

J# 0495 909

NR

P# 311

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

OBTS Number	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-18-040439</b>	
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 type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Weapon Seized / Type 2	1. Yes 2. No	Multiple Clearance Indicator 1
Location of Arrest (Including Name of Business) <b>2050 Greenview Shores Blvd, Wellington FL 33414</b>			Location of Offense (Business Name, Address) <b>2050 Greenview Shores Blvd</b>			
Date of Arrest <b>2/18/18</b>	Time of Arrest <b>19:59</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>WestWay Towing</b>

Name (Last, First, Middle) <b>Mario L Adriani, Mario L</b>						Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth <b>3/27/43</b>	Height <b>5'11</b>	Weight <b>195</b>	Eye Color <b>Bro</b>	Hair Color <b>bald/grey</b>	Complexion <b>fair</b>	Build <b>large</b>			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status div	Religion <b>CATHOLIC</b>	Indication of: Alcohol Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk.			
Local Address (Street, Apt. Number) <b>14114 Greentree DRT</b>			(City) <b>Wellington</b>	(State) <b>FL</b>	(Zip) <b>33414</b>	Phone <b>(954) 658-0556</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State   1			
Permanent Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone		Address Source <b>FL DL</b>			
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone		Occupation <b>Marble Flooring</b>			
D/L Number, State <b>A365-552-43-107-0</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>Pisa, Italy</b>		Citizenship <b>USA</b>			

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)	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  defendant and / or  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.  
 Yes, by: (Name)  No: (Reason)

School Attended \_\_\_\_\_ Grade \_\_\_\_\_

Property Crime?  Yes  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. Dispense/ 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. Synthetics	U. Unknown Z. Other
Charge Description <b>Driving Under the Influence</b>					Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)</b>		Violation of ORD #	
Drug Activity e	Drug Type z	Amount / Unit		Offense # <b>18-040439</b>	Warrant / Capias Number		Bond			
Charge Description					Counts	Domestic Violence <input type="checkbox"/> Y <input 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 type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit		Offense #	Warrant / Capias Number		Bond			

**FILED**  
**FEB 19 2018**  
**CIRCUIT & COUNTY COURTS**  
**(CRIMINAL DIV.)**

Location (Court, Room Number, Address)					
Court Date and Time Month <b>2</b> Day <b>15</b> Year <b>18</b> Time <b>0830</b> 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	

HOLD for other Agency Name:		Signature of Arresting Officer		Name Verification (Printed & Signed) <b>FEB 22 2018 FEB 18 PM 11:02</b>	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Name of Arresting Officer (Print) <b>SCHNEIDER 8723</b>		(PRINT)	
Inmate Deputy <b>D/S B. SHATARA #7623</b>		Transporting Officer <b>SCHNEIDER</b>		Agency <b>8723 PBSO</b>	
Witness here if subject signed with an -X"				PAGE <b>1 OF 1</b>	