0486 0487015 17CF3634 3192

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

| OBTS Number | | 1. Arrest 3. Request For Warrant
2. N.T.A. 4. Request For Capias | 1 | Juvenile |

| Agency ORI Number
FLO 500000 | Agency Name
PALM BEACH COUNTY SHERRIF'S OFFICE | Agency Report Number
06   17-063871 |

| Charge Type:
Check as many
as apply | ☒ 1. Felony
☐ 2. Traffic Felony | ☐ 3. Misdemeanor
☐ 4. Traffic Misdemeanor | ☐ 5. Ordinance
☐ 6. Other _____ | If Weapon Seized
Enter Type _____ | Multiple
Clearance
Indicator |

Location of Arrest (Including Name of Business)
HUNTINGTON DR AND WELLINGTON TR   WELLINGTON, FL, 33414

Location of Offense (Including Name of Business)
Huntington SAME Wellington trc.

| Date of Arrest
Apr 12, 2017 | Time of Arrest
2139 | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle |

| Name (Last, First, Middle)
MCKENNA   MARIAH   CHERYL | Alias (Name, DOB, Soc. Sec. #. Etc.) |

| Race
W - White I - American Indian
B - Black O - Oriental/Asian | W | Sex
F | Date of Birth
03-06-1993 | Height
5'06" | Weight
128 | Eye Color
BRW | Hair Color
BLONDE | Complexion
FAIR | Build
THIN |

| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | Marital Status
SINGLE | Religion
CATHOLIC | Indication of:
Alcohol Influence
Drug Influence | Y ☐
☐ | N ☐
☐ | Unk ☒
☒ |

| Local Address (Street, Apt. Number)
121 WOODLAKE CIR | City
GREENACRES | State
FL | Zip
33463 | Phone
561-275-4809 | Residence Type:
1. City   3. Florida
2. County 4. Out of State | 1 |

| Permanent Address (Street, Apt. Number) | City | State | Zip | Phone | Address Source
FL DL |

| Business Address (Street, Apt. Number) | City | State | Zip | Phone | Occupation
OPERATIONS MGR |

| D/L Number, State
M250543935860 | Social Security Number | INS Number | Place of Birth
WPB, FL | Citizenship
US |

| Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 3. Felony
☐ 2. At Large ☐ 4. Misdemeanor
☐ 5. Juvenile |

| Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 3. Felony
☐ 2. At Large ☐ 4. Misdemeanor
☐ 5. Juvenile |

| ☐ Parent
☐ Legal Guardian
☐ Other | Name (Last, First, Middle)
1) 3000 | Phone |

| Address (Street, Apt. No.) | 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 was provided by ☐ defendant and/or ☐ 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 address change
☐ Yes, by: (Name) _____ ☐ No: (Reason) | School Attended | Grade |

| Property Crime? ☐ Yes ☐ No | Description of Property | Value of Property |

| Drug Activity
N. N/A S. Sell R. Smuggle K. Dispense/
P. Possess B. Buy D. Deliver Distribute
  T. Traffic E. Use M. Manufacture/
  Produce
  Cultivate
  Z. Other | Drug Type
N. N/A B. Barbiturate H. Hallucinogen P. Paraphernalia/
A. Amphetamine C. Cocaine M. Marijuana Equipment
E. Heroin Z. Other U. Unknown |

| Charge Description
POSSESSION OF COCAINE | Counts
1 | Domestic
Violence
☐Y ☒N | Statute Violation Number
893.13(6)(A) | Violation or ORD. # |
| Drug Activity
P | Drug Type
C | Amount/Unit
0.5 GRAMS | Offense #
17-063871 | Warrant/Capias Number | Bond |

| Charge Description | Counts | Domestic
Violence
☐Y ☐N | Statute Violation Number | Violation or ORD. # |
| Drug Activity | Drug Type | Amount/Unit | Offense # | Warrant/Capias Number | Bond |

| Charge Description | Counts | Domestic
Violence
☐Y ☐N | Statute Violation Number | Violation or ORD. # |
| Drug Activity | Drug Type | Amount/Unit | Offense # | Warrant/Capias Number | Bond |

| Charge Description | Counts | Domestic
Violence
☐Y ☐N | Statute Violation Number | Violation or ORD. # |
| Drug Activity | Drug Type | Amount/Unit | Offense # | Warrant/Capias Number | Bond |

Location (Court, Address, Room Number)

Court Date and Time

| Month | Day | Year | Time | AM ☐ PM |

I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS **NOTICE TO APPEAR**, THAT I MAY HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

| Signature of Defendant (or Juvenile and Parent/Custodian) | Date Signed |

HOLD for Other Agency Name	Signature of Arresting Officer	Name Verification (Printed by Arrestee)
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other _____	Name of Arresting Officer D/S C. RHOADS ID# 8824	(PRINT)
Intake Deputy Thomas	Pouch #	Transporting Officer ID# D/S 8057 Agency PBSO	Witness here if subject signed with an "X"	Page 1 of 1

8051   SCANNED
APR 14 2017

| OBTS Number | | PROBABLE CAUSE AFFIDAVIT | 1. Arrest 3. Request For Warrant
2. N.T.A. 4. Request For Capias | 1 | Juvenile | |

Agency ORI Number	Agency Name	Agency Report Number	
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERRIF'S OFFICE	06	17-063871

Charge Type: Check as many as apply	☒ 1. Felony ☐ 2. Traffic Felony	☐ 3. Misdemeanor ☐ 4. Traffic Misdemeanor	☐ 5. Ordinance ☐ 6. Other _____	Special Notes

Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth
MCKENNA	MARIAH	CHERYL	W	F	03-06-1993

Charge	POSSESSION OF COCAINE	Charge	
Charge		Charge	

Victim Name (Last, First, Middle)	Race	Sex	Date of Birth
STATE OF FLORIDA			

Local Address (Street, Apt. Number)	City	State	Zip	Phone	Address Source
Business Address (Street, Apt. Number)	City	State	Zip	Phone	Occupation

The undersign 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.

☐ confessed to admitting to the below facts.

☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

☒ was found to have committed the below acts, resulting from (described) investigation.

On the **12TH** day of **APRIL** 20 **17** at **9:14** ☐ AM ☒ PM

On the above date and time I conducted a traffic stop on a silver Toyota bearing FL tag ANHT87 for having no tag light in Wellington, FL, 33414. The vehicle was headed southbound on Wellington Trc where I then activated my emergency lights in my PBSO issued unmarked vehicle. The final stop was at Wellington Trc and Huntington Dr.

I approached the vehicle on the driver's side and spoke with the driver, later learned through her Florida driver's license to be Mariah Mckenna. Mariah was asked if she had anything illegal in her vehicle where she then reached into her center console cup holder and retrieved a small clear plastic bag containing a white powder substance believed through my training and experience to be cocaine. Mariah said that she bought it for a friend. Mariah stepped out of the vehicle and I retrieved the plastic bag containing the white substance. I tested this substance with a Marquis and Cobalt test kit and it tested positive for cocaine in the Cobalt #4 test kit.
Mariah was arrested and handcuffed where the cuffs were checked for proper fit and double locked.
I find probable cause to arrest Mariah McKenna for possession of cocaine pursuant to F.S.S. 893.13(6)(a)

SCANNED
APR 1 4 2017

The foregoing instrument was sworn to and affirmed before me this **12th** day of **APRIL** 20 **17** , by:	
D/S GONZALEZ 8492	D/S C. RHOADS 8824
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer

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