

2017 MM 201025 SB

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

ADMINISTRATIVE	OBTS Number		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 - 17-002685	
	Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" 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			
DEFENDANT	Location of Arrest (including Name of Business) 3025 S. Federal HWY, Boynton Bch, FL 33435						Location of Offense (Business Name, Address) Same	
	Date of Arrest 01/15/17		Time of Arrest 16:47		Booking Date		Booking Time	
CO-DEF	Name (Last, First, Middle) Grawehr, Kristy, Marie						Alias (Name, DOB, Soc. Sec. #, Etc.)	
	Race W - White B - Black O - Oriental/Asian		Sex M F O		Date of Birth 07/1/91		Height 5'7"	
JUVENILE	Weight 120		Eye Color Green		Hair Color Brown		Complexion Fair	
	Build Thin		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status Single		Religion Catholic	
JUVENILE	Local Address (Street, Apt. Number) 2819 ALBATROSS RD, Delray Bch, FL 33444		(City) Delray Beach		(State) FL		(Zip) 33444	
	Permanent Address (Street, Apt. Number) 2819 ALBATROSS RD, Delray Bch, FL 33444		(City) Delray Beach		(State) FL		(Zip) 33444	
JUVENILE	Business Address (Name, Street) 2819 ALBATROSS RD, Delray Bch, FL 33444		(City) Delray Beach		(State) FL		(Zip) 33444	
	D/L Number, State 6724-343-7745		INS Number		Place of Birth (City, State) Staten Island NY		Citizenship USA	
CO-DEF	Co-Defendant (Last, First, Middle) NJ		Race		Sex		Date of Birth	
	Co-Defendant (Last, First, Middle)		Race		Sex		Date of Birth	
JUVENILE	Parent Legal Custodian Other		Name (Last) (First) (Middle)		Residence Phone ()		Business Phone ()	
	Address (Street, Apt. Number) (City) (State) (Zip)							
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 355-2528) 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	
CHARGE	Charge Description Retail Theft		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 8.1 2.10.1 5.1	
	Drug Activity N		Drug Type N		Amount / Unit -		Offense # 17-002685	
CHARGE	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
	Drug Activity N		Drug Type N		Amount / Unit -		Offense # 17-002685	
CHARGE	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
	Drug Activity N		Drug Type N		Amount / Unit -		Offense # 17-002685	
CHARGE	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
	Drug Activity N		Drug Type N		Amount / Unit -		Offense # 17-002685	
CHARGE	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
	Drug Activity N		Drug Type N		Amount / Unit -		Offense # 17-002685	
NOTICE TO APPEAR	Location (Court, Room Number, Address) South County Courthouse • 200 W. Atlantic Avenue, Delray Beach, FL 33444							
	Court Date and Time Month February Day 16th Year 2017 Time 8:30 A.M. P.M.							
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) * K. Grawehr				Date Signed 1/15/17			
ADMIN	HOLD for other agency		Signature of Arresting Officer J. Worrell 952		Name Verification (Printed by Arrestee) (PRINT)		PAGE 1 OF 1	
	Intake Deputy I.D. # Pouch #		Transporting Officer J. Worrell 952		Agency		Witness here if subject signed with an "X"	

Please contact
one of the following
telephone numbers
for further information

CENTRAL CLERK'S OFFICE Violations Bureau, Room 2.2300 206 N. Dixie Highway W. Palm Beach, FL 33402 Telephone: 561-355-2994	NORTH CLERK'S OFFICE Room 1210 3188 PGA Blvd. Palm Beach Gardens, FL 33410 Telephone: 561-624-6608	SOUTH CLERK'S OFFICE Room 1S-124 200 West Atlantic Ave. Delray Beach, FL 33444 Telephone: 561-274-1530	WEST CLERK'S OFFICE Room S-100 2950 State Road 15 Belle Glade, FL 33430 Telephone: 561-996-4843
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NOT A CERTIFIED COPY

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA		3 Request for Warrant 4 Request for Capias		2		Juvenile N	
Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-17-002685							
Charge Type Check all that Apply		<input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony		<input checked="" type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor		<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other		Special Notes			
Name (Last, First, Middle) Grawehr, Kristy, marie				Alias		Race W		Sex F		Date of Birth 7-11-91	
Charge Description Retail theft				Charge Description							
Charge Description				Charge Description							
Victim's Name (Last, First, Middle) Walmart				Race		Sex		Date of Birth			
Local Address (Street, Apt Number) 3625 S. Federal Hwy Boynton Beach, FL, 33435				(City)		(State)		(Zip)		Phone 561-600-3088	
Business Address (Name, Street) 3625 S. Federal Hwy Boynton Beach, FL, 33435				(City)		(State)		(Zip)		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 type="checkbox"/> Was observed by Who told That he/she saw the arrested person commit the below acts. <input type="checkbox"/> Confessed to Admitting the below facts <input checked="" type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation.											
On The 15th Day Of January 20 17 At 1621 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.											


