

ARREST / NOTICE TO APPEAR				1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE	
OBTS Number <b>0502000</b>		Agency Name <b>Lantana Police Department</b>			Agency Report Number (N.T.A.'s only) <b>6 1 4 17-001957</b>			
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 <b>None/not Applicable</b>		Multiple Clearance Indicator <b>1</b>	
Location of Arrest (Including Name of Business) <b>599-BLK W PINE ST/S BROADWAY ST</b>				Location of Offense (Business Name, Address) <b>599 W PINE ST/S BROADWAY ST BLK, LANTANA, FL 33462</b>				
Date of Arrest <b>08/04/2017</b>	Time of Arrest <b>22:32</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle		
Name (Last, First, Middle) <b>CHUPURDY, MARY CATHERINE</b>				Alias: <b>None</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White B - Black	Sex I - American Indian O - Oriental/Asian	Date of Birth <b>02/27/1966</b>	Height <b>5'04</b>	Weight <b>120</b>	Eye Color <b>HAZEL</b>	Hair Color <b>BLONDE</b>	Complexion <b>LIGHT</b>	Build <b>Thin</b>
D. Scars, Tattoos, Unique Physical Features (Location, Type, Description) <b>None</b>				Marital Status <b>M</b>	Religion <b>Catholic</b>	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		
Local Address (Street, Apt. Number) <b>6143 HIGH RIDGE RD, LANTANA, FL 33462</b>				Phone <b>(561) 588-4344</b>		Residence Type 1. City   2. Florida 2. County   3. Out of State   4. Unknown <b>2</b>		
A. Permanent Address (Street, Apt. Number) <b>6143 HIGH RIDGE RD, LANTANA, FL 33462</b>				Phone <b>(561) 588-4344</b>		Address Source <b>FL DL</b>		
Business Address (Name, Street) <b>NONE</b>				Phone		Occupation <b>None</b>		
D/L Number, State <b>C163583665670 / FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>MI, United States Of</b>	Citizenship <b>US</b>	
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		
<p>J <input type="checkbox"/> Parent <input type="checkbox"/> Other _____ U <input type="checkbox"/> Legal Custodian</p> <p>Address (Street, Apt. Number) (City) (State) (Zip)</p> <p>V <input type="checkbox"/> Name (Last, First, Middle) E <input type="checkbox"/> Date Time JUVENILE DISPOSITION N <input type="checkbox"/> Handled/Processed within Department and Released 2. TOT JAC I <input type="checkbox"/> Incarcerated</p> <p>L <input type="checkbox"/> Released To: (Name) Relationship Date Time E <input type="checkbox"/> Grade</p> <p>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.</p> <p>I <input type="checkbox"/> Yes, by <input type="checkbox"/> No O <input type="checkbox"/> Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No D <input type="checkbox"/> Description of Property E <input type="checkbox"/> Value of Property</p>								
<p>C <input type="checkbox"/> Drug Activity S. Sell R. Smuggle K. Disperses/ M. Manufacture/ Z. Other O N/A B. Buy D. Deliver Distribute Produce/ Cultivate D P. Possess T. Traffic E. Use</p> <p>Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown N/A C. Cocaine M. Marijuana Equipment 2. Other A. Amphetamine E. Heroin O. Opium/Deriv. S. Synthetic</p> <p>H Charge Description Statute Violation Number Violation of ORD # <b>DUI-DRIVING UNDER THE INFLUENCE 316.193(1)</b></p> <p>R Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond <b>N N / 17-001957 1 <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</b></p> <p>R Charge Description Statute Violation Number Violation of ORD #</p> <p>R Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond</p> <p>R Charge Description Statute Violation Number Violation of ORD #</p> <p>R Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond</p> <p>N Health / Apparent Physical Condition of Defendant Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries I Explain:</p> <p>T Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail A <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health PROPERTY - Received By Released By K Date Transported Time Transported Other E Transported By</p> <p>INSTRUCTION NO. 1 - Mandatory appearance in court INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.</p> <p>Location (Court, Room) <b>200 W Atlantic Ave, DELRAY BEACH</b> Court Date and Time <b>08/28/2017 08:30:00</b></p> <p>Date Signed <b>8-5-17</b></p> <p>Signature of Defendant (or Juvenile and Parent/Custodian) <b>Mary Chupurdy</b></p> <p>Date Signed <b>8-5-17</b></p> <p>Name Verification (Printed by Arrestee) <b>SCANNED AUG 07 2017</b></p> <p>HOLD for Other Agency Signature of Arresting Officer <b>M Parks 864</b></p> <p>Signature of Arresting Officer (Print) <b>M Parks, MATTHEWS S. 864</b></p> <p>Name of Arresting Officer (Print) I.D. # <b>M Parks 864 Lantana</b></p> <p>Transporting Officer I.D. # <b>M Parks 864 Lantana</b></p> <p>Intake Deputy I.D. # Pouch # <b>M Parks 864 Lantana</b></p> <p>Witness here if subject signed with an "X". 1 of 1</p>								