

SHT 048119

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

Dw 3734

16MM 011750

Juvenile N

OBTS Number			ARREST / NOTICE TO APPEAR Juvenile Referral Report						1. Arrest 3. Request For Warrant 2. N.Y.A. 4. Request For Capital			
Agency ORI Number <b>FLO 5 0 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>						Agency Report Number <b>06 16127555</b>				
Charge Type: Check as many as apply			1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor			5. Ordinance 6. Other _____			If Weapon Seized Enter Type _____		Multiple Clearance Indicator <b>0 1</b>	
Location of Arrest (Including Name of Business) <b>11121 SOUTHERN BLVD</b>			RPB FL 33411			Location of Offense (Including Name of Business) <b>11141 SOUTHERN BLVD</b>			RPB FL 33411			
Date of Arrest <b>Sep 15, 2016</b>	Time of Arrest <b>2210</b>	Booking Date	Booking Time	Jail Date		Jail Time		Location of Vehicle				
Name (Last, First, Middle) <b>LEPSCH-THORNE MARY</b>						Alias (Name, DOB, Soc. Sec. #, Etc.) <b>IRENE</b>						
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex <b>W F</b>	Date of Birth <b>09/7/71</b>	Height <b>5-8</b>	Weight <b>135</b>	Eye Color <b>BLUE</b>	Hair Color <b>BLONDE</b>	Complexion <b>FAIR</b>	Build <b>SMALL</b>			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>NONE</b>						Marital Status <b>SINGLE</b>	Religion <b>NONE</b>	Indication of Alcohol Influence Drug Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<b>Y N Unk</b>			
Local Address (Street, Apt. Number) <b>102 NW 16TH STREET</b>			City <b>DELRAY BEACH</b>	State <b>FL</b>	Zip <b>33444</b>	Phone <b>5614451248</b>	Residence Type 1. City 3. Florida 2. County 4. Out of State			<b>2</b>		
Permanent Address (Street, Apt. Number)			City	State	Zip	Phone	Address Source			<b>FL DL</b>		
Business Address (Street, Apt. Number)			City	State	Zip	Phone	Occupation			<b>TEACHER</b>		
DL Number, State <b>L123589718270, FL</b>		Social Security Number [REDACTED]		INS Number		Place of Birth <b>FORT LAUDERDALE, FL</b>	Citizenship			<b>U.S.</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 Guardian <input type="checkbox"/> Other	Name (Last, First, Middle)					Phone						
Address (Street, Apt. No.)						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			Grade			
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 561 355-2526) informed of any address change <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)						School Attended						
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property <b>N/A</b>						Value of Property <b>N/A</b>				
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distributes	M. Manufacture/ Produce Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana	P. Paraphernalia/ Equipment	U. Unknown Z. Other	
Charge Description <b>DISORDERLY INTOXICATION</b>			Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>856.011(1)</b>			Violation or ORD. # <b>0</b>				
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount/Unit	Offense # <b>16127555</b>	Warrant/Capias Number			Bond					
Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number			Violation or ORD. #				
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number			Bond					
Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number			Violation or ORD. # <b>2016</b>				
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number			Bond					
Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number			Violation or ORD. # <b>16</b>				
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number			Bond					
Location (Court, Address, Room Number) <b>Gun Club</b>			Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number			Violation or ORD. # <b>16</b>				
Court Date and Time Month <b>10</b> Day <b>18</b> Year <b>2016</b> Time <b>0930</b> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>												
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD FULLY 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			Signature of Arresting Officer			Name Verification (Printed by Arrestee)						
Name						(PRINT)						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	Name of Arresting Officer <b>D/S J.VASQUEZ</b>			ID # <b>8844</b>							
Intake Deputy		ID #	Pouch #	Transporting Officer	ID #	Agency	Page					
				<b>D/S J.VASQUEZ 8844</b>	<b>PBSO</b>	Witness here if subject signed with an "X"						
1 of 1												

OBTS Number

## PROBABLE CAUSE AFFIDAVIT

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

Juvenile

1 N

Agency ORI Number <b>FLO 5 0 0 0 0 0</b>	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number <b>06</b>	<b>16127555</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			Special Notes		
Defendant Name (Last, First, Middle) <b>LEPSCH-THORNE</b>		MARY	IRENE	Race <b>W</b>	Sex <b>F</b>
Charge <b>DISORDERLY INTOXICATION</b>		Charge			
Charge		Charge			
Victim Name (Last, First, Middle) <b>STATE OF FLORIDA</b>				Race	Sex
Local Address (Street, Apt. Number)		City	State	Zip	Phone
Business Address (Street, Apt. Number)		City	State	Zip	Phone
Address Source					
Occupation					
The undersigned 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"/> confessed to admitting to the below facts. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.					
On the <u>15</u> day of <u>SEPTEMBER</u> 20 <u>16</u> at <u>2151</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM					

I responded to Carrabba's 11141 Southern Blvd Royal Palm Beach FL 33411 located in Palm Beach County. I was dispatched to business in reference to a disturbance occurring.

Upon my arrival, I observed an unknown white female seated on the curb outside the business. The female was crying and smelled of an unknown alcoholic beverage. I asked what was wrong and what her name was. The female began to get aggressive and began yelling. She was slurring her speech and had trouble standing. She was telling me that she was not going to speak to me and that she is not going to give me her information. The female began to walk away from me and stated that she was going to go back into Carrabba's.

At this point, I met with the Manager of Carrabba's (Jennifer Mainord) who advised that the female was acting irrational, was loud and she was getting upset inside the business. The manager advised that due to the female's disruptive behavior she contacted PBSO.

The female then began to walk away again. I made contact with the subject again. She continued to be uncooperative and disruptive. She then advised that she was leaving, began yelling and started to walk away.

The female was positively identified by her Florida identification as **MARY LEPSCH-THORNE**

**DISORDERLY INTOXICATION**

Mary Lepsch-Thorne was unlawfully intoxicated and endangered the safety of another person or property, or was intoxicated or drank an alcoholic beverage in a public place or in or upon a public conveyance and caused a public disturbance, contrary to Florida Statute 856.011(1).

The foregoing instrument was sworn to and affirmed before me this

15

day of

SEPTEMBER20 16

, by:


  
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)
**D/S J.VASQUEZ****8844**

Name of Arresting/Investigating Officer

Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

Signature of Arresting/Investigating Officer

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