

0380106

ARREST / NOTICE TO APPEAR

3578

1. Arrest
2. N.T.A.
3. Request for Warrant
4. Request for Capias

1 JUVENILE

A	OBTS Number	ARREST / NOTICE TO APPEAR											
D	Agency ORI Number	Agency Name		Agency Report Number (N.T.A.'s only)									
M	0500400	Delray Beach Police Department		4 0 1 17-015082									
S	Charge Type:	<input checked="" type="checkbox"/> 1. Felony		<input type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance		If Weapon Seized		Multiple Clearance Indicator			
T	Check as many as apply.	<input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other		Enter Type		<i>None/not Applicable</i>	3		
R	Location of Arrest (Including Name of Business)				Location of Offense (Business Name, Address)								
A	1200 W ATLANTIC AVE DELRAY BEACH				1200 W ATLANTIC AVE, DELRAY BEACH, FL 33444								
T	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle						
I	09/27/2017	03:54	09/27/2017	04:30	//	:	WESTWAY TOWING						
O	Name (Last, First, Middle) PRICE, LARISSA ELAYNE Alias: NELIGH, LARISSA ELAYNE												
N	Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build				
D	W - White I - American Indian B - Black O - Oriental/Asian	W F	04/26/1977	5'07	140		BROWN	LIGHT	MEDIUM				
E	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status	Religion			Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.			
F	Local Address (Street, Apt. Number) (City) (State) (Zip)					Phone			Residence Type: 1. City 3. Florida 2. County 4. Out of State				
N	2065 NW 15TH PL, DELRAY BEACH, FL 33445					(561) 584-3088			1				
A	Permanent Address (Street, Apt. Number) (City) (State) (Zip)					Phone			Address Source				
N	2065 NW 15TH PL, DELRAY BEACH, FL 33445					(561) 584-3088			FL ID CARD				
T	Business Address (Name, Street) (City) (State) (Zip)					Phone			Occupation				
D/L Number, State P620525776460 / FL			Soc. Sec. Number [REDACTED]	INS Number			Place of Birth (City, State) FAYETTEVILLE, NC	Citizenship					
C	Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth					
O								<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor					
D	Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth					
E								<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor					
F	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle) _____ Residence Phone _____ <input type="checkbox"/> Legal Custodian												
J	Address (Street, Apt. Number) (City) (State) (Zip) Business Phone												
U	Notified by: (Name)					Date	Time	JUVENILE DISPOSITION					
V								1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated					
E	Released To: (Name) Relationship					Date	Time						
N	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.					School Attended					Grade		
I	<input type="checkbox"/> Yes, <input type="checkbox"/> No:					Property Crime? <input type="checkbox"/> Yrs <input checked="" type="checkbox"/> No					Description of Property		Value of Property
L													
E													
C O D E Charge Description POSSESSION OF HEROIN											Statute Violation Number 893.13(6)(A)	Violation of ORD #	
CHARGE	Drug Activity N	Drug Type	Amount / Unit /	Offense # 17-015082	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number					Bond	
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CHARGE	Drug Activity N	Drug Type	Amount / Unit /	Offense # 17-015082	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number					Statute Violation Number 893.13(6)(A) Bond	
CHARGE	Drug Activity N	Drug Type	Amount / Unit /	Offense # 17-015082	Counts 4	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number					Statute Violation Number 893.147 (1) Bond	
IN	Health / Apparent Physical Condition of Defendant					Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries							
TAKE	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Post bail <input type="checkbox"/> South County Mental Health					PROPERTY - Received By					Released By	Released To	
TAKE	Transported By					Date Transported //	Time Transported :	Other					
NOTICE	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> 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 2017 SEP 28		
TO APPEAR													
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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.											No Photo Available		
Signature of Defendant (or Juvenile and Parent/Custodian)													
Date Signed													
ADMIN	HOLD for Other Agency				Signature of Arresting Officer <i>S 1109</i>				Name Verification (Printed by Arrestee) (PRINT)				
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Officer (Print) SALGUERO, KAYLEE J.				I.D. # 1109				
	Intake Deputy		I.D. #	Pouch #	Transporting Officer <i>Castro</i>	I.D. # 1149	Agency DBSO				PAGE 1 OF 1		
	Witness here if subject signed with an "X"												

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS DEFENDANT

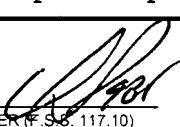
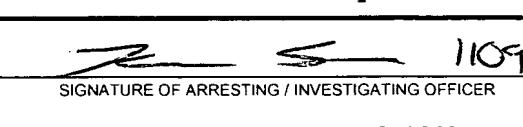
SCANNED
SEP 28 2017

