

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number	ARREST / NOTICE TO APPEAR Juvenile Referral Report			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile		
Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number (N.T.A.'s only) 06-18-064741							
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 checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator 1						
Location of Arrest (Including Name of Business) CHERRY RD/N MILITARY TRL WEST PALM BEACH FL 33409				Location of Offense (Business Name, Address) CHERRY RD/N MILITARY TRL WEST PALM BEACH FL 33409					
Date of Arrest 04/20/2018	Time of Arrest 0226	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle Kauff's Towing			
Name (Last, First, Middle) ESCARRIA MARIA E			Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W F	Date of Birth 06/08/1965	Height 503	Weight 150	Eye Color BRO	Hair Color BLON	Complexion MED	Build MED	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TAT NECK "MARIA"				Marital Status M	Religion CHRISTIAN	Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) 11128 NANTUCKET BAY CT		(City) WELLINGTON FL	(State) FL	(Zip) 33414	Phone (561) 255 3227	Residence Type: 1. City <input type="checkbox"/> 3. Florida <input type="checkbox"/> 2. County <input type="checkbox"/> 4. Out of State <input checked="" type="checkbox"/> 2			
Permanent Address (Street, Apt. Number)				(City)	(State)	(Zip)	Phone	Address Source DEFENDANT	
Business Address (Name, Street)				(City)	(State)	(Zip)	Phone	Occupation REGISTERED NURSE	
D/L Number, State E260545657080		Soc. Sec. Number		INS Number		Place of Birth (City, State) CALI COLUMBIA	Citizenship US		
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
Parent Legal Custodian Other:				Residence Phone					
Address (Street, Apt. Number)				(City)	(State)	(Zip)	Business Phone		
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			
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No				Description of Property		Value of Property			
Drug Activity S. Sell N. N/A P. Possess		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other	
Drug Type 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 DUI			Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)		Violation of ORD #		
Drug Activity /	Drug Type /	Amount / Unit N/A	Offense # 18-064741		Warrant / Capias Number		Bond		
Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #		
Drug Activity /	Drug Type /	Amount / Unit /	Offense #		Warrant / Capias Number		Bond		
Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #		
Drug Activity /	Drug Type /	Amount / Unit /	Offense #		Warrant / Capias Number		Bond		
Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #		
Drug Activity /	Drug Type /	Amount / Unit /	Offense #		Warrant / Capias Number		Bond		
Location (Court Room Number, Address) 3228 GUN CLUB RD WEST PALM BEACH FL 33406									
Court Date and Time Month MAY Day 24 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)						Date Signed 04/20/2018			
HOLD for other Agency Name:			Signature of Arresting Officer			Name Verification (Printed by Arresting Officer)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:			Name of Arresting Officer (Print) INV. E. K. WHITE 7209			(PRINT) SCA... M... B...			
Intake Deputy		I.D. #	Pouch #	Transporting Officer E. K. WHITE		ID # 7209	Agency PBSO	PAGE 2	
Witness here if subject signed with an 'X'								OF	

PROBABLE CAUSE AFFIDAVIT

1 Arrest 3 Request for Warrant
2 NTA 4 Request for Capias

1

Juvenile

OBTS Number	Agency ORI Number FLO. 5, 0, 0, 0, 0, 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number
ADMIN	Charge Type	<input type="checkbox"/> 1 Felony	<input type="checkbox"/> 3 Misdemeanor	<input type="checkbox"/> 5 Ordinance
	Check as many as apply	<input type="checkbox"/> 2 Traffic Felony	<input checked="" type="checkbox"/> 4 Traffic Misdemeanor	<input type="checkbox"/> 6 Other

DEF	Name (Last, First, Middle) ESCARRIA, MARIE E	Alias	Race W	Sex M	Date of Birth 06/08/1965
	Charge Description D.U.I.	Charge Description	Charge Description	Charge Description	Charge Description

VICTIM	Victim's Name (Last, First, Middle) STATE OF FLORIDA	Race	Sex	Date of Birth
	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 was observed by _____ who told _____
 committed the below acts in my presence. 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 20TH day of APRIL 20 18 at 1:35 A.M P.M (Specifically include facts constituting cause for arrest.)
 On the above date and time I was traveling west bound on Okeechobee Blvd from Palm Beach Lakes Blvd when I observed a red 4 door Toyota in front of me with no rear lights on the vehicle. As I followed the vehicle, bearing Florida Tag AET-N56I began to observe that it was having a hard time maintaining a single lane. As I continued to follow it I observed that it I observed it weaving from the left to right several times. I affected a traffic stop on the vehicle in the area of N. Military Trail and Cherry Road. I made contact with the driver and sole occupant W/F Maria E. Escarría D.O.B. 06/08/1965 FL. DL # E 260-545-65-708-0. I immediately notice a very strong odor of an unknown alcoholic beverage coming from her facial area as she spoke. I also notice that her eyes appeared bloodshot and glassy. I believed that the driver was possibly impaired so I request a Traffic Unit to respond to investigate.

PROBABLE CAUSE STATEMENT

Notarized area with horizontal lines for text entry.

ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH	<i>P Heckler</i> (Signature of Arresting/Investigative Officer)
	The foregoing instrument was sworn to or affirmed and subscribed before me this 20 day of April 20 18 by P. Heckler	
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <i>known</i>	
	Notary Public, Clerk of Court, Officer (F.S.S. 117-1-6)	