

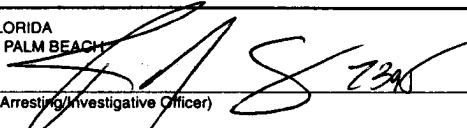
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☐ Check if Supplement is Attached

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile	
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 0 6 - 1 1 7 - 0 7 0 9 9 7 (1)					
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		If Weapon Seized Enter Type		Multiple Clearance Indicator 0 2	
Location of Arrest (including Name of Business) Palm Beach County Courthouse 1111 North Congress Ave WFLA				Location of Offense (Business Name, Address) 1111 N. Congress Ave WFLA Palm Beach FLA.					
Date of Arrest 0 4 2 9 1 7		Time of Arrest 2 3 5 0		Booking Date		Booking Time		Jail Date	
								Location of Vehicle N/A.	
Name (Last, First, Middle) CO FRANCESCO, MARK				Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White B - Black		I - American Indian O - Oriental/Asian		Sex W M		Date of Birth 0 9 1 0 5 6		Height 5'6"	
						Weight 160		Eye Color Brown	
								Hair Color Black	
								Complexion Tanned	
								Build Med	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Scar on upper arm				Marital Status Single		Religion Catholic		Indication of: Alcohol Influence Drug Influence	
Local Address (Street, Apt. Number) 3251 Meridian Way S. Palm Beach Gardens FL 33410				(City)		(State)		(Zip)	
Permanent Address (Street, Apt. Number)				(City)		(State)		(Zip)	
Business Address (Name, Street)				(City)		(State)		(Zip)	
D/L Number, State C165-540-16-330				INS Number		Place of Birth (City, State) Wilmington, Delaware		Citizenship U.S.	
Co-Defendant (Last, First, Middle)				Race		Sex		Date of Birth	
Co-Defendant (Last, First, Middle)				Race		Sex		Date of Birth	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:				Name (Last)		(First)		(Middle)	
Address (Street, Apt. Number)				(City)		(State)		(Zip)	
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			
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> 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	
Drug Type 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 Disorderly Intoxicated				Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 856 0 1 1 1 1 1 1 1 1 1	
Drug Activity N				Drug Type N		Amount / Unit 17-070997		Warrant / Capias Number	
Charge Description Resisting Arrest w/o Violence				Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 843 0 2 1 1 1 1 1 1 1 1	
Drug Activity N				Drug Type N		Amount / Unit 17-070997		Warrant / Capias Number	
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Drug Activity				Drug Type		Amount / Unit		Offense #	
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Drug Activity				Drug Type		Amount / Unit		Offense #	
Location (Court, Room Number, Address) Palm Beach County Courthouse 3228 NW 13th Ave WFLA 33406									
Court Date and Time Month MAY Day 23 Year 17 Time 0830 A.M.									
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) Mark Francesco									
Signature of Arresting Officer X									
Name of Arresting Officer (Print) ROBERT L. VONDER									
I.D. # 2395									
Intake Deputy SPANN 8101									
I.D. # 8101									
Pouch # 15									
Transporting Officer ONOLDS									
I.D. # 807									
Agency P.B.C.									
Witness here if subject signed with an "X"									

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		
ADMIN	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							
	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		Special Notes					
DEF.	Name (Last, First, Middle) CO FRANCESO, MARK				Alias		Race W		Sex M		Date of Birth 09.10.56	
	Charge Description Disorderly Intoxicated				Charge Description							
CHARGES	Charge Description Resisting Arrest w/o Violence				Charge Description							
	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					
	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 ... <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ <input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts. admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>29</u> day of <u>April</u>, 20<u>17</u> at <u>1150</u> <input type="checkbox"/> 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 intoxicated telling the Floor Manager at 1111 North Congress Ave The Palm Beach Kennel Club to go "FUCK 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 "FUCK OFF" and to arrest him. The Defendant had several Alcoholic drinks which included Double Rum and beers according to the waitresses at the Poker room. The Defendant stated he had 4 different alcoholic drinks. The Defendant continued to say go "Fuck yourself" and he is on camera with his continued belligerent. The Defendant caused a continued disturbance causing other Deputy's and Security Officer's to leave their Post Area to assist in controlling the Defendant who continued not sit and threatening 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 for failure to comply to all directives and continued to curse at all officers.</p>												
PROBABLE CAUSE STATEMENT	STATE OF FLORIDA COUNTY OF PALM BEACH  (Signature of Arresting/Investigative Officer)											
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>29</u> day of <u>April</u> , 20 <u>17</u> by _____ (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____ <u>DIST. 42 (fox) #7335</u> Notary Public, Clerk of Court, Officer (F.S.S. 117.10)											
ADMINISTRATIVE												