

18MM7701

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------|
| Agency ORI Number 0500400 | Agency Name Delray Beach Police Department | Agency Report Number (N.T.A.'s only) 4 0 18-010114 |
| Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" 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: OTHER FIREARM | Multiple Clearance Indicate: 1 |

| | | | |
|-----------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------|------------------------------|
| Location of Arrest (Including Name of Business) 1264 AUDUBON BLVD, DELRAY BEACH, FL | | Location of Offense (Business Name, Address) 1264 AUDUBON BLVD, DELRAY BEACH, FL 33444 | |
| Date of Arrest 07/05/2018 | Time of Arrest 20:22 | Booking Date 07/05/2018 | Booking Time 20:32 |

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|-------------------------------------------------------------------------------------|----------------------------|
| Name (Last, First, Middle) LAWRENCE, LEIGH M | Alias: |
| Race W - White 1 - American Indian B - Black O - Oriental/Asian W M | Sex M |
| Date of Birth 10/05/1942 | Height 5'10 |
| Weight 165 | Eye Color BLUE |
| Hair Color BLACK | Complexion LIGHT |
| Build SMALL | Build SMALL |

| | | | | |
|---------------------------------------------------------------------------------------------|---------------------------------|--------------------|---------------------|--------------------------------|
| Local Address (Street, Apt. Number) 1264 AUDUBON BLVD, DELRAY BEACH, FL 33444 | City Delray Beach, FL | State FL | Zip 33444 | Phone (786) 205-3458 |
| Permanent Address (Street, Apt. Number) 1264 AUDUBON BLVD, DELRAY BEACH, FL 33444 | City Delray Beach, FL | State FL | Zip 33444 | Phone (786) 205-3458 |
| Business Address (Name, Street) 1264 AUDUBON BLVD, DELRAY BEACH, FL 33444 | City Delray Beach, FL | State FL | Zip 33444 | Phone (786) 205-3458 |

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|------------------------------------------------|------------------|------------|------------------------------------------------------|--------------------------|
| D/L Number, State L652533423650 / FL | Sec. Sta. Number | INS Number | Place of Birth (City, State) Englewood, NJ | Citizenship US |
|------------------------------------------------|------------------|------------|------------------------------------------------------|--------------------------|

| | | | | | | |
|-----------------------------------------|------|-----|---------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------|
| 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 |

| | | | |
|----------------------------------------------------------------|------------------------------------------|----------------------------|-----------------|
| Parent <input type="checkbox"/> Other <input type="checkbox"/> | Legal Custodian <input type="checkbox"/> | Name (Last, First, Middle) | Residence Phone |
| Address (Street, Apt. Number) | City | State | Zip |
| Business Phone | | | |

| | | | | | | | | | | |
|---------------------------------------|---------------------------------|------------------------------------|----------------------------|------------------------------------------|----------|---------------------------------------|-------------------------------------------|----------------------------------------------------|------------------------------------------------|------------------------|
| Drug Activity N. N/A P. Possess | S. Sell B. Buy T. Traffic | R. Sawggle 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 2. Other |
|---------------------------------------|---------------------------------|------------------------------------|----------------------------|------------------------------------------|----------|---------------------------------------|-------------------------------------------|----------------------------------------------------|------------------------------------------------|------------------------|

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|------------------------------------------------|----------------------------------------------|---------------------------------------------------------------------------------------|
| Charge Description ANIMAL CRUELTY TO | Statute Violation Number 828.12(1) | Violation of ORD # |
| Drug Activity N | Drug Type N | Amount / Unit / |
| Offense # 18-010114 | Counts 1 | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| Warrant / Capias Number | Bond | |

| | | |
|-------------------------|--------------------------|--------------------|
| Charge Description | Statute Violation Number | Violation of ORD # |
| Drug Activity | Drug Type | Amount / Unit |
| Offense # | Counts | Domestic Violence |
| Warrant / Capias Number | Bond | |

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|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 |
| Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond | <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health |
| Transported By MARC | Released By MARC |

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|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <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 08/02/2018 8:30 AM |

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 _____

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|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------|
| HOLD for Other Agency | Signature of Arresting Officer MARC | Name Verification (Printed by Arrestee) MARC |
| <input checked="" type="checkbox"/> Dangerous <input checked="" type="checkbox"/> Suicidal | <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other | Name of Arresting Officer (Print) MARC, BERNENDA E. |
| Intake Deputy MARC | I.D.# 1111 | Agency DBPD |

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

| | | | | |
|--------------------------------------------|----------------------------------------------------|---------------------------------------|------------------------------------------------------|----------------------------------------------|
| OBTS Number | Agency ORI Number FL 0500400 | | Agency Name DELRAY BEACH POLICE DEPARTMENT | Agency Report Number 4 0 18-010114 |
| Charge Type: Check as many as apply. | | | | Special Notes: |
| <input type="checkbox"/> 1. Felony | <input checked="" 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 | | |

| | | | | |
|--------------------------------------------------------|--------------------|------------------|-----------------|------------------------------------|
| Name (Last, First, Middle) LAWRENCE, LEIGH M | Alias | Race W | Sex M | Date of Birth 10/05/1942 |
| Charge Description 828.12 ANIMAL CRUELTY TO | Charge Description | | | |
| Charge Description | Charge Description | | | |

| | | | |
|-------------------------------------|--------|---------|---------------|
| Victim's Name (Last, First, Middle) | Race | Sex | Date of Birth |
| Local Address (Street, Apt. Number) | (City) | (State) | (Zip) |
| 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.

