

0481931

Kemm 01.29.20

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ARREST / NOTICE TO APPEAR

ADMINISTRATIVE	OBTS Number		Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 0 16-015983		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 1									
	Location of Arrest (Including Name of Business) 400 S SWINTON AVE, DELRAY BEACH, FL						Location of Offense (Business Name, Address) 400 S SWINTON AVE, DELRAY BEACH, FL 33444							
	Date of Arrest 10/18/2016		Time of Arrest 00:53		Booking Date 10/18/2016		Booking Time 01:03		Jail Date		Jail Time		Location of Vehicle	
DEFENDANT	Name (Last, First, Middle) SPLINTER, MELISSA MACIAS													
	Alias: _____ Alias (Name, DOB, Soc. Sec. #, Etc.)													
	Race W - White B - Black O - Oriental/Asian W		Sex F		Date of Birth 02/05/1978		Height 5'04		Weight 125		Eye Color HAZEL		Hair Color BROWN	
	Complexion LIGHT		Build THIN		Marital Status S		Religion		Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input checked="" type="checkbox"/>		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2		Address Source VERBAL	
JUVENILE	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)													
	Local Address (Street, Apt. Number) 333 WICKLINE BLVD, LANTANA, FL 33462						Phone (561) 670-4025							
	Permanent Address (Street, Apt. Number) 333 WICKLINE BLVD, LANTANA, FL 33462						Phone (561) 670-4025							
	Business Address (Name, Street) (City) (State) (Zip)						Occupation							
CO-DEFENDANT	D/L Number, State S145553785450 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) INDIANAPOLIS, IN		Citizenship					
	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 Custodian Address (Street, Apt. Number) (City) (State) (Zip)				Name (Last, First, Middle)		Residence Phone		Business Phone					
NOTICE	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					
CHARGE	Drug Activity: S. Sell, 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 DISORDERLY CONDUCT						Statute Violation Number 877.03		Violation of ORD #					
	Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number N / 16-015983 1 <input type="checkbox"/> Y <input checked="" type="checkbox"/> N						Bond							
CHARGE	Charge Description													
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	Charge Description													
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	Bond													
	Charge Description													
	Bond													
INSTRUCTIONS	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													
	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 <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health													
	PROPERTY - Received By Released By Date Transported Time Transported Other													
NOTICE	<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 Court Date and Time 12/01/2016 08:30:00													
	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													
ADMINISTRATIVE	HOLD for Other Agency													
	Signature of Arresting Officer Name of Arresting Officer (Print) DEEN, MEER Transporting Officer DEEN													
	Name Verification (Printed by Arrestee) OCT 18 AM 2:15 (PRINT)													
	ID # 0943 Agency DBPD Witness here if subject signed with an "X".													
Pouch # Q1 HONOR 7204														
PAGE 1 OF 1														

☐ COURT
 ☐ STATE ATTORNEY
 ☐ AGENCY
 ☐ CENTRAL RECORDS
 ☐ JAIL
 ☐ CRIME ANALYSIS
 ☐ P.I.O.
 ☐ DEFENDANT

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number			
Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 16-015983	
Charge Type: <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		Special Notes:	
Name (Last, First, Middle) SPLINTER, MELISSA MACIAS		Alias	
Race W		Sex F	Date of Birth 02/05/1978
Charge Description DISORDERLY CONDUCT		Charge Description	
Charge Description		Charge Description	
Victim's Name (Last, First, Middle) State Of Florida		Race	Sex
Local Address (Street, Apt. Number) (City) (State) (Zip)		Phone	Address Source
Business Address (Name, Street) (City) (State) (Zip)		Phone	Occupation
The undersigned certifies and swears that he/she has just and resonable 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 committ the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. On the 18 day of October , 2016 at 01:00 (Specifically include facts constituting cause for arrest.)			
The following incident occurred within the City of Delray Beach, Palm Beach County, Florida. On the above date and time, Sergeant McCabe and I were dispatched to 400 S Swinton Ave in response to a W/F (later identified as Melissa Splinter) causing a disturbance in the lobby. Upon arrival we observed Splinter yelling incoherent sentences at the staff. The witness, Shenita Coney, stated that Splinter was throwing items around the lobby prior to our arrival. Coney also stated Splinter was being aggressive with several clients inside the lobby. Sergeant McCabe and I escorted Splinter outside in an effort to calm her down. While outside, we gave Splinter several verbal commands to calm down but she continued to yell and scream at Sergeant McCabe and I. Splinter then clenched her fists and took a bladed stance towards me while yelling and screaming. This caused the staff to come outside to investigate what was going on. At this point I handcuffed her behind her back, double locked and checked for tightness, and escorted her to the rear of my fully marked patrol car. I later transported her to the Palm Beach County Jail. Based on the aforementioned, Probable Cause exists to charge the defendant with one count of Disorderly Conduct in violation of F.S.S. 877.03			
SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between;"> <div> MCCABE, EDWARD NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 10/18/2016 DATE </div> <div> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER DEEN, MEER (0943) NAME OF OFFICER (PLEASE PRINT) 10/18/2016 DATE </div> </div>			