

AD M I N I S T R A T I O N	OBTS Number		ARREST / WARRANT TO APPEAR		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		1	JUVENILE
D E F E N D A N T	Agency ORI Number 0502000		Agency Name Lantana Police Department		Agency Report Number (N.T.A.'s only) 6 4 17-001957		If Weapon Seized	
	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		Location of Arrest (Including Name of Business) 599-BLK W PINE ST/S BROADWAY ST		Location of Offense (Business Name, Address) 599 W PINE ST/S BROADWAY ST BLK, LANTANA, FL 33462		Multiple Clearance Indicator 1	
	Date of Arrest 08/04/2017		Time of Arrest 22:32		Booking Date		Booking Time	
	Jail Date		Jail Time		Location of Vehicle			
	Name (Last, First, Middle) CHUPURDY, MARY CATHERINE		Alias:		Place of Birth (City, State) MI, United States Of		Citizenship US	
	Race W - White B - Black O - Oriental/Asian W		Sex F		Date of Birth 02/27/1966		Height 5'04	
	Weight 120		Eye Color HAZEL		Hair Color BLONDE		Complexion LIGHT	
	Build Thin		Marital Status M		Religion Catholic		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE		Local Address (Street, Apt. Number) 6143 HIGH RIDGE RD, LANTANA, FL 33462		Phone (561) 588-4344		Residence Type 1. City 2. County 3. Florida 4. Out of State 2	
	Permanent Address (Street, Apt. Number) 6143 HIGH RIDGE RD, LANTANA, FL 33462		Phone (561) 588-4344		Address Source FL DL			
Business Address (Name, Street) NONE		Phone		Occupation None				
C O D E F	D/L Number, State C163583665670 / FL		Soc Sec Number		INS Number		Place of Birth (City, State) MI, United States Of	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian		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 Department and Released 2. TOT JAC 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.		School Attended		Grade			
	<input type="checkbox"/> Yes, by <input type="checkbox"/> No		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property	
C H A R G E	Drug Activity N N/A P Possess		S Sell B Buy T Traffic		R Smuggle D Deliver E Use		K Disperse/ 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 Synthetic		U Unknown Z Other			
	Charge Description DUI-DRIVING UNDER THE INFLUENCE		Statute Violation Number 316.193(1)		Violation of ORD #			
	Drug Activity N		Drug Type N		Amount / Unit 5 /		Offense # 17-001957	
	Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond	
	Charge Description		Statute Violation Number		Violation of ORD #			
	Drug Activity		Drug Type		Amount / Unit		Offense #	
	Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond	
	Charge Description		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		
Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond		
I N T A K E	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		Explain			
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		PROPERTY - Received By		Released By		Released To	
	Transported By		Date Transported		Time Transported		Other	
	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) 200 W Atlantic Ave, DELRAY BEACH		Court Date and Time 08/28/2017 08:30:00		No Photo Available	
	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) Mary Catherine Chupurdy		Date Signed 8-5-17			
	HOLD for Other Agency		Signature of Arresting Officer M Parks		Name Verification (Printed by Arrestee) SCANNED			
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) PARKS, MATTHEW S.		ID # 864	
	Intake Deputy		ID #		Pouch #		Transporting Officer M Parks	
	ID #		Agency Lantana		Witness here if subject signed with an "X".		1 OF 1	