

		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1 Arrest 2 NTA.		3 Request for Warrant 4 Request for Capias		3	Juvenile										
ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 18-059339													
	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		If Weapon Seized Enter Type		Multiple Clearance Indicator										
	Location of Arrest (including Name of Business) PBIA, 3200 BELVEDERE RD. WEST PALM BCH. FL, 33406						Location of Offense (Business Name, Address) PBIA, 3200 BELVEDERE RD. WEST PALM BCH. FL, 33406														
	Date of arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle								
Name (Last, First, Middle) LAMB, LEAH ANN												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W		Date of Birth 08/12/1972		Height 5'07"		Weight 135		Eye Color HAZEL		Hair Color BLOND		Complexion MED		Build MED					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)								Marital Status SINGLE		Religion UK		Indication of: Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/>		Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>							
Local Address (Street, Apt. Number) 1021 NW 7TH ST				(City) BOYNTON BCH		(State) FL		(zip) 33426		Phone (940) 230-8232		Residence Type: 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input checked="" type="checkbox"/> 4. Out of State <input type="checkbox"/>		1							
Permanent Address (Street, Apt. Number) 1021 NW 7TH ST				(City) BOYNTON BCH		(State) FL		(zip) 33426		Phone (940) 230-8232		Address Source DRIVER LICENSE									
Business Address (Name, Street)				(City)		(State)		(zip)		Phone		Occupation UK									
D/L Number, State L-510-521-72-792-0, FL				Soc. Sec. #		INS Number		Place of Birth (City, State) TX		Citizenship USA											
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile									
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. 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. Yes, by (Name) No: (Reason)								School Attended		Grade											
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property															
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 Description POSSESSION OF OXYCODONE				Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 893.13(6)(A)				Violation of ORD #									
Drug Activity P		Drug Type O		Amount / Unit 2.0011 GRAMS		Offense #		Warrant / Capias Number				Bond									
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #									
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond									
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #									
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond									
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #									
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond									
Location (Court, Room Number, Address)																					
Court Date and Time																					
Month		Day		Year		Time		A.M.		P.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)										Date Signed											
HOLD for other Agency Name				Signature of Arresting Officer 8724				Name Verification (Printed by Arrestee)													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) DEPUTY N. MOORE				I.D. # 8724		(PRINT)											
Intake Deputy		I.D. #		Pouch #		Transporting Officer		I.D. #		Agency											
Witness here if suspect signed with an "X"												PAGE 1 OF 1									

PROBABLE CAUSE AFFIDAVIT

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

3

Juvenile

ADMIN	OBTS Number	Agency ORI Number FL0, 5, 0, 0, 0, 0, 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 18-059339
	Charge Type Check as many as 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

DEF	Name (Last, First, Middle) LAMB, LEAH ANN	Alias	Race W	Sex F	Date of Birth 08/12/1972
CHARGES	Charge Description POSSESSION OF OXYCODONE 893.13(6)(A)	Charge Description N/A			
	Charge Description N/A	Charge Description N/A			

VICTIM	Victim's Name (Last, First, Middle) STATE OF FL	Race	Sex	Date of Birth
	Local Address (Street, Apt Number) (City) (State) (Zip)	Phone	Address Source	
	Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation	

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. was observed by _____ who told _____
 confessed to _____ that he/she saw the arrested person commit the below acts.
 admitting to the below facts. _____ was found to have committed the below acts, resulting from my (described) investigation.
 On the 13 day of May 2018 at 1800 A.M P.M (Specifically include facts constituting cause for arrest.)

On 04/06/2018 at 1901 hours, I responded to the Palm Beach International Airport @ 3200 Belvedere Rd, unincorporated West Palm Beach, FL 33406 in reference to an assist to other agency call at TSA Concourse C Screening per the request of the Transportation Security Administration (TSA).

Deputy A. Croft (ID 4283) was on scene and had made initial contact with a w/f passenger who had alerted TSA Screeners. He had identified the passenger as Leah Ann Lamb by her Florida Driver License. I observed a now opened white elongated oval container enclosing several cotton balls and two hypodermics containing a clear liquid. Deputy Croft stated that the container and its items were retrieved by TSA Officers during Lamb's screening process. The Officers had then opened the plastic container and became suspicious of the contents, so they notified Palm Beach County Sheriff's Office (PBSO) on this date at approx. 1849 hours.

I met with Transportation Security Officer (TSO) Raymonde Bellard who stated she was operating the Advance Image Technology (AIT) machine when Lamb had showed an abnormality in the breast area during the screening process. She alerted her supervisor, TSO Francesca Santorsola. Bellard and Santorsola immediately moved Lamb to private screening to further investigate the abnormality. During this initial interaction Lamb had hunched over and stated she needed to use the restroom. Santorsola stated during the beginning of the pat down of Lamb, she immediately discovered a large object in the front portion of Lamb's underwear just below the waistband. Santorsola asked Lamb about the object. Lamb stated it was an electric toothbrush. Santorsola retrieved the object, a white colored elongated oval shaped container. When Santorsola opened the case she discovered two hypodermic needles with clear liquid and six cotton balls. The abnormality in Lamb's breast area proved to be the underwire of her bra. I spoke with Lamb. Lamb would not tell me what the liquid within the needles was; she simply asked numerous times if she was going to be arrested. On this date at 1824 hours, I advised Lamb of her Constitutional Rights. Lamb politely advised that she did not want to answer any questions. Lamb was allowed to continue on and board Delta Flight 1053 to Atlanta.

The white plastic case, six cotton balls, and two hypodermic syringes with capped needles intact containing

ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH	<u>8724</u>
	(Signature of Arresting/Investigative Officer)	
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>14</u> day of <u>MAY</u> 20 <u>18</u> by <u>N. MOORE</u> (Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced <u>PERSONALLY KNOWN</u>)	
Notary Public, Clerk of Court, Officer (F.S.S. 117.110)	<u>8305</u>	<u>INGRAM</u>

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Juvenile

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	Charge Description POSSESSION OF OXYCODONE 893.13(6)(A)	Charge Description N/A	Charge Description N/A	Charge Description N/A	Charge Description N/A

VICTIM	Victim's Name (Last, First, Middle) STATE OF FL	Race	Sex	Date of Birth
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	Business Address (Name, Street)	(City)	(State)	(Zip)

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
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 committed the below acts in my presence. was observed by _____ who told _____
 confessed to _____ that he/she saw the arrested person commit the below acts.
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 On the 13 day of May 20 18 at 1800 A.M P.M (Specifically include facts constituting cause for arrest.)

the unknown clear liquid was taken into evidence for lab analysis.

On 05/13/2018 at 1800 hours, I received a PPBSO Crime Laboratory Chemistry Report back from my requested analyses of the liquid within the syringes that I had placed into evidence. The report from Steven J. Williams, a PBSO Forensic Scientist showed the results of the analysis showed the liquid tested positive for Oxycodone.

Based on my investigation, I determined that Leah Ann Lamb was knowingly in actual or constructive possession of Oxycodone, a substance classified within schedule II, Florida Statute 893.03(2)(a), a controlled substance, contrary to Florida Statute 893.13(6)(a) (3 DEG FEL) (LEVEL 3)

PROBABLE CAUSE STATEMENT

ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH	8724
	(Signature of Arresting/Investigative Officer)	
	The foregoing instrument was sworn to or affirmed and subscribed before me this 14 day of MAY 20 18 by N. MOORE	
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced	PERSONALLY KNOWN
	Notary Public, Clerk of Court, Officer (F.S.S. 117.10)	8305 IRGAM