PROBABLE CAUSE AFFIDAVIT

1. Arrest 3. Request for Warrant
 2. N.T.A. 4. Request for Capias

1

JUVENILE

A	OBTS Number		PROBABLE CAUSE AFFIDAVIT						
D	Agency ORI Number	Agency Name				Agency Report Number			
M	FL 0500400	DELRAY BEACH POLICE DEPARTMENT				4 0 17-015082			
I	Charge Type: Check as many as apply. 1. Felony 3. Misdemeanor 2. Traffic Felony 4. Traffic Misdemeanor 5. Ordinance 6. Other			Special Notes:					
D	Name (Last, First, Middle)		Alias		Race	Sex	Date of Birth		
E	PRICE, LARISSA ELAYNE		NELIGH, LARISSA ELAYNE		W	F	04/26/1977		
H	Charge Description			Charge Description					
A	893.13(1A)(1) POSSESSION OF HEROIN			893.147 POSSESSION/USE DRUG PARAPHERNALIA					
R	Charge Description			Charge Description					
G	893.13(6)(A) POSSESSION OF CONTROLLED SUBSTANCE W/								
E	Victim's Name (Last, First, Middle)			Race	Sex	Date of Birth			
S	State Of Florida								
C	Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		Address Source	
T	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation	
<p>The undersigned certifies and swears that he/she has just and resonable 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 checked="" type="checkbox"/> confessed to <u>Ofc REED</u> who told <u>Ofc REED</u> that he/she saw the arrested person committ the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>27</u> day of <u>September</u> <u>2017</u> at <u>03:54</u> (Specifically include facts constituting cause for arrest.)</p>									
<p>The following incident occurred within the City of Delray Beach, Palm Beach County, FL: On 09/27/2017 at 0334 hours Ofc Reed was patrolling the first block of SW 12th Ave. Ofc Reed observed a gold sedan waiting at the red light at 1200 W Atlantic Ave. Ofc Reed checked the license plate of the vehicle, Y02KNM, through FCIC/NCIC and was notified that the license plate was not assigned to the vehicle. Ofc Reed initiated a traffic stop for the tag violation in the 1200 block of W Atlantic Ave. The driver was identified as Ryan Archie Price.</p> <p>I arrived on scene and both Ryan Price and Larissa Price were outside of the vehicle. Due to the fact that the tag attached to the vehicle was not assigned, it was decided to tow the vehicle. I assisted Ofc. Reed with inventorying the vehicle. On the front passenger side floor board, Ofc. Reed located a large black/white zipper wallet. Inside the wallet, Ofc. Reed located Price's social security card and bank cards. He also located the following items: one silver spoon with black burn marks, 1 capsule with a brown/white powdery substance, one used needle, and one package of Suboxone. The capsule was field tested by Ofc. Reed and tested positive for Heroin.</p> <p>On the front passenger side floor board, Ofc. Reed located Price's black purse. I then inventoried the black purse which contained Price's keys and cell phones. I also located a pink pouch inside the purse which contained a glass pipe with black residue, copper "brillo" and a glass bowl, which based on my training, knowledge, and experience are commonly used to smoke narcotics. The glass pipe was field tested by Ofc. Reed and tested positive for cocaine. Inside of the purse I also located a glass bowl which is commonly used for smoking marijuana.</p> <p>I read Price her Miranda Rights and she advised she understood. She stated that the capsule in her black/white wallet was Heroin, which she did not purchase tonight. She stated that she does have a prescription for Suboxone but could not provide it. She also</p>									
A	SWORN AND SUBSCRIBED BEFORE ME								
D	<u>SKEBERIS, LUIS</u> 								
M	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)								
I	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER								
D	<u>SALGUERO, KAYLEE J (1109)</u> 								
E	NAME OF OFFICER (PLEASE PRINT)								
H	09/27/2017								
A	DATE								
R	PAGE 1 OF 2								

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

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SEP 28 2017

PAGE **1 OF 2**

A	OBTS Number		• PROBABLE CAUSE AFFIDAVIT SUPPLEMENT			1. Arrest	3. Request for Warrant
M	Agency ORI Number	Agency Name				2. N.T.A.	4. Request for Capias
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D	Name (Last, First, Middle)		Alias			Race	Sex
E	PRICE, LARISSA ELAYNE		NELIGH, LARISSA ELAYNE			W	F
F						Date of Birth 04/26/1977	

stated that the glass pipe located in her purse was used to smoke cocaine.

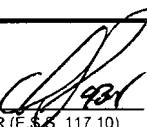
Based on the stated facts, Probable Cause exist to charge the defendant, Larissa Price, with one count of Possession of Heroin in accordance with FSS 893.13(1A) (1), one count of possession of a controlled substance without a prescription in accordance with 893.13(6) (A) and four counts of Possession of drug paraphernalia in accordance with FSS 893.147.

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ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME SKEBERIS, LUIS NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 09/27/2017 DATE	  SIGNATURE OF ARRESTING / INVESTIGATING OFFICER SALGUERO, KAYLEE J (1109) NAME OF OFFICER (PLEASE PRINT) 09/27/2017 DATE
		PAGE 2 OF 2

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CENTRAL RECORDS

JAIL

CRIME ANALYSIS

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SEP 28 2017