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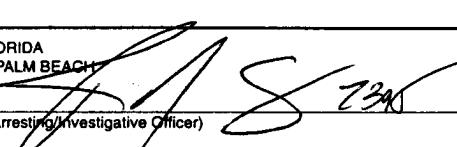
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□ Check if Supplement is Attached

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

ADMINISTRATIVE	OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report					Agency Report Number (N.T.A.'s only)			
	Agency ORI Number FLO 5 0 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			0 6 - 1 7 - 0 7 0 9 9 7 ( ) ( )					
Charge Type: Check as many as apply.		<input 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 02				
Location of Arrest (including Name of Business) Palm Beach Kennel Club 1111 North Congress Ave GFS.		Location of Offense (Business Name, Address) 1111 N. Congress Ave West Palm Beach FLA.									
Date of Arrest 04/29/17		Time of Arrest 23:50	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle N/A.				
Name (Last, First, Middle) CO FRANCESCO, MARK		Alias (Name, DOB, Soc. Sec. #, Etc.)									
DEFENDANT	Race W - White B - Black	Sex M - American Indian O - Oriental/Asian	Date of Birth 09/10/56	Height 5'6"	Weight 160	Eye Color Blue	Hair Color Black	Complexion Medium	Build Medium		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Some upper arms.					Marital Status Single	Religion Catholic	Indication of: Alcohol Influence Drug Influence			
	Local Address (Street, Apt. Number) 3251 Meridian Ways, 1st floor, Gables FC 33410		(City)	(State)	(Zip)	Phone (786)	Residence Type: 1. City 2. County				
	Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone ( )	3. Florida 4. Out of State				
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone ( )	Address Source Defendant				
D/L Number, State C165-540-16-330		SSN [REDACTED]	INS Number		Place of Birth (City, State) Wilmington, Delaware		Citizenship U.S.				
CO-DEF	Co-Defendant (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 (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	
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 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. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No (Reason)					School Attended			Grade		
CODE	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property			Value of Property					
	Drug Activity N/A P. Possess	S. Sell B. Buy I. 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 O. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
	Charge Description DISORDERLY IN TOXICATED			Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 8581011					Violation of ORD #
	Drug Activity N	Drug Type N	Amount / Unit	Offense # 17-070997	Warrant / Capias Number		Bond				
	Charge Description Resisting Arrest w/o Violence			Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 843102					Violation of ORD #
Drug Activity N	Drug Type N	Amount / Unit	Offense # 17-070997	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	
Location (Court, Room Number, Address) Palm Beach County Courthouse 3228 NW CWSRD UP3 12533486.			Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number					Violation of ORD #	
Court Date and Time Month May		Day 23	Year 17	Time 0830 A.M.	P.M.					AM	
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) <span style="float: right;">Scanned 05/03/2017</span>											
HOLD for other agency			Signature of Arresting Officer X			Name Verification (Printed by Admin) MAY 03 2017					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:			Name of Arresting Officer (Print) Roger Vazquez			I.D. # 7395					
Intake Deputy Spots 8161			Transporting Officer I.D. # 730526 8097 0110			Agency					
Witness here if subject signed with an "X" <span style="float: right;">PAGE 1 OF 1</span>											

ADMIN	OBTS Number	PROBABLE CAUSE AFFIDAVIT			1. Arrest	3. Request for Warrant	1	Juvenile	
	Agency ORI Number FLO 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 0 6 - 1 7 - 0 7 0 9 9 7	2. N.T.A.	4. Request for Capias				
CHARGES DEF.	Charge Type: Check as many as apply 1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 6. Other	Special Notes					
VICTIM	Name (Last, First, Middle) CO FRANCES, MARK	Alias			Race	Sex	Date of Birth W M 0 9 1 0 5 6		
CHARGES DEF.	Charge Description DISORDERLY INFLUENCED	Charge Description							
CHARGES DEF.	Charge Description RESISTING AN OFFICER W/O VIOLENCE	Charge Description							
VICTIM	Victim's Name (Last, First, Middle) STATE OF FLORIDA				Race	Sex	Date of Birth		
VICTIM	Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone ( )	Address Source			
VICTIM	Business Address (Name, Street)	(City)	(State)	(Zip)	Phone ( )	Occupation			
<p>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 ...</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p>									
<p>On the 29 day of April, 2017 at 1150 □ A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>ON 4/29/17 at approx 1150 PM the Defendant was very inebriated telling the Floor Manager at 1111 North Congress Ave The Palm Beach Kennel Club to go "F*** OFF" I told the Defendant to calm down that he can leave the Poker Room. The Defendant said he is not leaving and told me to go "F*** OFF" and to arrest him. The Defendant had several Alcoholic drinks which included Double Rum and Beers according to the witness of the Poker room. The Defendant stated he had 4 different Alcoholic drinks. The Defendant continued to say go "F*** yourself" and he is on camera with his continuous belligerent. The Defendant caused a continued disturbance causing other Deputy's and Security Officer's to leave their Post areas to assist in controlling the Defendant who continues not sit and therefore Deputy's plus continued to say Fuck off to the Deputy's and Security Officers. The Defendant is charged with F.S.S.856.011 and Resisting Officer w/o Violence failure to comply to all directives and continued to curse at all officers.</p>									
PROBABLE CAUSE STATEMENT	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p> (Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this 29 day of April 2017, by _____</p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____</p> <p>DIST. # 7335 Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>								
ADMINISTRATIVE					PAGE 1 OF 1				