

0182656

2018 mm 001240 AXSB

3238

ARREST / NOTICE TO APPEAR

ADULT	OBTS Number		Agency ORI Number 0502000		Agency Name Lantana Police Department		Agency Report Number (I.T.A.'s only) 6 / 4 18-000221		1. Arrest 2. I.T.A. 3. Request for Warrant 4. Request for Capias 1		JUVENILE					
CHARGE	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		Location of Arrest (Including Name of Business) 100-BLK N BROADWAY ST		Location of Offense (Business Name, Address) 100 N BROADWAY ST BLK. LANTANA, FL 33462		Enter Type None/not Applicable		Multiple Clearance Indicator 1							
IDENT	Date of Arrest 01/31/2018	Time of Arrest 14:10	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle									
DEFENSE	Name (Last, First, Middle) CRAWFORD, MICHAEL		Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)		Race W - White A - American Indian H - Black O - Other/Hispanic		Sex M	Date of Birth 09/29/1965	Height 6'00	Weight 175	Eye Color BROWN	Hair Color BROWN	Complexion DARK	Build TALL		
RESID	Local Address (Street, Apt. Number) AT LARGE, LANTANA, FL 33462		(City)	(State)	(Zip)	Phone (954) 935-5586	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>							
RESID	Permanent Address (Street, Apt. Number) AT LARGE, LANTANA, FL 33462		(City)	(State)	(Zip)	Phone (954) 935-5586	Residence Type 1. City 2. Suburban 3. Florida 4. Out of State 1		Address Source DEFENDANT							
RESID	Business Address (Name, Street) NONE		(City)	(State)	(Zip)	Phone	Occupation Unemployed									
RESID	D/L Number, State C616540653490 / FL		Sec. Sec. Number		IIS Number		Place of Birth (City, State) FREEPORT, NY		Citizenship US							
CO-DEF	Co-Defendant Name (Last, First, Middle)		Name (Last, First, Middle)		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-DEF	Co-Defendant Name (Last, First, Middle)		Name (Last, First, Middle)		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									
JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)		Address (Street, Apt. Number)		(City)	(State)	(Zip)	Residence Phone		Business Phone				
JUVENILE	Housed by (Name)		Date		Time		JUVENILE DISPOSITION 1. Handed/Processed within (Detention and Release) 2. TOT JAC 3. Incarcerated									
JUVENILE	Released To (Name)		Relationship		Date		Time									
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 355-2526) informed of any change of address.		School Attended		Grade		Property Owned <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property					
CHARGE	Drug Activity 1. IMA 2. Possess		S. Sell D. Buy T. Traffic	R. Struggle D. Deliver E. Use	I. Distribute D. Distribute	H. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type 1. IMA A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opioid/Opiv	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other				
CHARGE	Charge Description DISORDERLY INTOXICATION		Statute Violation Number 856.011		Violation of ORD #		Drug Activity		Drug Type	Amount / Unit	Offense # 18-000221	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Bond	
CHARGE	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	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	
INTEAKE	Health / Apparent Physical Condition of Defendant		Any knowledge of the following Explain: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Park <input type="checkbox"/> Medication <input type="checkbox"/> Defecation <input type="checkbox"/> Injuries		Check which applies <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Custodian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		PROPERTY - Received By		Released By		Released To					
INTEAKE	Transported By		Date Transported		Time Transported		Other									
NOTICE	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		Location (Court, Room) 200 W Atlantic Ave, DELRAY BEACH		Court Date and Time 02/22/2018 08:30:00											
NOTICE	<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.															
NOTICE	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		Home Verification (Printed by Arrestee) GIBSON BIANCA		Name of Arresting Officer (Print) GIBSON, BRIAN C.		I.D.# 844		Agency 69		PAGE 1 OF 1	
ADMIT	HOLD for Other Agency		Signature of Arresting Officer		Date Signed		Home Verification (Printed by Arrestee)		Name of Arresting Officer (Print)		I.D.#		Agency		PAGE	
ADMIT	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Relested Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) GIBSON, BRIAN C.		I.D.# 844		Agency 69		Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed		PAGE 1 OF 1	

