

0380106

3518

## ARREST / NOTICE TO APPEAR

|  |   |   |   |  |  |                 |  |  |   |  |   |                       |  |
|--|---|---|---|--|--|-----------------|--|--|---|--|---|-----------------------|--|
| AD<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>O<br>N   | OBTS Number   |   | Agency ORI Number<br><b>0500400</b>                       |  | Agency Name<br><b>Delray Beach Police Department</b>   |                 | Agency Report Number (N.T.A.'s only)<br><b>4   0   17-015082</b> |  | 1. Arrest<br>2. N.T.A.<br>3. Request for Warrant<br>4. Request for Capias<br><b>1</b> |  | JUVENILE  |                       |  |
| D<br>E<br>F<br>E<br>N<br>D<br>A<br>N<br>T  | Charge Type:<br>Check as many as apply.<br><input checked="" type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input checked="" type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |   | If Weapon Seized<br>Enter Type <b>None/not Applicable</b> |  | Multiple Clearance Indicator<br><b>3</b>   |                 |  |  |   |  |   |                       |  |
|  | Location of Arrest (Including Name of Business)<br><b>1200 W ATLANTIC AVE DELRAY BEACH</b>  |   |   |  | Location of Offense (Business Name, Address)<br><b>1200 W ATLANTIC AVE, DELRAY BEACH, FL 33444</b>   |                 |  |  |   |  |   |                       |  |
|  | Date of Arrest<br><b>09/27/2017</b>   |   | Time of Arrest<br><b>03:54</b>                            |  | Booking Date<br><b>09/27/2017</b>  |                 | Booking Time<br><b>04:30</b>                                     |  | Jail Date<br><b>// : :</b>  |  | Jail Time   |                       |  |
|  |   |   |   |  |  |                 |  |  |   |  | Location of Vehicle<br><b>WESTWAY TOWING</b>  |                       |  |
| C<br>O<br>D<br>E<br>F  | Name (Last, First, Middle)<br><b>PRICE, LARISSA ELAYNE</b>  |   |   |  | Alias (Name, DOB, Soc. Sec. #, Etc.)<br><b>Alias: NELIGH, LARISSA ELAYNE</b>   |                 |  |  |   |  |   |                       |  |
|  | Race<br>W - White<br>B - Black<br><b>W</b>  |   | Sex<br><b>F</b>   |  | Date of Birth<br><b>04/26/1977</b>   |                 | Height<br><b>5'07</b>  |  | Weight<br><b>140</b>  |  | Eye Color   |                       |  |
|  | Hair Color<br><b>BROWN</b>  |   | Complexion<br><b>LIGHT</b>                                |  | Build<br><b>MEDIUM</b>   |                 | Marital Status<br><b>M</b>                                       |  | Religion  |  | Indication of:<br>Alcohol Influence<br>Drug Influence<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>  |                       |  |
|  | Local Address (Street, Apt. Number)<br><b>2065 NW 15TH PL, DELRAY BEACH, FL 33445</b>   |   |   |  | (City)<br><b>FL</b>  |                 | (State)<br><b>FL</b>   |  | (Zip)<br><b>33445</b>   |  | Phone<br><b>(561) 584-3088</b>  |                       |  |
|  | Permanent Address (Street, Apt. Number)<br><b>2065 NW 15TH PL, DELRAY BEACH, FL 33445</b>   |   |   |  | (City)<br><b>FL</b>  |                 | (State)<br><b>FL</b>   |  | (Zip)<br><b>33445</b>   |  | Phone<br><b>(561) 584-3088</b>  |                       |  |
|  | Business Address (Name, Street)<br><b>FL ID CARD</b>  |   |   |  | (City)<br><b>FL</b>  |                 | (State)<br><b>FL</b>   |  | (Zip)<br><b>33445</b>   |  | Phone   |                       |  |
|  | D/L Number, State<br><b>P620525776460 / FL</b>  |   |   |  | Soc. Sec. Number<br><b>[REDACTED]</b>  |                 | INS Number   |  | Place of Birth (City, State)<br><b>FAYETTEVILLE, NC</b>                               |  | Citizenship   |                       |  |
|  | Co-Defendant Name (Last, First, Middle)   |   |   |  | Race   |                 | Sex  |  | Date of Birth   |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large<br><input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |                       |  |
|  | Co-Defendant Name (Last, First, Middle)   |   |   |  | Race   |                 | Sex  |  | Date of Birth   |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large<br><input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |                       |  |
|  | J<br>U<br>V<br>E<br>N<br>I<br>L<br>E  | <input type="checkbox"/> Parent<br><input type="checkbox"/> Legal Custodian<br>Name (Last, First, Middle) |   |  |  | Residence Phone |  |  |   |  |   |                       |  |
| Address (Street, Apt. Number)  |   |   |   | (City)   |  |                 |  | (State)  |   |  |   |                       |  |
| (Zip)  |   |   |   | Business Phone   |  |                 |  |  |   |  |   |                       |  |
| Notified by: (Name)  |   |   |   | Date   |  | Time            |  | JUVENILE DISPOSITION<br>1. Handled/Processed within Department and Released<br>2. TOT JAC<br>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.<br>The child and/or parent was told to keep the Juvenile Court Clerk's Office<br>(Phone 355-2526) informed of any change of address. |   |   |   | School Attended  |  |                 |  | Grade  |   |  |   |                       |  |
