

ARREST / NOTICE TO APPEAR

A D M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 0 17-001979		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		3	JUVENILE												
	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: None/not Applicable		Multiple Clearance Indicator 1															
	Location of Arrest (Including Name of Business) WARRANT REQUEST							Location of Offense (Business Name, Address)																
	Date of Arrest		Time of Arrest		Booking Date 02/10/2017		Booking Time 01:57		Jail Date		Jail Time		Location of Vehicle											
D E F E N D A N T	Name (Last, First, Middle) SNYDER, LINDSEY JORDAN												Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)									
	Race W - White B - Black O - Oriental/Asian W		Sex F		Date of Birth 12/13/1988		Height 5'05		Weight 130		Eye Color BROWN		Hair Color BROWN		Complexion MEDIUM		Build							
	Local Address (Street, Apt. Number) 560 LAVERS CIR 344, DELRAY BEACH, FL 33444												(City)		(State)		(Zip)		Phone (352) 476-6148		Indication of: Alcohol Influence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>			
	Permanent Address (Street, Apt. Number) 560 LAVERS CIR 344, DELRAY BEACH, FL 33444												(City)		(State)		(Zip)		Phone (352) 476-6148		Residence Type: 1. City 2. County 3. Florida 4. Out of State		Address Source	
	Business Address (Name, Street) 560 LAVERS CIR 344, DELRAY BEACH, FL 33444												(City)		(State)		(Zip)		Phone (352) 476-6148		Occupation			
	D/L Number, State S536530889530 / FL				Soc. Sec. Number				INS Number				Place of Birth (City, State)				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					
	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other: _____												Name (Last, First, Middle)											
	Address (Street, Apt. Number)												(City)		(State)		(Zip)		Residence Phone					
J U V E N I L E	Notified by: (Name)												Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 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.												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		Value of Property							
	Drug Activity N. N/A P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Disperse/ 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 CHILD NEGLECT W/O CAUSE GREAT HARM												Statute Violation Number 827.03(3C)				Violation of ORD #							
	Drug Activity		Drug Type N		Amount / Unit /		Offense # 17-001979		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 <input type="checkbox"/> Y <input 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 <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond										
I N T A K E	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"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail												PROPERTY - Received By				Released By				Released To			
	<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health												Date Transported				Time Transported				Other			
	Transported By																							
N O T I C E T O A P P E A R	<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							
	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				No Photo Available							
	HOLD for Other Agency												Signature of Arresting Officer PIMENTEL, LOISE A.				Name Verification (Printed by Arrestee)							
A D M I N I S T R A T I O N	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other												I.D. # 1094				(PRINT)							
	Intake Deputy		I.D. #		Pouch #		Transporting Officer WARRANT REQUEST		I.D. # 1094		Agency DBPD		PAGE 1 OF 1											
	Witness here if subject signed with an "X".																							

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

PROBABLE CAUSE AFFIDAVIT

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

3

JUVENILE

OBTS Number			
Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 17-001979	Special Notes CONFIDENTIAL
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			
Name (Last, First, Middle) SNYDER, LINDSEY JORDAN	Alias	Race W	Sex F Date of Birth 12/13/1988
Charge Description 827.03(1)(E) AND (2)(D) NEGLECT OF A CHILD	Charge Description		
Charge Description	Charge Description		
Victim's Name (Last, First, Middle) [REDACTED]	Race W	Sex M	Date of Birth 11/15/2012
Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source	
[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	Occupation STUDENT	

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 4 day of February, 2017 at 21:47 (Specifically include facts constituting cause for arrest.)

This incident occurred in the City of Delray Beach, County of Palm Beach, FL.

On 2/4/17 I responded to [REDACTED] regarding child neglect.

Delray Beach Police received a call from [REDACTED] regarding [REDACTED] who lives in Orlando, stated that he had called [REDACTED] Lindsey Snyder over the phone to FaceTime with [REDACTED] picked up the phone and advised [REDACTED] that [REDACTED] is sleeping and she won't wake up". [REDACTED] stated that he saw Lindsey over the phone appearing to be sleeping. [REDACTED] immediately contacted law enforcement and explained that Lindsey and [REDACTED] and that Lindsey was unresponsive. [REDACTED] stated that he was in fear for [REDACTED] safety. [REDACTED] also stated that at approximately 1914 hours this date, Lindsey had text messaged him stating that "something bad has happened" and did not hear back from her again.

