

J 0444128

19CF-10693

851

		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	N	
ADMINISTRATION	OBTS Number	Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>				Agency Report Number <b>34-19-063174</b>					
	Agency ORI Number <b>FL 0500300</b>										
	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	If Weapon Seized Enter Type		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) <b>501 SE 18th Avenue, Boynton Beach, FL 33435</b>					Location of Offense (Business Name, Address) <b>501 SE 18th Avenue, Boynton Beach, FL 33435 (Publix)</b>						
Date of Arrest <b>11/13/2019</b>		Time of Arrest <b>1611</b>		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle			
Name (Last, First, Middle) <b>LAURENDEAU, LISA CHANEL</b>					Alias (Name, DOB, Soc. Sec. #, Etc)						
DEFENDANT	W - White B - Black	I - American Indian O - Oriental / Asian	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>12/30/1966</b>	Height <b>5'06"</b>	Weight <b>190</b>	Eye Color <b>Brown</b>	Hair Color <b>Brown</b>	Complexion <b>Fair</b>	Build <b>Medium</b>
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status <b>Single</b>	Religion <b>Non-denom</b>	Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk		
	Local Address (Street, Apt. Number) <b>601 Asbury Way,</b>			(City) <b>Boynton Beach,</b>	(State) <b>FL</b>	(Zip) <b>33436</b>	Phone <b>(561)907-9355</b>		Residence Type 1. City 3. Florida 2. County 4. Out of State		
	Permanent Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone		Address Source <b>Defendant</b>		
	Business Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone		Occupation <b>Lab</b>		
	D/L Number, State <b>L653523669701/FL</b>		Sac. Sec. Number		INS Number		Place of Birth <b>Malibu, CA</b>		Citizenship <b>USA</b>		
CO-DEF	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
JUVENILE	<input type="checkbox"/> Parent Name (Last)		(First) (Middle)		Residence Phone						
	<input type="checkbox"/> Legal Custodian				Business Phone						
	<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 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 561-355-2526) informed of any change of address: <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)						School Attended		Grade			
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property					
CHARGE	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. Barbituate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
	Charge Description <b>Child Neglect W/O Great Harm</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number <b>827.03.30 2C</b>		Warrant/Capias Number <b>2C</b>		Bond <b>N</b>		Violation of ORD#
CHARGE	Drug Activity N	Drug Type N	Amount/Unit	Offense # <b>19-063174</b>		Warrant/Capias Number		Bond		Violation of ORD#	
	Charge Description <b>Retail Theft</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number <b>812.015 014.3A</b>		Warrant/Capias Number		Bond		Violation of ORD#
CHARGE	Drug Activity N	Drug Type N	Amount/Unit	Offense # <b>19-063174</b>		Warrant/Capias Number		Bond		Violation of ORD#	
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Warrant/Capias Number		Bond		Violation of ORD#
CHARGE	Drug Activity	Drug Type	Amount/Unit	Offense #		Warrant/Capias Number		Bond		Violation of ORD#	
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Warrant/Capias Number		Bond		Violation of ORD#
CHARGE	Drug Activity	Drug Type	Amount/Unit	Offense #		Warrant/Capias Number		Bond		Violation of ORD#	
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Warrant/Capias Number		Bond		Violation of ORD#
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) <b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b>								
	<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.		Court Date and Time		Month	Day	Year	Time	<input type="checkbox"/> A.M. <input type="checkbox"/> 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					
ADMIN.	HOLD for other Agency Name:		Signature of Arresting Officer				Name Verification (Printed by Arrestee) (PRINT)				
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>A VARGAS</b>		I.D. # <b>961</b>		BU# <b>119440</b>		
	Intake Deputy <b>015 Loumie 8047</b>		I.D. #		Pouch #		Name of Transporting Officer <b>A VARGAS</b>		I.D. # <b>961</b>		Agency <b>BP2D</b>
Witness here is subject Signed with an "X"						Page <b>1</b> OF <b>1</b>					

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OBTs Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest	3 Request for Warrant	7	Juvenile	N
Agency ORI Number FL0600300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-19-063174				
Charge Type Check all that Apply		Special Notes						
<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) LAURENDEAU, LISA CHANEL				Alias	Race W	Sex F	Date of Birth 12/30/1966	
Charge Description Child Neglect W/O Great Harm		Charge Description Retail Theft						
Charge Description		Charge Description						
Victim's Name (Last, First, Middle)				Race B	Sex F	Date of Birth 11/13/2012		
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...								
<input type="checkbox"/> Committed the below acts in my presence. <input type="checkbox"/> Was observed by      Who told      That he/she saw the arrested person commit the below acts <input type="checkbox"/> Confessed to      Admitting the below facts <input checked="" type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation.								
On The <u>13th</u> Day Of <u>November</u> 20 <u>19</u> At <u>1528</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.								

I was dispatched to 501 SE 18th Street (Publix), in reference to a shoplifting call. Upon arrival, I proceeded to the Loss Prevention office, where I met with BBPD Sgt. Cannon, who informed me the W/F, later identified as Lisa Chanel Laurendeau, had been detained by Publix staff for shoplifting.

Publix Loss Prevention Officer Lester Smith stated he'd been kept visual of the suspect through floor observation, and followed the suspect as she visited several areas within the store, selecting multiple items throughout. LPO Lester followed Laurendeau as she exited the store, passing all points of sale, without making an attempt to pay for the selected items (\$176.44 total)

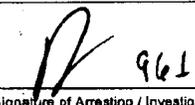
While detained, Laurendeau stated she had a child in her vehicle, which she had left parked in the fire lane, in front of the business. A check of the vehicle, a white 2017 Chevrolet Camaro, bearing FL ALX15, revealed a B/F/J seated in the front passenger seat of the vehicle. Let it be noted, the victim, B/F/J [REDACTED] was left unattended in Laurendeau's vehicle, which was running, with the keys within the vehicle, and unsecured, for approximately fifteen (15) minutes. The victim and defendant are not related.

Based on the aforementioned facts, I have probable cause to charge Laurendeau with one count of Retail Theft, pursuant to FSS 812.015. Furthermore, I find probable cause to charge Laurendeau with one count Child Neglect, pursuant to FSS 827.03.3C.

Laurendeau was transported to BBPD for processing, then TOT PBCJ.

Nothing further.

The foregoing instrument was sworn to or affirmed and subscribed before me

 Notary Public, Clerk of Court, Officer (F.S.S. 117.10)	 (Signature of Arresting / Investigative Officer) <b>A VARGAS</b> (Print name of Arresting/Investigative Officer)
<u>11/13/2019</u> Date	<u>11/13/2019</u> Date

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**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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2019036693	Date: 11/13/2019
	Specialist Name/ID: J. Beck/9007

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