



17CF307 MB

ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		Juvenile <input checked="" type="checkbox"/> N	
OBTS Number		Agency ORI Number <b>FLO 5 0 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06 17024199</b>	
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		# Weapon Seized Enter Type		Multiple Clearance Indicator		1	
Location of Arrest (Including Name of Business) <b>13410 S SHORE BLVD WELLINGTON, FL, 33414</b>				Location of Offense (Including Name of Business) <b>13410 S SHORE BLVD WELLINGTON, FL, 33414</b>			
Date of Arrest <b>Jan 9, 2017</b>		Time of Arrest <b>0102</b>		Booking Date		Booking Time	
Jail Date		Jail Time		Location of Vehicle <b>13410 S SHORE BLVD</b>			
Name (Last, First, Middle) <b>GOULD KYLE E</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian <b>W</b>		Sex <b>M</b>		Date of Birth <b>5/8/1987</b>		Height <b>5'11"</b>	
Weight <b>160</b>		Eye Color <b>BROWN</b>		Hair Color <b>BROWN</b>		Complexion <b>MED</b>	
Build <b>MED</b>		Marital Status <b>SINGLE</b>		Religion <b>NONE</b>		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/>	
Indication of Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/>		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>SEVERAL</b>		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/>		Indication of Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/>	
Local Address (Street, Apt. Number) <b>10543 PELICAN DR</b>		City <b>WELLINGTON</b>		State <b>FL</b>		Zip <b>33410</b>	
Phone <b>815-703-4915</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>		Permanent Address (Street, Apt. Number)		City	
State <b>FL</b>		Zip <b>33410</b>		Phone		Address Source <b>VERBAL</b>	
Business Address (Street, Apt. Number)		City		State <b>FL</b>		Zip <b>33410</b>	
Phone		Occupation <b>CONTRACTOR</b>		D/L Number, State <b>G430-5058-7132</b>		Social Security Number	
INS Number		Place of Birth <b>MC HENRY, ILLINOIS</b>		Citizenship <b>YES</b>		Co-Defendant Name (Last, First, Middle) <b>SASSMANNSHAUSEN MATTHEW</b>	
Race <b>W</b>		Sex <b>M</b>		Date of Birth <b>5/25/1996</b>		1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile	
Co-Defendant Name (Last, First, Middle)		Race <b>W</b>		Sex <b>M</b>		Date of Birth <b>5/25/1996</b>	
1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile		1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile		1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile		1. Arrested 2. At Large 3. Felony 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 <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 561 355-2526) informed of any address change <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		Drug Activity S. Sell N. N/A P. Possess 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 P. Paraphernalia/ Equipment U. Unknown Z. Other	
Charge Description <b>POSSESSION OF COCAINE</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>893.13(6)(A)</b>	
Drug Activity <b>P</b>		Drug Type <b>C</b>		Amount/Unit <b>.5 GRAMS</b>		Offense # <b>17024199</b>	
Warrant/Capias Number		Bond		Violation or ORD. #		Charge Description	
Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation or ORD. #	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Bond		Violation or ORD. #		Charge Description	
Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation or ORD. #	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Bond		Violation or ORD. #		Charge Description	
Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation or ORD. #	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Bond		Violation or ORD. #		Location (Court, Address, Room Number)	
Court Date and Time		Month		Day		Year	
Time		AM <input type="checkbox"/>		PM <input type="checkbox"/>		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		Name Verification (Printed by Arrestee)		(PRINT)	
Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer <b>D/S M. CIMOCH</b>		ID # <b>16044</b>		Page <b>1 of 1</b>	
Intake Deputy		ID #		Pouch #		Transporting Officer <b>M. CIMOCH 16044</b>	
Agency <b>PBSO</b>		Witness here if subject signed with an "X"		Page <b>1 of 1</b>		Witness here if subject signed with an "X"	

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest    3. Request For Warrant 2. N.T.A.   4. Request For Capias		Juvenile <input type="checkbox"/> <b>1</b>	N <input type="checkbox"/>
Agency ORI Number <b>FLO 5 0 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06</b>		<b>17024199</b>	
Charge Type: Check as many as apply <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 _____				Special Notes			
Defendant Name (Last, First, Middle) <b>GOULD KYLE E</b>				Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>5/8/1987</b>	
Charge <b>POSSESSION OF COCAINE</b>				Charge			
Charge				Charge			
Victim Name (Last, First, Middle) <b>FLORIDA</b>				Race	Sex	Date of Birth	
Local Address (Street, Apt. Number)		City	State	Zip	Phone	Address Source	
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation	
The undersign 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 checked="" 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 (described) investigation.  On the <b>9TH</b> day of <b>JANUARY</b> 20 <b>17</b> at <b>0037</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM							

On 1/9/2017 at approximately 0037 hours I was patrolling the parking lot of a night club, Suri West located at 13410 S Shore Blvd in Wellington, FL, 33414 in my marked PBSO patrol car. As I was driving through I noticed two males inside a blue 2013 Volkswagen Jetta which was parked facing S shore Blvd. The vehicle's lights were off but the interior lights were on which drew my attention to them. I parked my vehicle and walked up to the vehicle's driver side on foot. I watched both occupants sharing a small clear plastic bag containing a white powdery substance. I believed the substance to be Cocaine based on my training and experience. Both of their attention was on the substance and they did not notice me standing next to the driver side door. I shined my flashlight into the vehicle and announced that I was a Deputy with the Palm Beach County Sheriff's Office. They both immediately became nervous as the driver, Kyle Gould tried to conceal the bag of suspected cocaine by transferring it from his right hand to his left hand then putting it by his side. I demanded he give me the suspected cocaine which he complied. The passenger identified by Illinois license as Matthew Sassmannshausen was acting nervous as he kept saying "I've never been in trouble before". After searching Kyle's person I located a twenty dollar bill rolled up tight in his right front pocket as if it would be used to snort the cocaine. Both occupants were handcuffed behind their back and the cuffs were checked for proper fit and double locked. As I was transporting them to the district 8 (Wellington) substation Kyle spontaneously asked why Matthew was being arrested "because I was the one in possession of the cocaine". I informed his that I witnessed both of them knowingly in possession of the cocaine.

The white powdery substance was field tested with a Marquis Reagent kit and a Cobalt Thiocyanate Reagent test kit which both yielded positive for cocaine. The FTP cocaine weighed .5 grams. Based on the above information, I find probable cause to charge Kyle and Matthew with possession of cocaine.

The foregoing instrument was sworn to and affirmed before me this <b>9th</b> day of <b>January</b> 20 <b>17</b> , by:	
<b>D/S SEPTIEN ID# 20750</b> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)  Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<b>D/S M.CIMOCH 16044</b> Name of Arresting/Investigating Officer  Signature of Arresting/Investigating Officer
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