On the above date and time, I responded to 3625 S. Federal Hwy (Walmart), in reference to a retail theft. This location is in the County of Palm Beach, City of Boynton Beach.

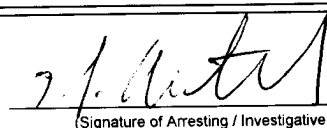
Upon arrival, I made contact with Loss Prevention Officer Frantz Bernard. Bernard explained via floor surveillance, he observed an unknown white female, later identified as W/M Kristy Grawehr (DOB 7/11/91) enter the store and immediately enter the womens clothing isle. Bernard advised he observed Grawehr remove two pairs of womens underwear (value \$18.94), from the hangers and conceal them by physically putting them on under her dress. Bernard explained the female proceeded to move to the womens cosmetic sections where she concealed a pair of fake nails (value \$5.97), a small black wallet (value \$19.96), one tweezers (value \$5.36), and a bottle of Crystal Leaf perfume (value \$4.88), all in her purse. Grawehr then proceeded to exit the store passing all points of sale making no attempt to pay for the concealed merchandise. Bernard made contact with the female and escorted her back to the LPO office without incident. Total recovered value \$55.11.

Based on the totality of the above facts, I find probable cause to charge defendant Kristy Grawehr with petit theft pursuant to FSS 812.015

I made contact with Grawehr who explained she did not have any money on her but needed the above listed items. Grawehr advised she had never been in trouble before and was going to pay for the merchandise. A search of Grawehr's person yielded negative results for any further concealed merchandise or contraband. A N/FCIC check of Grawehr yielded negative results for any wants or warrants. Bernard issued the females a trespass warning in my presence for a period of one year from todays date 1/15/17 which Grawehr confirmed she understood. All the merchandise was recovered and returned to Walmart. Grawehr was issued a notice to appear and released on scene with out incident. Bernard completed a sworn statement and was issued a case card for future reference. Nothing further at this time.

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


801 (SANDERS)
 Notary Public, Clerk of Court, Officer (F.S.S. 117.10)
 Date 1 /15/17


 (Signature of Arresting / Investigative Officer)

M.Autiello
 (Print name of Arresting / Investigative Officer)

1 /15/17
 Date

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1 OF 1

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WRITTEN STATEMENT

BOYNTON BEACH POLICE DEPARTMENT

☐ VICTIM

☒ WITNESS

☐ SUSPECT



Case # 17-002685 Offense Type: Retail Theft

☐ F ☒ M ☐ 1 ☒ 2 ☐ 3 ☐ N/C

Location: 3625 S. FEDERAL Hwy Boynton Beach, FL 33435 Date: 1/15/17

I, FRANIZ BERNARD do hereby voluntarily make the following statement without threat, coercion, offer of benefit, or favor by any persons whomsoever.

I BERNARD, FRANIZ OBSERVED ENTERED MULTIPLE DEPARTMENTS AND SELECTED VARIOUS ITEMS THEN WENT TO THE WOMEN DEPARTMENT AND CONCEALED THEM INTO HER BLACK PURSE. SUSPECT PASSED ALL POINTS OF SALE AND WAS APPREHENDED AT THE MAIN EXIT. VALUE OF \$55.11

I have received the Victim's Rights package

I will testify in court YES / NO

I will prosecute criminally YES / NO

BF
INITIAL
BF
INITIAL
BF
INITIAL

I Swear / Affirm the above and/or attached statements are correct and true.

[Signature]
SIGNATURE

Sworn to and subscribed before me, this 15 Day of January 2017 as an Officer of the Boynton Beach Police Department.

Worrell
OFFICER NAME (PRINT)

Worrell
OFFICER SIGNATURE

952
ID

☐ CHECK IF THIS STATEMENT HAS A SUPPLEMENTAL PAGE

BOYNTON BEACH POLICE DEPARTMENT

FIRST NAME	FRANZ
MIDDLE NAME	
LAST NAME	BERNARD
DATE OF BIRTH	9-9-67
SOCIAL SECURITY #	
DRIVERS LICENSE #	
ADDRESS	
CITY / STATE / ZIP	
PHONE #	
ALTERNATE PHONE #	
EMPLOYER	
EMPLOYER ADDRESS	
(con't)	
EMPLOYER PHONE #	

HEIGHT	
WEIGHT	
HAIR COLOR	
EYE COLOR	
ETHNICITY	
GENDER	

SUSPECT DESCRIPTION	
FIRST NAME	
MIDDLE NAME	
LAST NAME	
ADDRESS	
CITY / STATE / ZIP	
PHONE #	
EMPLOYER	
EMPLOYER ADDRESS	
(con't)	
EMPLOYER PHONE #	

HEIGHT	
WEIGHT	
HAIR COLOR	
EYE COLOR	
ETHNICITY	
GENDER	

55.11