The Person taken into custody . . .

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to **OFC MARC** admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the **5** day of **July**, **2018** at **20:35** (Specifically include facts constituting cause for arrest.)

The following incident occurred in the City of Delray Beach, Palm Beach County, Florida:

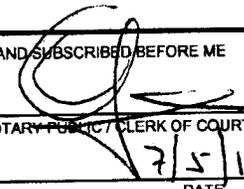
I responded to 1264 Audubon Blvd in reference to animal cruelty. Upon my arrival, I met with the witness, Irene Winkel across the street from the address above while standing next to a deceased Muscovy duck.

Winkel stated that while she was standing at the intersection of Dotterel Road and Audubon Blvd, she observed a thin white male (wearing a reddish t-shirt and dark shorts) in possession of a rifle. She witnessed the white male (later identified as Leigh Lawrence) shoot a Muscovy duck once in the front yard of 1264 Audubon Blvd. She observed Lawrence walk towards the backyard of the residence. Winkel stated that she attempted to assist the duck, but it passed away several minutes later.

I made contact with Leigh Lawrence at 1264 Audubon Blvd. I observed a rifle matching Winkel's description placed nearby Lawrence when I made contact. Lawrence confessed that he shot and killed the Muscovy duck in his front yard.

Post-show up, Winkel positively identified Lawrence as the subject she witnessed shoot and kill the Muscovy duck. The pellet rifle was also positively identified as the firearm used during this incident

Based on the above facts, Probable Cause exists to charge Leigh Lawrence with Animal cruelty in accordance with FSS 828.12.

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| SWORN AND SUBSCRIBED BEFORE ME | SIGNATURE OF ARRESTING / INVESTIGATING OFFICER |
|  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) DATE 7/5/18 |  MARC BERNENDA E (1111) NAME OF OFFICER (PLEASE PRINT) DATE 07/05/2018 |
| | PAGE 1 OF 1 |

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

SCANNED
JUL 06 2018



Palm Beach County Sheriff's Office – Arrests Only

| | X | Florida State Statute | Description | Page Number(s) |
|-------------------------------------------------------------|-------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| L/E Exemptions | <input type="checkbox"/> | 119.071(2)(d) | Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations. | |
| | <input type="checkbox"/> | 943.053, 943.0525 | NCIC/FCIC/FBI and in-state FDLE/DOC. | |
| | <input type="checkbox"/> | 119.071(4)(c) | Undercover personnel. | |
| | <input type="checkbox"/> | 119.071(2)(f) | Confidential Informants (CIs). | |
| | <input type="checkbox"/> | 119.071(2)(e) | Confession. | |
| Public Info. Exemptions | <input type="checkbox"/> | 985.04(1) | Juvenile offender records. | |
| | <input type="checkbox"/> | 119.071(h)(i) | Assets of a crime victim. | |
| | <input type="checkbox"/> | 395.3025(7)(a), 456.057(7)(a) | Medical information. | |
| | <input type="checkbox"/> | 394.4615(7) | Mental health information. | |
| | <input type="checkbox"/> | 119.071(4)(d)(2)(a) | Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children. | |
| Florida Rules of Judicial Administration 2.420 (Rule of 23) | <input checked="" type="checkbox"/> | (iii) 119.0714(1)(i)-(j), (2)(a)-(e) | Social Security, bank account, charge, debit, and credit card numbers. | 2 |
| | <input type="checkbox"/> | (viii) 394.4615(7) | Clinical records under the Baker Act. | |
| | <input type="checkbox"/> | (xii) 741.30(3)(b) | The victim's address in a domestic violence action on petitioner's request. | |
| | <input type="checkbox"/> | (xiii) 119.071(2)(h), 119.0714(1)(h) | Protected information regarding victims of child abuse or sexual offenses. | |
| | <input type="checkbox"/> | | | |
| Other | <input type="checkbox"/> | | Other: | |
| | <input type="checkbox"/> | | Other: | |

REVIEW COMPLETED BY

| | |
|----------------------------|----------------------------------|
| Booking Number: 2018022353 | Date: 07/06/2018 |
| | Specialist Name/ID: howardt/7185 |

SCANNED
 JUL 06 2018