0503953

2419

ARREST / NOTICE TO APPEAR

1 Arrest 3 Request for Warrant 2 NTA 4 Request for Capias

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500400

Agency Name: Delray Beach Police Department

Agency Report Number (NTA's only): 4 0 18-018940

Charge Type (Check as many as apply): 1 Felony; 2 Traffic Felony; 3 Misdemeanor; 4 Traffic Misdemeanor; 5 Ordinance; 6 Other

If Weapon Seized, Enter Type: None/not Applicable

Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business): 202 NE 6TH AVE DELRAY BEACH FL

Location of Offense (Business Name, Address): 599 NE 2ND ST/NE 6TH AVE, DELRAY BEACH, FL 33483

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
12/21/2018	10:45					

DEFENDANT

Name (Last, First, Middle): ARTEAGA, LADY KATHERINE

Alias (Name, DOB, Soc Sec #, Etc.): Alias:

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	03/03/1981	5'07	130	BROWN	BROWN	MEDIUM	MEDIUM

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description):

Marital Status: M

Religion: CHRISTIAN

Indication of Alcohol Influence: Yes ☐ No ☒ Unk ☐ Drug Influence: ☐

Local Address (Street, Apt Number) (City) (State) (Zip): 533 SHADY PINE WAY A1, GREENACRES, FL 33415

Phone: (754) 273-3908

Residence Type (1 City, 2 County, 3 Florida, 4 Out of State): 2

Permanent Address (Street, Apt Number) (City) (State) (Zip): 533 SHADY PINE WAY A1, GREENACRES, FL 33415

Phone: (754) 273-3908

Address Source: VERBAL

Business Address (Name, Street) (City) (State) (Zip):

Phone:

Occupation: Unemployed

D/L Number, State	Soc Sec Number	INS Number	Place of Birth (City, State)	Citizenship
/			Columbia	CO

CO-DEF

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

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

JUVENILE

☐ Parent ☐ Other ☐ Legal Custodian — 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 Department and Released, 2 TOT JAC, 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 355-2526) informed of any change of address. ☐ Yes, by ☐ No

School Attended: Grade:

Property Crime? ☐ Yes ☒ No: Description of Property: Value of Property:

CODE

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

Charge Description: NO DRIVERS LICENSE - NEVER HAD ONE ISSUED

Statute Violation Number: 322.03(1)

Violation of ORD #:

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE

Charge Description:

Statute Violation Number:

Violation of ORD #:

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description:

Statute Violation Number:

Violation of ORD #:

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

DEC 21 PM 1:08

INTAKE

Health / Apparent Physical Condition of Defendant:

Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Detoxification ☐ Injuries

Explain:

Check which applies: ☐ Released OR ☐ Released to Parent/Guardian ☐ TOT County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By: Released By: Released To:

Transported By: Date Transported: Time Transported: Other:

NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court

☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): South County 200 W Atlantic Ave Delray Beach, FL 33444

Court Date and Time: 01/28/2019 08:30:00

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.

Lady Katherine Arteaga

Signature of Defendant, or Juvenile and Parent/Custodian

12/21/2018

Date Signed

No Photo Available

ADMIN

HOLD for Other Agency:

☐ Dangerous ☐ Resisting Arrest ☐ Suicidal ☐ Other

Intake Deputy: SCANNED DEC 27 2018

Pseudo #:

Signature of Arresting Officer:

Name of Arresting Officer (Print): BONET, LUIS C

ID #: 1148

Transporting Officer: Bonet

ID #: 1148

Agency:

Name Verification (Printed by Arrestee) (PRINT):

Witness here if subject signed with an "X"

PAGE 1 OF 1

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☒ COURT ☐ BOOKING FACILITY ☒ AGENCY ☐ CRIMINAL HISTORY ☐ DMV ☐ DISPOSITION ☐ OTHER

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias | 1 | JUVENILE

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FL 0500400	DELRAY BEACH POLICE DEPARTMENT	4 1 0 18-018940

Charge Type (Check as many as apply): ☐ 1 Felony ☐ 2 Traffic Felony ☐ 3 Misdemeanor ☒ 4 Traffic Misdemeanor ☐ 5 Ordinance ☐ 6 Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
ARTEAGA, LADY KATHERINE		W	F	03/03/1981

CHARGES

Charge Description	Charge Description
322.03(1) NO DRIVERS LICENSE - NEVER HAD ONE ISSUED	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
STATE OF FLORIDA,			

Local Address (Street, Apt Number)	(City)	(State)	(Zip)	Phone	Address Source
605 SUWANNEE STREET, TALLAHASSEE, FL 32399					

Business Address (Name Street)	(City)	(State)	(Zip)	Phone	Occupation

PROBABLE CAUSE STATEMENT

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

☐ committed the below acts in my presence.

☒ confessed to BONET 1148 admitting to the below facts.

☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 21 day of December, 2018 at 11:30 (Specifically include facts constituting cause for arrest.)

This incident occurred in the City of Delray Beach, Palm Beach County, FL.

On December 21st, 2018, I responded to 202 NE 6th Ave for a criminal traffic crash violation. I met with CSO Petricone who was investigating the crash that occurred in the intersection of NE 2nd St/NE 6th Ave. Lady Arteaga DOB 03/03/81 was involved in this crash and stated she was driving the black Audi Q3 (FL Tag EMME85). Arteaga also stated she has never had a Driver's License in the United States.

Due to the above stated facts, probable cause exists to charge the defendant with No Drivers License - Never Had One Issued.

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SCANNED DEC 23 2018

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

SOSA, PETER

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 117 10)

12/21/2018

DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

BONET, LUIS C (1148)

NAME OF OFFICER (PLEASE PRINT)

12/21/2018

DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.