

2018 MM000404AKK48B

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

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|--|-------------------------------|---|-----------------------|---|-------------------------|---|----------------------------|
| OBTS Number | | Agency ORI Number FLO 500000 | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | | Agency Report Number (N.T.A.'s only) 06-18-025489 | |
| 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 | | Weapon Seized / Type 2 1. Yes 2. No | |
| Location of Arrest (Including Name of Business) 7050 PALMETTO PARK RD, Boca Raton, FL 33433 | | Location of Offense (Business Name, Address) 7050 PALMETTO PARK RD, Boca Raton, FL 33433 | | | | | |
| Date of Arrest 01/12/2018 | Time of Arrest 0316 | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle N/A | |
| Name (Last, First, Middle) Mazzella, Lianna, Tarynn | | | | | | | |
| Alias (Name, DOB, Soc. Sec. #, Etc.) | | | | | | | |
| Race W - White 1 - American Indian B - Black 0 - Oriental/Asian | Sex F | Date of Birth 03/22/1998 | Height 5'04 | Weight 125 | Eye Color GRN | Hair Color BLND | Complexion Light |
| Build Med | | Marital Status Single | | Religion NONE | | Indication of Alcohol Influence Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Tatt: Sun Flower on shoulder, Cross right ring finger, 3butterfly right shoulder | | | | | | | |
| Local Address (Street, Apt. Number) 1500 SW 15 ST, Boca Raton, FL 33486 | | (City) | | (State) | | (Zip) | |
| Permanent Address (Street, Apt. Number) | | (City) | | (State) | | (Zip) | |
| Business Address (Name, Street) | | (City) | | (State) | | (Zip) | |
| D/L Number, State M240538986020, FL | | Soc. Sec. Number | | INS Number N/A | | Place of Birth (City, State) Bronx, NY | |
| Citizenship U.S.A | | Co-Defendant Name (Last, First, Middle) N/A | | 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"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other | | Address (Street, Apt. Number) | | (City) | | (State) (Zip) | |
| 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 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason) | | School Attended | | Grade | | Value of Property | |
| Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Description of Property | | Value of Property | | | |
| Drug 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. Synthetics | | U. Unknown Z. Other | | | |
| Charge Description UNLAWFUL POSSESSION OF ALCOHOLIC BEVERAGE (under 21 yrs) | | Counts 01 | | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | Statute Violation Number 562.111(1) | |
| Drug Activity N | | Drug Type A | | Amount / Unit 1 | | Offense # 18-025489 | |
| Warrant / Capias Number | | Bond | | Violation of ORD # | | | |
| Charge Description N/A | | Counts | | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | Statute Violation Number N/A | |
| Drug Activity | | Drug Type | | Amount / Unit | | Offense # | |
| Warrant / Capias Number | | Bond | | Violation of ORD # | | | |
| Charge Description N/A | | Counts | | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | Statute Violation Number N/A | |
| Drug Activity | | Drug Type | | Amount / Unit | | Offense # | |
| Warrant / Capias Number | | Bond | | Violation of ORD # | | | |
| Charge Description N/A | | Counts | | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | Statute Violation Number N/A | |
| Drug Activity | | Drug Type | | Amount / Unit | | Offense # | |
| Warrant / Capias Number | | Bond | | Violation of ORD # | | | |
| Location (Court, Room Number, Address) 200 West Atlantic Ave Delray Beach, FL 33444 | | | | | | | |
| Court Date and Time Month February Day 1st Year 2018 Time 0830 AM <input checked="" type="checkbox"/> PM | | | | | | | |
| 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) <i>Lianna Mazzella</i> | | | | | | Date Signed 01/12/2018 | |
| HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal | | Resisted Arrest <input type="checkbox"/> Other: | | Signature of Arresting Officer <i>D/S Signilien</i> | | Name Verification (Printed by Arrestee) Lianna Mazzella | |
| Intake Deputy | | I.D. # | | Pouch # | | Name of Arresting Officer (Print) D/S Signilien | |
| Transporting Officer | | ID # | | Agency | | I.D. # 7282 | |
| Witness here if subject signed with an -X- | | | | | | PAGE 1 OF 1 | |

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PROBABLE CAUSE AFFIDAVIT

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

2 Juvenile N

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|-------|---|--|----------------|--|---|
| ADMIN | OBTS Number | Agency ORI Number FLO 500000 | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number 06-18-025489 |
| | Charge Type: Check as many as apply. | | Special Notes: | | |

| | | | | | |
|-----|---|-------|-----------|----------|-----------------------------|
| DEF | Name (Last, First, Middle) Mazzella, Lianna, Tarynn | Alias | Race W | Sex F | Date of Birth 03/22/1998 |
|-----|---|-------|-----------|----------|-----------------------------|

| | | | |
|---------|---|---------------------------|-----|
| CHARGES | Charge Description UNLAWFUL POSSESSION OF ALCOHOLIC BEVERAGE (under 21 yoa) 562.111(1) | Charge Description N/A | N/A |
| | Charge Description N/A | Charge Description N/A | N/A |

| | | | | |
|--------|---|--------|---------|---------------|
| VICTIM | Victim's Name (Last, First, Middle) State of FL , , | Race | Sex | Date of Birth |
| | Local Address (Street, Apt. Number) 3228 Gun Club RD, West Palm Beach, FL 33406 | (City) | (State) | (zip) |
| | Business Address (Name, Street) 3228 Gun Club RD West Palm Beach, FL 33406 | (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 _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the **12th** day of **January** 20 **18** at **0316** A.M. P.M. (Specifically include facts constituting cause for arrest.)

I responded to Brick Yard Bar and Grill Restaurant in the Gardens Shop Plaza at 7050 West Palmetto Park RD Boca Raton unincorporated Palm Beach County, Florida to investigate an allegation of Trespassing incident. The Witness/Complainant, Brick Yard restaurant Manager, Joseph Osie, indicated that a white female, later identified as Lianna Mazzela, had frequented the above establishment several times in the past month and attempted to use her older sister's Florida Driver's license to buy alcoholic beverages to consume. Joseph furthermore contended that Lianna had been asked to leave the establishment multiple times prior to notifying law enforcement tonight 1/12/18 after she presented her 23-year old sister's driver's license to buy alcoholic beverages while she was under the age of twenty one. However, he said, Lianna had refused to vacate the premises. Subsequently, and while inside the restaurant in the bar area, Joseph pointed to Lianna, who was also in the bar area.

Moreover, I saw Lianna holding a bottle of Corona Extra beer cold to touch, that she was consuming. In addition, and upon verifying Lianna's identity and checking for Wants and Warrants through FCIC/NCIC using her Florida Driver's License, it was, in fact, determined that Lianna was under the age of twenty one and in possession of alcoholic beverages contrary to FSS 562.111(1). Based on the above facts, I placed Lianna Tarynn Mazzela under arrest and charged her with unlawful possession of alcoholic beverages under 21-year of age pursuant to FSS 562.111(1).

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S Similien 7282

(Signature of Arresting Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12th day of January 20 18 by D/S Similien 7282

(Print name of Arresting Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced Known LEO

26683

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

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