| <input type="checkbox"/> Yes, by: <input type="checkbox"/> No:   |   |   |   | Property Crime?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                 |  | Description of Property  |   |  |   |                       |  |
| Value of Property  |   |   |   |  |  |                 |  |  |   |  |   |                       |  |
| Drug Activity<br>N. N/A<br>P. Possess  |   |   |   | S. Sell<br>B. Buy<br>T. Traffic  |  |                 |  | R. Smuggle<br>D. Deliver<br>E. Use   |   |  |   |                       |  |
| K. Disperses/<br>Distribute  |   |   |   | M. Manufacture/<br>Produce/<br>Cultivate   |  |                 |  | Z. Other   |   |  |   |                       |  |
| C<br>H<br>A<br>R<br>G<br>E   | Charge Description<br><b>POSSESSION OF HEROIN</b>   |   |   |  | Statute Violation Number<br><b>893.13(6)(A)</b>  |                 |  |  | Violation of ORD #  |  |   |                       |  |
|  | Drug Activity<br><b>N</b>   |   | Drug Type<br><b>/</b>                                     |  | Amount / Unit<br><b>/</b>  |                 | Offense #<br><b>17-015082</b>                                    |  | Counts<br><b>1</b>  |  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N   |                       |  |
|  | Warrant / Capias Number   |   | Bond  |  |  |                 |  |  |   |  |   |                       |  |
|  | Charge Description<br><b>POSSESSION OF CONTROLLED SUBSTANCE W/OUT A PRESCRIPTION Suboxone</b>   |   |   |  | Statute Violation Number<br><b>893.13(6)(A)</b>  |                 |  |  | Violation of ORD #  |  |   |                       |  |
| C<br>H<br>A<br>R<br>G<br>E   | Drug Activity<br><b>N</b>   |   | Drug Type<br><b>/</b>                                     |  | Amount / Unit<br><b>/</b>  |                 | Offense #<br><b>17-015082</b>                                    |  | Counts<br><b>1</b>  |  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N   |                       |  |
|  | Warrant / Capias Number   |   | Bond  |  |  |                 |  |  |   |  |   |                       |  |
|  | Charge Description<br><b>POSSESSION/USE DRUG PARAPHERNALIA</b>  |   |   |  | Statute Violation Number<br><b>893.147 (1)</b>   |                 |  |  | Violation of ORD #  |  |   |                       |  |
|  | Drug Activity<br><b>N</b>   |   | Drug Type<br><b>/</b>                                     |  | Amount / Unit<br><b>/</b>  |                 | Offense #<br><b>17-015082</b>                                    |  | Counts<br><b>4</b>  |  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N   |                       |  |
| I<br>N<br>T<br>A<br>K<br>E   | Health / Apparent Physical Condition of Defendant   |   |   |  | Any knowledge of the following:<br><input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries |                 |  |  | Explain:  |  |   |                       |  |
|  | Check which applies:<br><input type="checkbox"/> Released O.R.<br><input type="checkbox"/> Released to Parent/Guardian<br><input type="checkbox"/> Posted Bond<br><input checked="" type="checkbox"/> T.O.T. County Jail<br><input type="checkbox"/> South County Mental Health   |   |   |  | PROPERTY - Received By   |                 |  |  | Released By   |  |   |                       |  |
|  | Transported By  |   |   |  | Date Transported<br><b>// : :</b>  |                 |  |  | Time Transported  |  |   |                       |  |
|  | Other   |   |   |  |  |                 |  |  |   |  |   |                       |  |
| N<br>O<br>T<br>I<br>C<br>E<br>T<br>O<br>A<br>P<br>P<br>E<br>A<br>R   | <input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court<br><input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court<br>but must comply with instructions on Page 2.  |   |   |  | Location (Court, Room)<br><b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>  |                 |  |  | Court Date and Time   |  |   |                       |  |
|  | 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)   |   |   |  | Date Signed  |                 |  |  |   |  |   |                       |  |
|  |   |   |   |  |  |                 |  |  |   |  |   |                       |  |
| A<br>D<br>M<br>I<br>N  | HOLD for Other Agency   |   |   |  | Signature of Arresting Officer<br><b>[Signature]</b>   |                 |  |  | Name Verification (Printed by Arrestee)<br><b>[Signature]</b>                         |  |   |                       |  |
|  | <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suicidal<br><input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Other   |   |   |  | Name of Arresting Officer (Print)<br><b>SALGUERO, KAYLEE J.</b>  |                 |  |  | I.D. #<br><b>1109</b>   |  |   |                       |  |
|  | Intake Deputy<br><b>Castro</b>  |   |   |  | I.D. #<br><b>1147</b>  |                 |  |  | Pouch #<br><b>0300</b>  |  |   |                       |  |
|  |   |   |   |  | Transporting Officer<br><b>[Signature]</b>   |                 |  |  | I.D. #<br><b>1109</b>   |  |   |                       |  |
| Witness here if subject signed with an "X"   |   |   |   |  |  |                 |  |  |   |  |   | PAGE<br><b>1 OF 1</b> |  |

