

2017 MM 201025 SB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report Check if Supplement is Attached
 1. Arrest
 2. N.T.A.
 3. Request for Warrant
 4. Request for Capias

Juvenile

2

N

ADMINISTRATIVE	OBTS Number			ARREST / NOTICE TO APPEAR			Agency Report Number (N.T.A.'s only)				
	Agency ORI Number FLO 5 0 0 3 0 0			Agency Name BOYNTON BEACH POLICE DEPARTMENT			3 4 - 17-1002085 (1 1 1)				
DEFENDANT	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				
	Location of Arrest (including Name of Business) 31025 S. Federal Hwy, Boynton Bch, FL 33435 Same										
	Date of Arrest 01/15/17		Time of Arrest 1647		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle		
	Name (Last, First, Middle) Brawehr, Kristy, Marie										
	Race W - White B - Black		Sex M - Male F - Female		Date of Birth 07/19/1957	Height 5'7	Weight 120	Eye Color Green	Hair Color Brown	Complexion Fair	
	Build Thin										
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Single Catholic										
	Local Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone ()	Residence Type: 1. City 2. County 3. Florida 4. Out of State			
	Permanent Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone 5619451475	Address Source Verbal			
	Business Address (Name, Street)			(City)	(State)	(Zip)	Phone ()	Occupation			
D/L Number, State 6724-343-7745916				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	<input type="checkbox"/> Arrested <input type="checkbox"/> 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"/> Arrested <input type="checkbox"/> 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 ()	
	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 <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				
CODE	Drug Activity 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 C. 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 Retail Theft			Counts 11	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 8121015 (1 1 1)			Violation of ORD #		
CHARGE	Drug Activity N / A	Drug Type N / A	Amount / Unit /	Offense # 17-002085	Warrant / Capias Number			Bond			
	Charge Description			Counts 11	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number			Violation of ORD #		
CHARGE	Drug Activity N / A	Drug Type N / A	Amount / Unit /	Offense #	Warrant / Capias Number			Bond			
	Charge Description			Counts 11	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number			Violation of ORD #		
CHARGE	Drug Activity N / A	Drug Type N / A	Amount / Unit /	Offense #	Warrant / Capias Number			Bond			
	Charge Description			Counts 11	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number			Violation of ORD #		
CHARGE	Drug Activity N / A	Drug Type N / A	Amount / Unit /	Offense #	Warrant / Capias Number			Bond			
	Charge Description			Counts 11	Domestic Violence <input type="checkbox"/> Y <input 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									Date Signed 11/15/17 B#108161	
	Court Date and Time Month February Day 16th Year 2017 Time 8:30 A.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 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)											
ADMIN	HOLD for other agency			Signature of Arresting Officer X J. Worrell 952			Name Verification (Printed by Arrestee)				
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other			(PRINT)				
	Intake Deputy			I.D. #	Pouch #	Transporting Officer	I.D. #	Agency	PAGE 1 OF 1		

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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OBTS Number		PROBABLE CAUSE AFFIDAVIT				1 Arrest 2 NTA	3 Request for Warrant 4 Request for Capias	2	Juvenile		
Agency ORI Number	Agency Name					Agency Report Number		34-17-002685			
FL 0 5 0 0 3 0 0		BOYNTON BEACH POLICE DEPT.									
Charge Type Check all that 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	Special Notes						
Name (Last, First, Middle)		Alias				Race	Sex	Date of Birth			
Grawehr, Kristy, marie						W	F	7-11-91			
Charge Description Retail theft		Charge Description									
Charge Description		Charge Description									
Victim's Name (Last, First, Middle)						Race	Sex	Date of Birth			
Walmart											
Local Address (Street, Apt Number)		(City)	(State)	(Zip)	Phone	Address Source					
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation					
3625 S.Federal Hwy Boynton Beach, FL, 33435 561-600-3088											
<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.</p> <p>The Person taken into custody...</p> <p><input type="checkbox"/> Committed the below acts in my presence.</p> <p><input type="checkbox"/> Confessed to Admitting the below facts</p> <p><input type="checkbox"/> Was observed by</p> <p><input type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation.</p> <p>Who told</p> <p>That he/she saw the arrested person commit the below acts.</p>											
On The 15th Day of January		20 17	At 1621	□ A.M.	□ 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

J. A. Atte 955
(Signature of Arresting / Investigative Officer)

111 801 (SANDERS)
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

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

1 /15 /17

Date

1 /15 /17

Date

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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, FRANTZ BERWARS (FIRST NAME) (LAST NAME) do hereby voluntarily make the following statement without threat, coercion, offer of benefit, or favor by any persons whomsoever.

I BERWARS, FRANTZ OBSERVED ENTERED MULTIPLE DEPARTMENT 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 AT \$55.11

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I have received the Victim's Rights package

I will testify in court

YES / NO

I will prosecute criminally

YES / NO

BT
INITIAL
BT
INITIAL
BT
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
Worrell

OFFICER NAME (PRINT)

Worrell
OFFICER SIGNATURE

952
952
ID

SUPPLEMENTAL STATEMENT

BOYNTON BEACH POLICE DEPARTMENT

STATEMENT AUTHOR

FIRST NAME	<u>FLONIE</u>
MIDDLE NAME	
LAST NAME	<u>BEINAHAM</u>
DATE OF BIRTH	<u>9/9/67</u>
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

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