

ARREST / NOTICE TO APPEAR

Juvenile Referral Report

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

3

Juvenile

ADMINISTRATIVE	OBTS Number			ARREST / NOTICE TO APPEAR						Juvenile Referral Report			1. Arrest 3. Request for Warrant			2. N.T.A. 4. Request for Capias			3			Juvenile						
	Agency ORI Number			Agency Name			Agency Report Number (N.T.A.'s only)																					
FLO 505100			DIVISION OF ALCOHOLIC BEVERAGES & TOBACCO																									
ChargeType: Check as many as apply:			<input checked="" type="checkbox"/> 1. Felony <input 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						Weapon Seized / Type			<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No			Multiple Clearance Indicator			01										
Location of Arrest (Including Name of Business)						Location of Offense (Business Name, Address)																						
Glass Chamber, 1450 10th Street Lake Park, FL 33403																												
Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle																
10:53																												
Name (Last, First, Middle)															Alias (Name, DOB, Soc. Sec. #, Etc.)													
Clapper, Michelle Sandra																												
Race		W - White 1 - American Indian B - Black 0- Oriental/Asian		Sex		Date of Birth		Height		Weight		Eye Color		Hair Color		Complexion		Build										
W		F		6/1/1977				504		120 lbs		Blue		Blond		Light		Thin										
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)															Marital Status			Religion		Indication of:			Y		N		Unk.	
Several tattoos on legs															Married			NONE		<input type="checkbox"/> Alcohol Influence <input type="checkbox"/> Drug Influence			<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>	
Local Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone			Residence Type																	
480 Mulberry Grove		Royal Palm Beach, FL 33411						(561) 703-2014			1. City 3. Florida																	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone			2. County 4. Out of State																	
Same as above								()			DL																	
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone			Occupation																	
Glass Chamber, 1450 10th Street, Lake Park, FL 33403								()			Owner																	
D/L Number, State		Soc. Sec. Number		INS Number				Place of Birth (City, State)			Citizenship																	
C41655777010 FL								New York			USA																	
Co-Defendant Name (Last, First, Middle)															Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> 5. Juvenile							
Co-Defendant Name (Last, First, Middle)															Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> 5. Juvenile							
<input type="checkbox"/> Parent Name (Last) (First) (Middle) <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:																		Residence Phone										
Address (Street, Apt. Number)															(City) (State) (Zip)			Business Phone										
Notified by: (Name)															Date		Time		Juvenile Disposition			2. TOT HRS / DYS						
																			1. Handled/processed within Dept. and Released.			3. Incarcerated						
Released To: (Name)															Relationship						Date		Time					
The above address 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 (Phone 355-2526) informed of any change of address.																		School Attended			Grade							
<input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)																												
Property Crime?		Description of Property													Value of Property													
<input type="checkbox"/> Yes <input type="checkbox"/> No																												
Drug Activity		S. Sell N. N/A P. Possess	R. Smuggle B. Buy T. Traffic	K. Dispense/ D. Deliver E. Use	M. Manufacture/ P. Produce/ C. 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/ S. Synthetics	U. Unknown Z. Other																
Charge Description		Sale of a Schedule I				Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number			893.13(1)(a)190a			Violation of ORD #														
Drug Activity		Drug Type	Amount / Unit	Offense #					Warrant / Capias Number						Bond													
S		Z	7 mg	2016042998																								
Charge Description						Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number						Violation of ORD #														
Drug Activity		Drug Type	Amount / Unit	Offense #					Warrant / Capias Number						Bond													
Charge Description						Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number						Violation of ORD #														
Drug Activity		Drug Type	Amount / Unit	Offense #					Warrant / Capias Number						Bond													
Charge Description						Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number						Violation of ORD #														
Drug Activity		Drug Type	Amount / Unit	Offense #					Warrant / Capias Number						Bond													
Location (Court, Room Number, Address)																												
Court Date and Time																												
Month		Day		Year		Time		AM		PM																		
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 Name:															Name Verification (Printed by Arrestee)													
															(PRINT)													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:																												
Intake Deputy		I.D. #		Pouch #											PAGE													
															Witness here if subject signed with an -X"													
															1													

