

0489155 19CF2287 3040

ADMINISTRATION		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	N											
OBTS Number		Agency ORI Number <b>FL 0500300</b>		Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>		Agency Report Number <b>34-19-012753</b>															
Charge Type: Check as many as Apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input 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 <b>01</b>											
Location of Arrest (Including Name of Business) <b>650 North Congress Ave, BB, FL 33426 (Target)</b>						Location of Offense (Business Name, Address) <b>Target, 650 North Congress Ave, BB, FL 33426</b>															
Date of Arrest <b>03/08/2019</b>		Time of Arrest <b>2323</b>		Booking Date		Booking Time		Jail Date		Jail Time											
Name (Last, First, Middle) <b>Levine, Melissa D.</b>																					
Alias (Name, DOB, Soc. Sec. #, Etc)																					
W - White B - Black		I - American Indian O - Oriental / Asian		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>02/11/1984</b>		Height <b>5'06"</b>	Weight <b>160</b>	Eye Color <b>Green</b>	Hair Color <b>Brown</b>	Complexion <b>Fair</b>	Build <b>Med</b>								
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>Lower back and right foot</b>						Marital Status <b>Married</b>		Religion <b>Jewish</b>		Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.											
Local Address (Street, Apt. Number) (City) (State) (Zip)						Phone ( ) - ( )		Residence Type 1. City 3. Florida 2. County 4. Out of State		<b>2</b>											
Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>5562 Nepsa Way Delray Beach FL 33484</b>						Phone <b>(917)995-2819</b>		Address Source <b>FL DL</b>		Occupation											
Business Address (Street, Apt. Number) (City) (State) (Zip)		DL Number, State <b>L150540845510</b>		Soc. Sec. Number		INS Number		Place of Birth <b>Brooklyn, NY</b>		Citizenship <b>USA</b>											
CO-DEFENDANT				Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor											
CO-DEFENDANT				Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor											
JUVENILE				Parent Name (Last) (First) (Middle)		Residence Phone		Legal Custodian <input type="checkbox"/> Other <input type="checkbox"/>													
JUVENILE				Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone		Notified by: (Name) (Date) (Time)													
JUVENILE				Released To: (Name) Relationship		Date		Juv Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS 3. Incarcerated													
JUVENILE				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 561-355-2528) informed of any change of address: <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade											
JUVENILE				Property Crime? Yes <input type="checkbox"/> No <input type="checkbox"/>		Description of Property <b>Miscellaneous items</b>		Value of Property <b>\$451.59</b>													
CHARGE				Drug Activity S. Sell R. Smuggle N. N/A B. Buy D. Deliver P. Possess T. Traffic E. Use		K. Dispense/Distribute		M. Manufacture/Produce/Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbituate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/Equipment S. Synthetic		U. Unknown Z. Other	
CHARGE				Charge Description <b>Felony Retail Theft (Grand theft)</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number <b>812.014 (2)(c)(1)</b>		Violation of ORD#		Warrant/Capias Number		Bond					
CHARGE				Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount/Unit <b>\$451.69</b>		Offense # <b>19-012753</b>		Warrant/Capias Number		Bond		Violation of ORD#					
CHARGE				Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#		Warrant/Capias Number		Bond					
CHARGE				Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond		Violation of ORD#					
CHARGE				Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#		Warrant/Capias Number		Bond					
CHARGE				Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond		Violation of ORD#					
NOTICE TO APPEAR				<input 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 instruction on reverse side.		Location (Court, Room Number, Address) <b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b>						Court Date and Time Month Day Year Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.									
NOTICE TO APPEAR				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							
ADMIN.				HOLD for other Agency Name:		Signature of Arresting Officer <b>[Signature]</b>		Name of Arresting Officer (Print) <b>Ofc. Adea</b>		I.D. # <b>980</b>		Agency <b>BBPD</b>		Name Verification (Printed by Arrestee) (PRINT) <b>SUGANNED</b>		Page <b>1 OF 1</b>					
ADMIN.				<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>Ofc. Adea</b>		I.D. # <b>980</b>		Agency <b>BBPD</b>		Witness here is subject <b>MAR 9 2019</b>		Page <b>1 OF 1</b>					

MAR 9 AM 2:01

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA	3 Request for Warrant 4 Request for Capias	1	Juvenile	N
Agency ORI Number FL0500300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-19-012753				
Charge Type Check all that Apply <input checked="" type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony		<input type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor		<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other		Special Notes		
Name (Last, First, Middle) Levine, Melissa D.				Race W	Sex F	Date of Birth 02/11/1984		
Charge Description Felony Retail Theft				Charge Description				
Charge Description				Charge Description				
Victim's Name (Last, First, Middle) TARS ET				Race	Sex	Date of Birth		
Local Address (Street, Apt Number) 1				(City)	(State)	(Zip)	Phone	Address Source
Business Address (Name, Street) 650 N. CONGRESS AVE BB				(City)	(State)	(Zip)	Phone 33424 561-396 2202	Occupation
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..								
<input type="checkbox"/> Committed the below acts in my presence.		<input checked="" type="checkbox"/> Was observed by LPO Rice		Who told Ofc. Adea		That he/she saw the arrested person commit the below acts.		
<input type="checkbox"/> Confessed to		Admitting the below facts		<input type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation.				
On The 8th		Day Of March		20 19		At 2300		<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.


On March 9th, 2019, at approximately 2300 hours, I responded to Target, located on 650 North Congress Avenue, Boynton Beach, Florida in reference to a felony retail theft.

On arrival, I met with Loss Protection Officer Brandon Rice and the shoplifting subject, Melissa Levine. LPO Brandon Rice advised that he observed Levine enter the business via surveillance video, at which time Levine took possession of a shopping cart. Levine placed miscellaneous store items (Valued at approximately \$451.69 pre-taxed) within the shopping cart Levine was using. LPO Rice observed Levine pass all points of sale with the shopping cart full of items without any attempts to pay for the merchandise. LPO Rice stated Levine did not cooperate, at which time he placed Levine into handcuffs before escorting her back to the office where he recovered all of the stolen merchandise. LPO Rice provided a sworn statement via my body worn camera detailing the entire incident and issued a trespass warning to Levine for a period of (1) year to which she acknowledged and understood.

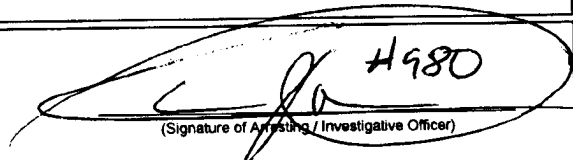
Based on LPO Rice's statement, I find Probable Cause to charge and arrest Melissa Levine with Grand Theft (Retail) pursuant to F.S.S. 812.014(2)(c)(1). Levine was placed into handcuffs, checked for tightness and double-locked, then transported to BBPD for processing before later being turned over to the care, custody, and control of the Palm Beach County Jail.

An NCIC/FCIC check of Levine for any outstanding warrants yielded negative results and no previous convictions for the same crime. LPO Rice provided a copy of the surveillance video and the itemized receipt which were submitted to the transmittal.

The foregoing instrument was sworn to or affirmed and subscribed before me

  
 Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

03/08/2019  
Date

  
 (Signature of Arresting / Investigative Officer)  
 Ofc. Adea  
 (Print name of Arresting/Investigative Officer)

03/08/2019  
Date

SCANNED

MAR - 9 2019



**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2018008142	Date: 3/9/2019
	Specialist Name/ID: Ricketts/8693

SCANNED  
MAR - 9 2019