

0495777

NR

462

18 OF 000926

ARREST / NOTICE TO APPEAR

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

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|----------------------------|--|--|---|---|
| ADMI NIST RAT ION | OBTS Number | Agency ORI Number 0502300 | Agency Name North Palm Beach Police Department | Agency Report Number (N.T.A.'s only) 7, 0 18-00096 |
| | Charge Type Check as many as apply: <input checked="" 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 NONE |
| | Location of Arrest (Including Name of Business) 312 NORTHLAKE BLVD | | Location of Offense (Business Name, Address) 312 NORTHLAKE BLVD, NORTH PALM BEACH, FL 33408 | |
| | Date of Arrest 01/30/2018 | Time of Arrest 14:59 | Booking Date | Booking Time |
| | Name (Last, First, Middle) SULLIVAN, LENA KAREN | | Alias (Name, DOB, Soc. Sec. #, Etc.) | |
| | Race W - White B - Black | Sex F | Date of Birth 09/08/1963 | Height 5'05 |
| | Weight 110 | Eye Color HAZEL | Hair Color GRAY | Complexion FAIR |
| | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | | Marital Status M | Religion |
| | Local Address (Street, Apt. Number) 1013 NORTH 13TH AVE, HOLLYWOOD, FL 33019 | | Phone (954) 479-0936 | Indication of: Alcohol Influence Drug Influence |
| | Permanent Address (Street, Apt. Number) 1013 NORTH 13TH AVE, HOLLYWOOD, FL 33019 | | Phone (954) 479-0936 | Residence Type 1. City 2. County 3. Florida 4. Out of State |
| | Business Address (Name, Street) 1013 NORTH 13TH AVE, HOLLYWOOD, FL 33019 | | Phone (954) 479-0936 | Address Source Occupation |
| | D.L. Number, State SA15531638280 / FL | INS Number | Place of Birth (City, State) Acreage, AK | Citizenship US |
| | Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth |
| | Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth |
| | <input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian | Name (Last, First, Middle) | | Residence Phone |
| | Address (Street, Apt. Number) | | (City) | (Zip) |
| | Notified by (Name) | | Time | JUVENILE DISPOSITION 1. Handed/Processed within Department and Released 2. TOT JAC 3. Incarcerated |
| | Released To (Name) | | Relationship | Date |
| | 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 |
| | <input type="checkbox"/> Yes, by <input type="checkbox"/> No. | | Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Description of Property |
| | Drug Activity N N/A P. Possess | S. Sell B. Buy T. Traffic | R. Struggle D. Deliver E. Use | K. 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 DRUGS - CONTROLLED SUBST W/O PRESCRIPTION (UNCONTROLLED) | Statute Violation Number 893.13(6)(A) | Violation of ORD # | |
| | Drug Activity N | Drug Type / | Amount / Unit / | Offense # 18-000096 |
| | Courts 1 | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Warrant / Capias Number | |
| | Charge Description FAIL TO APPEAR ON BAIL FOR MISDEMEANOR OFFENSE | Statute Violation Number 843.15(1)(B) | Violation of ORD # | |
| | Drug Activity N | Drug Type / | Amount / Unit / | Offense # 18-000096 |
| | Courts 1 | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Warrant / Capias Number 12 006066 | |
| | 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 checked="" type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health | <input type="checkbox"/> T.O.T. County Jail | PROPERTY - Received By |
| | Transported By | Date Transported | Time Transported | Other |
| | <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) | | |
| | I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT 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. | | Court Date and Time | |
| | Signature of Defendant (or Juvenile and Parent/Custodian) | | Date Signed | |
| | HOLD for Other Agency | Signature of Arresting Officer 9872 | Name Verification (Printed by Arrestee) | |
| | <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal | <input type="checkbox"/> Revoked Arrest <input type="checkbox"/> Other | (PRINT) JAN 30 PM 6:40 | |
| | BIS, C. GILYARD #7392 | Name of Arresting Officer (Print) DAVIS, TREVOR | ID # 9872 | PAGE 1 OF 1 |
| | | Transporting Officer T. Davis | ID # | Agency |
| | Witness here if subject signed with an "X" | | | |

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

2018 JAN 31 AM 6:46
M. BEACH COUNTY, FL
GUN CLUB BRANCH

No Photo Available

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 0502300 | Agency Name NORTH PALM BEACH POLICE | Agency Report Number 7 0 18-000096 |

| | | | |
|---|---|--|---------------------------------------|
| Charge Type: Check as many as apply. | <input checked="" 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) **SULLIVAN, LENA KAREN** Alias _____

| | |
|---|---|
| Charge Description 893.13(6)(A) DRUGS - CONTROLLED SUBST W/O PRESCRIPTION | Charge Description 843.15(1)(B) FAIL TO APPEAR ON BAIL FOR MISDEMEANO |
|---|---|

| | | | |
|-------------------------------------|----------|----------|-------------------|
| Victim's Name (Last, First, Middle) | Race | Sex | Date of Birth |
| | W | F | 09/08/1963 |

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

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

On the **30** day of **January**, **2018** at **16:43** (Specifically include facts constituting cause for arrest.)

On 01/30/2018 at approximately 12:51 p.m., I respond to 312 Northlake Blvd., North Palm Beach FL, 33408, as a backup unit for a shoplifting (case#18000095). Police Officer Miller came in to contact with Lena Sullivan (W/F 09/08/1963), due to the fact her husband was the suspect for the shoplifting case, at the above address. After a NCIC/FCIC check was ran on Lena, we discovered she had an active PALMS warrant. Lena Sullivan was placed in to custody and a thorough search of her person and backpack was conducted. Through the search of Lena's backpack, a clear plastic bag containing a white powdery substance was found. Using a Sirchie Mark Cocaine ID Swipe, the white powdery substance tested positive for cocaine. Lena Sullivan was charged with possession of cocaine, contrary to Florida Statute 893.13(6)(a).

NOT A CERTIFICATE

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|---|---|
| SWORN AND SUBSCRIBED BEFORE ME | SIGNATURE OF ARRESTING / INVESTIGATING OFFICER |
| CIEZAK, EDWARD NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) | DAVIS, TREVOR (9872) NAME OF OFFICER (PLEASE PRINT) |
| 01/30/2018 DATE | 01/30/2018 DATE |