PROBABLE CAUSE AFFIDAVIT

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

3

Juvenile

OBTS Number	PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias
ADMIN	Agency ORI Number FLO 505100	Agency Name DIVISION OF ALCOHOLIC BEVERAGES & TOBACCO	Agency Report Number 2016042998	
DEF	Charge Type: Check as many as 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:
CHARGES	Name (Last, First, Middle) Clapper, Michelle Sandra		Alias	Race W Sex F Date of Birth 6/1/1977
VICTIM	Charge Description Sale of a Schedule I	Charge Description 893.13(1)(a)190a		
	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 ()
	Business Address (Name, Street)	(City)	(State) (zip)	Phone ()

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 _____

confessed to _____

that he/she saw the arrested person commit the below acts.

admitting to the below facts.

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

On the 2 day of August 2016 at 10:53 A.M. P.M. (Specifically include facts constituting cause for arrest.)

On the above date and time, [REDACTED] with the Florida Division of Alcoholic Beverages and Tobacco (FDABT), purchased a Cannabidiol (CBD) oil product from Glass Chambers, Inc. located at 1450 10th Street, Lake Park, FL. The item was found to contain Tetrahydrocannabinol (THC), which is a Schedule I controlled substance, in violation of FSS 893.13(1)(a)(2). The business holds a current and valid tobacco permit issued by FDABT.

The permit information on file with FDABT for Glass Chambers Inc. shows Michelle Clapper as the applicant, contact person, owner and president of the business, with a 100% ownership of the same. The application bears the notarized signature of Clapper. In addition, an on line search of the Florida Department of State, Division of Corporations, shows Clapper to be the president, secretary and director of the corporation.

On June 13th, 2016, FDABT [REDACTED] performed a random inspection of Glass Chambers, Inc. During the inspection, [REDACTED] found that several products, which were advertised as containing CBD, were being sold at the licensed premises. Present and assisting during the inspection was the business manager, Patrick Ekey. [REDACTED] provided Ekey with an informational written notice advising: "Sales of any substances that contain THC (like CBD Oil) may be grounds for criminal arrest ref. Florida State Statute 893.13 (1)(a)(2)... Most CBD Oils/Products contain THC. It is up to the licensee to determine if the product being sold contains THC or not, and remove the product. Many CBD oils do contain THC." The notice was signed by Ekey.

However, Ekey stated to [REDACTED] that he did not know anything about the CBD Oil, and immediately contacted the business owner, Michelle Clapper, via telephone. [REDACTED] spoke to Clapper via phone regarding the sale of the CBD oils and notified her of the informational notice provided to Ekey in regards to the possible THC content of such products. In addition, [REDACTED] notified Clapper that if the products being sold at the store contain THC, Clapper could get arrested. Clapper requested that [REDACTED] email a copy of the notice to her.

On August 2, 2016 at approximately 10:53 AM, [REDACTED] traveled to Glass Chambers, Inc. [REDACTED] entered the business in an undercover capacity. [REDACTED] was wearing a hidden video recording device which she activated prior to entering the premises.

PROBABLE CAUSE STATEMENT

STATE OF FLORIDA
COUNTY [REDACTED]

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19th day of September 2016 by [REDACTED]

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced [REDACTED]

