unit _____ Offense # **17-112836** Warrant/Capias Number _____ Bond _____

Charge Description **N/A** Counts _____ Domestic Violence Y N Statute Violation Number _____ Violation or ORD. # _____

Drug Activity _____ Drug Type _____ Amount/Unit _____ Offense # _____ Warrant/Capias Number _____ Bond _____

Charge Description **N/A** Counts _____ Domestic Violence Y N Statute Violation Number _____ Violation or ORD. # _____

Drug Activity _____ Drug Type _____ Amount/Unit _____ Offense # _____ Warrant/Capias Number _____ Bond _____

Location (Court, Address, Room Number) _____

Court Date and Time _____ Month _____ Day _____ Year _____ Time _____ AM PM

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 _____ Signature of Arresting Officer _____ Name Verification (Printed by Arrestee) _____

Name _____ (PRINT) ID # **6679** Page _____

Intake Deputy _____ ID # _____ Pouch # _____ Transporting Officer _____ ID # _____ Agency _____ Witness here if subject signed with an "X" **1** of _____