DBPD officers responded. [REDACTED] was able to unlock the front door of the apartment as [REDACTED] explained to him that it was OK for him to do so. I immediately assessed the [REDACTED] for any signs of trauma and he appeared to be fine. I then asked [REDACTED] where [REDACTED] was and he stated to me "she's sleeping on the couch but she won't wake up". I asked [REDACTED] to take me to see [REDACTED] so that the officers could help her and he did so.

Once inside the apartment, Officers found Lindsey laying on her left side on the couch. Officers located, in plain sight on the side table by her head, a black and yellow 23.5 FL OZ open can of Four Loko Lemonade about one fourths empty and still cold to the touch. Officers also located, in plain sight on the couch by her feet, three prescription medication bottles prescribed to Lindsey. The RX bottles contained the following medication: Oxcarbazepine 150mg, Prazosin 2mg and, Amitriptyline 150mg. I took [REDACTED] away from the scene and to his room while Ofc. DeFranco attempted to wake Lindsey. Lindsey was unconscious but breathing. DBPD responded (Run #17001705) and also

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <u>1094</u>
<u>QUINN, DANIELA</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	<u>PIMENTEL, LOISE A (1094)</u> NAME OF OFFICER (PLEASE PRINT)
<u>02/10/2017</u> DATE	<u>02/10/2017</u> DATE

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COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

A D M I N I S T R A T I V E	OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	3	JUVENILE
	Agency ORI Number	Agency Name	Agency Report Number				
	FL 0500400	DELRAY BEACH POLICE DEPARTMENT	4 0 17-001979				
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D E F	Name (Last, First, Middle)			Alias	Race	Sex	Date of Birth
	SNYDER, LINDSEY JORDAN				W	F	12/13/1988
<p>attempted to wake Lindsey. DBFD administered NARCAN, an ammonia inhalant and a sternum rub to which Lindsey finally woke up. DBFD transported Lindsey to Delray Medical Center.</p> <p>Officers looked around the house and were able to locate in the master bedroom balcony the following besides what was previously mentioned:</p> <ul style="list-style-type: none"> - On the table an open jar with loose leaf marijuana. Next to the jar, a green apple with burn marks on its side and top. - On the floor, next to the table, another green apple with burn marks on its side and top. - On the floor, by a table located next to the wall, a glass bong. - On the table located next to the wall, a grinder, a glass marijuana pipe and, two sandwich sized zip-lock bags with loose leaf marijuana. <p>It should be noted that all these items were readily accessible to [REDACTED] since the glass sliding door was unlocked. It should also be noted that these items were photographed. The loose leaf marijuana, zip-lock bags, grinder, pipe and bong were collected and placed into Evidence. The photographs were also placed into Evidence. The loose leaf marijuana was tested with a Marijuana QuickCheck test kit and the results were positive for the presence of THC.</p> <p>Department of Children and Families was contacted (Amanda #076 and Neosha #535) and officers requested immediate response. CPI M. Hull ID#MH10022 responded and I explained to her what had occurred. I also showed CPI M. Hull the several prescription bottles found throughout the home, the open container of alcohol and a plethora of loose leaf marijuana and paraphernalia all of which were within the child's reach. CPI M. Hull provided me with DCF report #2017-036402.</p> <p>Based on the above stated facts, Probable Cause exists to charge the defendant, Lindsey Snyder, with one count of Neglect of a Child pursuant to FSS 827.03(1)(e) and (2)(d) as the defendant did fail or omit to provide *(VICTIM: [REDACTED]), a child with the care, supervision, and services necessary to maintain the child's physical and mental health, including, but not limited to, food, nutrition, clothing, shelter, supervision, medicine, and medical services that a prudent person would consider essential for the well-being of the child, and said *(DEFENDANT: Lindsey Snyder) was [REDACTED]</p>							
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 45%;"> QUINN, DANIELA NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 02/10/2017 DATE </div> <div style="width: 45%;"> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER PIMENTEL, LOISE A (1094) NAME OF OFFICER (PLEASE PRINT) 02/10/2017 DATE </div> </div>						
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> COURT </div> <div style="width: 45%;"> STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O. </div> </div>						
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> PAGE </div> <div style="width: 45%;"> 2 OF 2 </div> </div>						