

0406955

2661

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

Check if Supplement is Attached

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

Juvenile

OBT's Number		Agency ORI Number FLO 5 0 2 7 0 0		Agency Name PALM SPRINGS PUBLIC SAFETY		Agency Report Number (N.T.A.'s only) 8 2 1 5 1 0 0 5 1 2 5 1 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			
Location of Arrest (including Name of Business) Home Depot 4241 LW RD				Location of Offense (Business Name, Address) SAME AS ARREST			
Date of Arrest 02 23 15		Time of Arrest 15:58		Booking Date		Booking Time	
Jail Date		Jail Time		Location of Vehicle			
Name (Last, First, Middle) MITCHELL, MEGAN M				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black		Sex F		Date of Birth 01 30 91		Height 5-6	
Weight 140		Eye Color HAZEL		Hair Color BRN		Build Thin	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status S/D		Religion CATH	
Indication of: Alcohol Influence Drug Influence				Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>			
Local Address (Street, Apt. Number) 6571 RAMWOOD COVE LN LW FL 33463		(City) LAWTON		(State) FL		(Zip) 33463	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)	
Business Address (Name, Street)		(City)		(State)		(Zip)	
D/I Number, State M 324 553 91 5300		Soc. Sec. Number		INS Number		Place of Birth (City, State) WPA FL	
Citizenship USA							
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		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 RETAIL THEFT		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 818.015	
Drug Activity N		Drug Type N		Amount / Unit 0 77.32		Offense # 15-005125	
Warrant / Capias Number 14		Bond					
Charge Description FTA		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 843.15	
Drug Activity N		Drug Type N		Amount / Unit		Offense # 15-005125	
Warrant / Capias Number 14-2052		Bond					
Charge Description FTA		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 843.15	
Drug Activity N		Drug Type N		Amount / Unit		Offense # 15-005125	
Warrant / Capias Number 14-10728		Bond					
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Warrant / Capias Number		Bond					
Location (Room, Room Number, Address) PSC 3228 Gun Club WPA FL 33406		Court Date and Time Month MARCH Day Year 2015 Time 1:00 A.M.		P.M.		Date Signed 2-23-15	
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)				Date Signed			
HOLD for other agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		(PRINT) FEB 23 PM 4:51			
Intake Deputy D189/04/23/15		I.D. # 134		Pouch #		PAGE 1 OF 1	
Transporting Officer STE		I.D. # P570		Witness here if subject signed with an "X"			

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	<input type="checkbox"/> Juvenile
ADMIN.	Agency ORI Number FLO 502700		Agency Name PALM SPRINGS POLICE DEPARTMENT		Agency Report Number 82- 2015-005519		
	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:		
DEF.	Name (Last, First, Middle) MITCHELL, MEGAN M		Alias		Race W	Sex F	Date of Birth 01/30/1991
	Charge Description RETAIL THEFT		Charge Description FTA WARRANT				
CHARGES	Charge Description FTA WARRANT		Charge Description				
	Victim's Name (Last, First, Middle) HOME DEPOT		Alias		Race	Sex	Date of Birth
VICTIM	Local Address (Street, Apt, Number) (City) (State) (Zip) 4241 LAKE WORTH RD PALM SPRINGS, FL 33461		Phone 561-642-2626		Address Source		
	Business Address (Street, Apt, Number) (City) (State) (Zip)		Phone		Occupation		

The undersigned certifies and swears that he/she has just and reasonable grounds, and does believe the above named Defendant committed the following violation of law. The person taken into custody....

☐ Committed the below acts in my presence. ☒ was observed by JOVICA TONKIN who told OFC. GEE that he/she saw the arrested person commit the acts below.
☐ Confessed to admitting to the below acts. ☐ was found to have committed the below acts, resulting from my (described) investigation.

On the 23RD day of FEB 2015 at 3:09 ☐ A.M. ☒ P.M. (Specifically include facts constituting cause for arrest.)

(PROBABLE CAUSE STATEMENT)

On 022315 at approximately 1530hrs, I responded to Home Depot, 4241 Lake Worth Rd, in reference to a Retail Theft. Upon arrival I met with Loss Prev. Ofc. Jovica Tonkin. Tonkin advised that he had a WF detained in his office for Retail Theft. Tonkin stated that the Defendant, Megan Mitchell WF 013091, selected two items from the store and then took them to the Return Desk in order to receive a refund. Tonkin stated that he observed the Def. enter the Electrical Department, select a Light Bulb and then conceal it in a plastic Home Depot bag. Tonkin stated that he then watched the Def. enter the Hardware Department, select a Door Latch, and also conceal it into a plastic Home Depot Bag. The Light Bulb was \$34.97 in value and the Door Latch was valued at \$37.97.

Tonkin stated that he then observed the Def. take these two items to the Return Desk and request a refund for the merchandise. Tonkin watched the Def. hand the 2 items to the clerk, had the refund processed, and then signed for a In-Store Credit Card. The total of the refund was \$77.32. The Def. was placed into handcuffs behind her back, double locked, and checked for tightness. It was also discovered that the Def. had 2 active Warrants. The Def. was later TOT PBC JAIL.

SCANNED
STATE OF FLORIDA
FEB 24 2015
COUNTY OF PALM BEACH

Signature of Arresting/Investigating Officer _____

The foregoing instrument was sworn to or affirmed and subscribed before me this 23 day FEB 2015 by jgee

(Print name if Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced: KNOWN TO ME

Signature of Notary Public/Clerk of Courts/Police Officer _____