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ ALL DEFENDANT

 SCANNED  
 SEP 28 2017



|  |   |  |   |  |   |  |  |  |                   |          |
|--|---|--|---|--|---|--|--|--|-------------------|----------|
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>V<br>E | OBTS Number   |  | <b>PROBABLE CAUSE AFFIDAVIT<br/>SUPPLEMENT</b>  |  | 1. Arrest<br>2. N.T.A.  |  | 3. Request for Warrant<br>4. Request for Capias                            |  | <b>1</b>          | JUVENILE |
|  | Agency ORI Number<br><b>FL 0500400</b>  |  | Agency Name<br><b>DELRAY BEACH POLICE DEPARTMENT</b>  |  | Agency Report Number<br><b>4 0 17-015082</b>  |  |  |  |                   |          |
|  | Charge Type:<br>Check as many as apply.   |  | <input checked="" type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony |  | <input checked="" type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 4. Traffic Misdemeanor |  | <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |  | Special Notes:    |          |
|  | Name (Last, First, Middle)  |  | Alias   |  | Race  |  | Sex  |  | Date of Birth     |          |
|  | <b>PRICE, LARISSA ELAYNE</b>  |  | <b>NELIGH, LARISSA ELAYNE</b>   |  | <b>W</b>  |  | <b>F</b>   |  | <b>04/26/1977</b> |          |
|  | <p>stated that the glass pipe located in her purse was used to smoke cocaine.</p> <p>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.</p>   |  |   |  |   |  |  |  |                   |          |
|  | <div style="position: relative; width: 100%; height: 100%;"> <span style="position: absolute; top: 0; right: 0; transform: rotate(45deg); opacity: 0.3; font-size: 100px; pointer-events: none;">NOT A CERTIFIED COPY</span> </div>   |  |   |  |   |  |  |  |                   |          |
|  | <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p style="text-align: center;"><b>SKEBERIS, LUIS</b></p> <p style="text-align: center;">NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)</p> <p style="text-align: center;"><b>09/27/2017</b></p> <p style="text-align: center;">DATE</p> </div> <div style="width: 45%;"> <p style="text-align: center;">            SIGNATURE OF ARRESTING / INVESTIGATING OFFICER         </p> <p style="text-align: center;"><b>SALGUERO, KAYLEE J (1109)</b></p> <p style="text-align: center;">NAME OF OFFICER (PLEASE PRINT)</p> <p style="text-align: center;"><b>09/27/2017</b></p> <p style="text-align: center;">DATE</p> </div> </div> |  |   |  |   |  |  |  |                   |          |