

01-23389

N/R

3587

ARREST / NOTICE TO APPEAR

OBTS Number	Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 10 15-019235		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1	JUVENILE		
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 None/not Applicable	Multiple Clearance Indicator 01			
Location of Arrest (Including Name of Business) 16205 S MILITARY TRL, DELRAY BEACH, FL				Location of Offense (Business Name, Address) 16205 S MILITARY TRL, DELRAY BEACH, FL 33484						
Date of Arrest 12/08/2015	Time of Arrest 16:55	Booking Date 12/08/2015	Booking Time 17:05	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) SWANK, MEGAN RAE				Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White B - Black O - Oriental/Asian W	Sex F	Date of Birth 05/19/1991	Height 4'09	Weight 96	Eye Color BLUE	Hair Color BLACK	Complexion FAIR	Build		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status S	Religion NOT INDICA	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input checked="" type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input checked="" type="checkbox"/>				
Local Address (Street, Apt. Number) (City) (State) (Zip) 424 SW 10TH AVE, BOYNTON BEACH, FL				Phone (614) 922-8505		Residence Type: 1. City 3. Florida 2. County 4. Out of State 2				
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 424 SW 10TH AVE, BOYNTON BEACH, FL				Phone (614) 922-8505		Address Source VERBAL				
Business Address (Name, Street) (City) (State) (Zip) CATERING,				Phone		Occupation Assistant				
D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State) COLUMBUS, OH,		Citizenship US					
Co-Defendant Name (Last, First, Middle) BALZANO, RALPH V				Race W	Sex M	Date of Birth 04/21/1990	<input checked="" 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			
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"/> Other: _____				Residence Phone						
<input type="checkbox"/> Legal Custodian				Business Phone						
Address (Street, Apt. Number) (City) (State) (Zip)				Notified by: (Name) Date Time						
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.				JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated						
Property Crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Description of Property HOUSEHOLD GOODS		Value of Property \$141				
Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperse/ Distribute	M. Manufacture/ Producer/ 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 THEFT RETAIL (SHOPLIFTING)						Statute Violation Number 812.015(1)(D)	Violation of ORD # 512.013A			
Drug Activity	Drug Type N	Amount / Unit /	Offense # 15-019235	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			
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 checked="" type="checkbox"/> T.O.T. County Jail						PROPERTY - Received By				
<input type="checkbox"/> Postal Bond <input type="checkbox"/> South County Mental Health						Released By				
Transported By						Date Transported	Time Transported			
<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) South County 200 W Atlantic Ave Delray Beach, FL 33444				
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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.						Court Date and Time 01/07/2016 08:30:00				
Signature of Defendant (or Juvenile and Parent/Custodian) <i>Megan Swank</i>						Date Signed 12.8.15				
HOLD for Other Agency				Signature of Arresting Officer <i>Mark D. Huyett</i>		Name Verification (Printed by Arrestee)				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest				Name of Arresting Officer (Print) HUYETT, MARK D.		(PRINT)				
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other				I.D. # 1051		PAGE				
Intake Deputy <i>[Signature]</i>				Pouch #		1 OF 1				
Transporting Officer <i>C Smith</i>				I.D. # 1060		Agency DBPD				
Witness here if subject signed with an "X"										

DEC 8 PM 2:05
DEC 9 AM 7:37

No Photo Available

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

A D M I N I S T R A T I V E	OBTS Number		Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 15-019235	
	Charge Type: Check as many as apply.		Special Notes:		Race W		Sex F	

D E E	Name (Last, First, Middle) SWANK, MEGAN RAE				Alias		Date of Birth 05/19/1991	
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C H A R G E S	Charge Description 812.015(1)(D) THEFT RETAIL (SHOPLIFTING)		Charge Description	
	Charge Description		Charge Description	

V I C T I M	Victim's Name (Last, First, Middle) WALMART,				Race		Sex		Date of Birth	
	Local Address (Street, Apt. Number) (City) (State) (Zip) 16205 S MILITARY TRL, DELRAY BEACH, FL 33445				Phone (561) 450-3021		Address Source			
	Business Address (Name, Street) (City) (State) (Zip) WALMART, 16205 S MILITARY TRAIL				Phone (561) 495-8127		Occupation RETAILER			

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 . . .

committed the below acts in my presence. was observed by **GERARD SIMMS** who told **OFC HUYETT** that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the **8** day of **December**, **2015** at **15:32** (Specifically include facts constituting cause for arrest.)

The following incident occurred in the City of Delray Beach, Palm Beach County, Florida.

On Tuesday, December 08, 2015 at 15:32 Loss Prevention Associate Gerard Simms from Walmart, located at 16205 S Military Trail, called DBPD after he observed two subjects, later identified as Ralph Andrew Balzano and Megan Rae Swank, looking up into the surveillance cameras. Balzano and Swank then selected several items from the cosmetic, jewelry, and shoe departments then concealed them in a handbag. They proceeded to the general merchandise store exit where they passed all points of sale without making any attempt to pay for the merchandise. Simms and Loss Prevention Manager Jamie Freed stopped Balzano and Swank and identified themselves. Balzano and Swank were escorted to the security office to await police arrival.

Simms provided a receipt for the 35 recovered items totaling \$141.46 and completed a sworn written witness statement. Search incident to arrest revealed neither defendant had any way to pay for the merchandise.

Based on the aforementioned, probable cause exists to charge Ralph Andrew Balzano and Megan Rae Swank with one count of Retail Theft in violation of Florida Statute 812.015 (1) (d).

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER 	
	ARENA, ANDREW NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		HUYETT, MARK D. (1051) NAME OF OFFICER (PLEASE PRINT)	
	12/08/2015 DATE		12/08/2015 DATE	