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



CHRISTOPHER HENDERSON

MY COMMISSION # FF 900016

EXPIRES JULY 15, 2019

Bonded Notary Public Services

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PROBABLE CAUSE AFFIDAVIT

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Juvenile

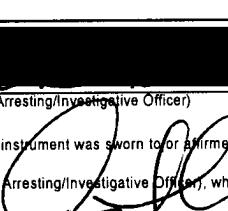
ADMIN	OBTS Number		PROBABLE CAUSE AFFIDAVIT				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias			
DEF	Agency ORI Number FLO 505100	Agency Name DIVISION OF ALCOHOLIC BEVERAGES & TOBACCO	Agency Report Number 2016029247				Special Notes:			
CHARGES	Charge Type: Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other			Alias Race W Sex F Date of Birth 6/1/1977						
VICTIM	Name (Last, First, Middle) Clapper, Michelle Sandra		Charge Description Sale of a Schedule I 893.13(1)(a)190a				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			
<p>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.</p> <p>The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p>										
<p>On the 2 day of August 20 16 at 10:53 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>										
<p>Inside the premises, [REDACTED] saw a white male behind the counter. [REDACTED] spoke to the male employee and asked to purchase CBD oil. The employee showed [REDACTED] several items containing CBD oil. [REDACTED] purchased, among other items, a plastic container filled with an amber colored liquid (approximately 7 grams) marked "CBD Drip Onyx Max Strength, 7 ml." [REDACTED] paid \$60 for the item and left the premises.</p>										
<p>The evidence was transported to the West Palm Beach District Office, where it was photographed and field tested using a Narcotics Analysis Reagent Kit (NARK). The test of the oil turned purple, indicating a positive reaction for the presence of THC.</p>										
<p>The [REDACTED] from the transaction was downloaded and placed into evidence at the West Palm Beach District Office.</p>										
<p>On August 17th, 2016, [REDACTED] turned over the evidence purchased to the Palm Beach County Sheriff's Office (PBSO) Lab for further testing for the presence of THC.</p>										
<p>On August 31th, 2016, [REDACTED] received a written report from PBSO Forensic Scientist Steven Williams, stating that the "CBD Drip" tested by the lab was found to contain Delta-9-Tetrahydrocannabinol - Schedule I substance (THC).</p>										
<p>On September 14th, 2016 at approximately 11:30 AM, [REDACTED] met with Clapper at the business, where Clapper agreed to provide a taped statement. Clapper was read her Miranda Warning which she stated she understood and waived. Clapper admitted to being the person responsible for the business and stated she is present at the business every day for at least a couple of hours. In addition, Clapper stated there are no other owners and she is the person in charge of making all decisions for the business.</p>										
ADMINISTRATIVE	STATE OF FLORIDA CO [REDACTED]		<p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this 19th day of September 20 16 by [REDACTED] (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced [REDACTED]</p> <p>Christopher Henderson Notary Public, Clerk of Court, Officer (F.S.S. 117.10) * Christopher Henderson * * MY COMMISSION # FF 900016 * * EXPIRES: July 15, 2019 *</p>							
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PROBABLE CAUSE AFFIDAVIT

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Juvenile

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ADMIN	OBTS Number		PROBABLE CAUSE AFFIDAVIT				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		
	Agency ORI Number	Agency Name	Agency Report Number						
DEF	ChargeType: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many as apply. <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				Special Notes:				
CHARGES	Name (Last, First, Middle) Clapper, Michelle Sandra				Alias		Race	Sex	Date of Birth
	W		F	6/1/1977					
VICTIM	Charge Description		Charge Description						
	Sale of a Schedule I		893.13(1)(a)190a						
	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 <input 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 commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.									
On the 2 day of August 20 16 at 10:53 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)									
<p>Clapper further admitted to being informed by [REDACTED] via phone about the possible THC content of the products. Clapper further stated she would never sell anything at the store that contains TCH and stated "I am not stupid." Clapper stated she had all the lab reports for the CBD oil products sold at the premises. Clapper then showed [REDACTED] a few of the lab reports in her possession.</p> <p>Among the reports provided by Clapper, was a printout from SCLabs website showing the total THC content of the CBD Drip. According to the report provided to [REDACTED] by Clapper, the CBD Drip being sold at the store contains 4.93 mg of TETRAHYDROCANNABINOL.</p> <p>[REDACTED] also found several lab reports and Certificate of Analysis readily available in the Internet from SCLabs. All the reports found show the CBD Drip Onyx to contain varying levels of THC.</p> <p>Based on the above stated facts, I believe Probable Cause exists to charge the defendant, Michelle Clapper with one count of Sale of a Controlled Substance, in violation of Florida State Statute 893.13(1)(a)(2), as THC is a controlled substance named under 893.03(1)(c)(37).</p>									
PROBABLE CAUSE STATEMENT									
ADMINISTRATIVE	(Signature of Arresting/Investigative Officer)  The foregoing instrument was sworn to or affirmed and subscribed before me this 19 th day of September 20 16 by [REDACTED] (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced [REDACTED] Notary Public, Clerk of Court, Officer (F.S.S. 117.10)  CHRISTOPHER HENDERSON MY COMMISSION # FF 000016 * EXPIRES: July 15, 2019 Bonded thru Budget Notary Services								
	PAGE 4 OF 4								