

042-9883 2443

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

18CF2002-MB

| | | | |
|--|---|--|---|
| OBTS Number 0500200 | Agency ORI Number 0500200 | Agency Name Boca Raton Police Department | Agency Report Number (N.T.A.'s only) 3 2 2018-003047 |
| 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/not Applicable | Multiple Clearance Indicator / | |
| Location of Arrest (Including Name of Business) 4031 NW 5TH AVE., BOCA RATON FL | | Location of Offense (Business Name, Address) 4031 NW 5TH AVE, BOCA RATON, FL 33431 | |
| Date of Arrest 03/01/2018 | Time of Arrest 13:46 | Booking Date 03/01/2018 | Booking Time 13:56 |
| Jail Date 03/01/2018 | Jail Time 10:55 | Location of Vehicle LEFT WITH 3RD PARTY | |
| Name (Last, First, Middle) DOERING, LISA MICHELLE | | Alias (Name, DOB, Soc. Sec. #, Etc.) Alias: | |
| Race W - White B - Black | Sex M - Male F - Female | Date of Birth 12/14/1974 | Height 5'05 |
| Weight 120 | Eye Color BROWN | Hair Color BROWN | Complexion LIGHT |
| Build Medium | Marital Status S | Religion JEWISH | Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> |
| Local Address (Street, Apt. Number) 59 LARIAT CIR, BOCA RATON, FL 33487 | | Phone | Residence Type: 1. City 3. Florida 2. County 4. Out of State |
| Permanent Address (Street, Apt. Number) 59 LARIAT CIR, BOCA RATON, FL 33487 | | Phone | Address Source DEF |
| Business Address (Name, Street) INDOOR MEDIA, CA | | Phone (561) - | Occupation Sales |
| D/L Number, State D652533749540 / FL | INS Number | Place of Birth (City, State) HOLLYWOOD, FL, | Citizenship US |
| Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth |
| Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth |
| 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 | | | |
| Notified by: (Name) | Date | Time | JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated |
| Released To: (Name) | 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 |
| 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 POSSESSION OF SCHEDULE II SUBSTANCE | | Statute Violation Number 893.13(6A),,, | Violation of ORD # |
| Drug Activity | Drug Type N | Amount / Unit | Offense # |
| Counts 1 | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Warrant / Capias Number | Bond |
| Charge Description POSSESSION OF SCHEDULE IV SUBSTANCE | | Statute Violation Number 893.13(6A),,,,, | Violation of ORD # |
| Drug Activity | Drug Type N | Amount / Unit | Offense # |
| Counts 1 | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Warrant / Capias Number | Bond |
| Charge Description POSS/USE DRUG PARAPHENALI | | Statute Violation Number 893.147 | Violation of ORD # |
| Drug Activity | Drug Type N | Amount / Unit | Offense # |
| Counts 1 | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Warrant / Capias Number | Bond |
| Health / Apparent Physical Condition of Defendant GOOD | | 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 Explain: | |
| 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 | <input checked="" type="checkbox"/> T.O.T. County Jail |
| Transported By FABELO | PROPERTY - Received By FABELO | Released By FABELO | Released To PBCJ |
| Date Transported 03/01/2018 | Time Transported 15:00 | Other | |
| <input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" 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 | |
| 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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED. | | No Photo Available | |
| Signature of Defendant (or Juvenile and Parent/Custodian) | | Date Signed | |
| HOLD for Other Agency | | Signature of Arresting Officer | |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other | | Name of Arresting Officer (Print) FABELO, D. | ID. # 799 |
| Transporting Officer FABELO | ID. # 799 | Agency BRPD | Witness here if subject signed with an "X". |

SCANNED
MAR 02 2018

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 0500200 | | Agency Name BOCA RATON POLICE DEPARTMENT | Agency Report Number 3 2 2018-003047 |
| 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 | | | | Special Notes: |
| Name (Last, First, Middle) DOERING, LISA MICHELLE | | | Race W | Sex F |
| Date of Birth 12/14/1974 | | | | |

| | |
|---|---|
| Charge Description 893.13(6A) POSSESSION OF SCHEDULE II SUBSTANCE | Charge Description 893.13(6A) POSSESSION OF SCHEDULE IV SUBSTAN |
| Charge Description 893.147 POSS/USE DRUG PARAPHENALI | Charge Description |

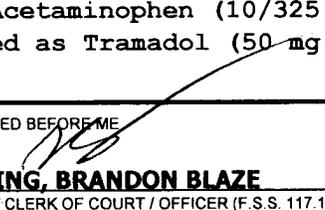
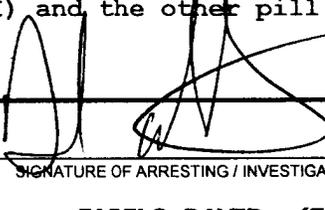
| | | | |
|---|------------------------------|--------------------|------------------------------------|
| Victim's Name (Last, First, Middle) DOERING, LISA MICHELLE | Race W | Sex F | Date of Birth 12/14/1974 |
| Local Address (Street, Apt. Number) 59 LARIAT CIR, BOCA RATON, FL 33487 | City BOCA RATON | State FL | Zip 33487 |
| Business Address (Name, Street) INDOOR MEDIA, CA | City BOCA RATON | State FL | Zip 33487 |
| Phone (561) - | Address Source DEF | | |
| Phone (561) - | Occupation SALES | | |

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 **FABELO** admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
 On the **1** day of **March**, **2018** at **10:28** (Specifically include facts constituting cause for arrest.)

On 03/01/2018, at 0836 hours, I responded to 4031 NW 5th Avenue as backup for Lt. Romero who was conducting a traffic stop. Upon my arrival, I met with Lt. Romero and Lisa Doering the driver of the vehicle.

Lt. Romero advised that the Doering's vehicle a silver Toyota Corola bearing Florida tag EDUQ27 has an expired registration, a seize tag order, and that Doering's driver license is suspended. Prior to questioning, Lt. Romero advised Doering of her Miranda Warnings and she stated that she understood her rights. Lt. Romero stated that Doering admitted to having knowledge prior to the traffic stop that her license was suspended. Doering was issued a Criminal Citation for driving with suspended license with knowledge, a citation for an expired registration, and her tag was seized. During the traffic stop, Lt. Romero asked Doering if he may search her vehicle, and Doering consented to the search. During the search, Lt. Romero discovered a one dollar bill (U.S. currency) rolled up and with a white substance contained in the center. The white powder was tested for cocaine, but the test came back negative for cocaine. After further questioning, Doering stated that she has been taking Vicodin for really bad migraines, but that she is not currently prescribe the medication. I then resumed searching Doering's vehicle and located 1 1/2 oval pills, 1 circular pill, and several small pieces of a pill that were all located in Doerings wallet. Doering stated that she does not know what the other pills are, but that she gets pills from family members to help with her pain. Doering advised that she did not know she is required to have a prescription for the pills I found.

I contacted Poison Control (Case # T4877948) and identified the pills that were located in her wallet. The first pills weighing .06 grams was identified as Hydrocodone/Acetaminophen (10/325 mg.-Schedule II) and the other pill weighing .03 grams was identified as Tramadol (50 mg.-Schedule IV).

| | | |
|---|---|------------------------|
| SWORN AND SUBSCRIBED BEFORE ME  HARDING, BRANDON BLAZE NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 03/01/2018 DATE |  SIGNATURE OF ARRESTING / INVESTIGATING OFFICER FABELO, DAVID (799) NAME OF OFFICER (PLEASE PRINT) 03/01/2018 DATE | SCANNED MAR 02 2018 |
| | | PAGE 1 OF 2 |