

Corrected auto incident #

ARREST/NOTICE TO APPEAR
Juvenile Referral Report

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

1
Juvenile N

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000				Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 06- 19-112654									
	Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 1									
	Location of Arrest (Including Name of Business) 210 us hwy 27 N South Bay FL 33493						Location of Offense (Business Name, Address) 210 US Hwy 27 N South Bay FL 33493													
DEFENDANT	Date of Arrest 09/08/19		Time of Arrest 02:15		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle							
	Name (Last, First, Middle) Guzman Mireya				Alias (Name, DOB, Soc. Sec. #, Etc.)															
	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex F		Date of Birth 06/19/1998		Height 5'01		Weight 115		Eye Color Brown		Hair Color BROWN		Complexion FAIR		Build SMALL			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Tattoo on the chest and right arm						Marital Status Single		Religion Catholic		Indication of Alcohol/Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>									
	Local Address (Street, Apt. Number) 24 NW Ave Belle Glade, FL 33430				City (State) (Zip)		Phone 449-996-9699		Residence Type: 1. City 2. County 3. Florida 4. Out of State		Address Source VERBAL		Occupation Unemployed							
D/L Number, State G255540987190, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) Belle Glade, Florida		Citizenship US												
CO-DEF	Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		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"/>							
	Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		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"/>							
JUVENILE	Parent <input type="checkbox"/> Legal <input type="checkbox"/> Other: _____		(Last) (First) (Middle)				Residence Phone													
	Address (Street, Apt. Number) (City) (State) (Zip)				Business Phone															
	Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 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. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)						School Attended		Grade											
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property														
CHARGE	Drug Activity N. N/A S. Sell B. Buy P. Possess T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ 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. Synthetics		U. Unknown Z. Other	
	Charge Description Criminal Mischief				Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 806.13(1)(b)(2)				Violation of ORD #							
Drug Activity N		Drug Type N		Amount / Unit		Offense # 19-112654		Warrant / Capias Number 2019CF008218AXX				Bond								
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number				Violation of ORD #								
Drug Activity N		Drug Type N		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 N		Drug Type N		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 N		Drug Type N		Amount / Unit		Offense #		Warrant / Capias Number				Bond								
Location (Court, Room Number, Address)												Court Date and Time								
Month Day Year Time AM <input type="checkbox"/> PM <input type="checkbox"/>																				
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																				
09/08/19																				
Signature of Defendant (or Juvenile and Parent /Custodian)										Date Signed										
HOLD for other Agency Name:				Signature of Arresting Officer				Name Verification (Printed by Arrestee)												
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:				Arresting Officer (Print) D/S K. Charles				(PRINT) SCANNED												
Intake Deputy		I.D. #		Pouch #		ID # 26734		Agency PBSO		Witness here if subject signed with an -X"		PAGE 1 OF 1								

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)