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

SCANNED FEB 01 2018

Gibson

2018 FEB 01 AM 5:33
SHANNON R. BOCKEN
PALM BEACH COUNTY
GIBSON CLUB BRANCH

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0502000		Agency Name LANTANA POLICE DEPARTMENT		Agency Report Number 6 4 18-00022.1	
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Charge Type Check as many as apply	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) CRAWFORD, MICHAEL	Alias	Race W	Sex M	Date of Birth 09/29/1965
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Charge Description 856.011 DISORDERLY INTOXICATION	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) State Of Florida	Race	Sex	Date of Birth
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 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 _____ who told _____ 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 31 day of January, 2018 at 14:10 (Specifically include facts constituting cause for arrest.)

On January 31, 2018 at approximately 1401hrs, I Ofc Brian Gibson (ID# 844) was dispatched to the Lantana Library located at 205 E Ocean Ave Lantana, FL 33462 in reference to unwanted guest who Ofc Tuang (ID# 839) and Ofc Guarin (ID# 866) were already out with.

Ofc Tuang and Ofc Guarin arrived at that location and made contact with W/M James Legg (dob 7/5/1962) who was intoxicated inside the Library and was asked to leave by staff. Legg would not cooperate with staff or officers request to leave, so Ofc Tuang and Ofc Guarin began escorting Legg out of the property.

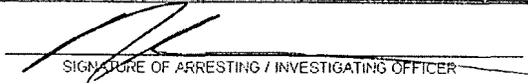
Ofc Tuang was then placing Legg under arrest for Disorderly Intoxication, with Legg being handcuffed at which point Legg bit (with his mouth) the right forearm of Ofc Tuang creating instant bruising swelling and breaking his skin.

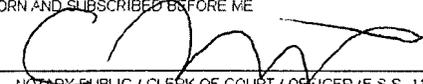
Ofc Tuang had to then seek immediate medical treatment at MD NOW, with this officer then affecting the arrest, with Legg being transported to LPD.

While transporting Legg to LPD, W/M Michael Crawford (9/29/1965) was found laying on the west side shoulder of the roadway at the 100-BLK of N Broadway St. Contact was made with Crawford who was intoxicated and refused officers command to get up off the ground.

School was just in the process of letting out and juveniles and parents were walking around the area.

Crawford was then placed under arrest for Disorderly Intoxication and both were transported to LPD for further processing.

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	GIBSON, BRIAN C (844)
<u>01/31/2018</u>	NAME OF OFFICER (PLEASE PRINT)
DATE	<u>01/31/2018</u>
	DATE

OBTIS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A	3. Request for Warrant 4. Request for Capias	1	JUVENILE	
A D M I N	Agency ORI Number	Agency Name	Agency Report Number					
	FL 0502000	LANTANA POLICE DEPARTMENT	6 4 18-000221					
N	Charge Type: Check as many as apply			Special Notes:				
	<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							
D E F	Name (Last, First, Middle)			Alias	Race	Sex	Date of Birth	
	CRAWFORD, MICHAEL				W	M	09/29/1965	
<p>During transport Crawford began banging his head and spitting on the vehicle prisoner barrier.</p> <p>Both Subjects were then transported to and TOT PBCJ.</p>								
<p>NOT A CERTIFIED COPY</p>								
<p>SCANNED FEB 01 2018</p>								
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME			SIGNATURE OF ARRESTING / INVESTIGATING OFFICER				
	 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)			 GIBSON, BRIAN C (844) NAME OF OFFICER (PLEASE PRINT)				
01/31/2018			01/31/2018				PAGE	2 OF 2
DATE			DATE					

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.