

D1101421

3021 180F6293

ARREST / NOTICE TO APPEAR

A D M I N I S T R A T I O N	CBTS Number		Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 0 18-09925		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE	
	Change Type: <input checked="" type="checkbox"/> Felony <input type="checkbox"/> 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		Eater Type None/not Applicable		Multiple Clearance Indicator		1			
D E F E N D A N T	Location of Arrest (Including Name of Business) 1500 W ATLANTIC AVE, DELRAY BEACH, FL						Location of Office (Business Name, Address) 1500 W ATLANTIC AVE, DELRAY BEACH, FL 33444									
	Date of Arrest 07/02/2018	Time of Arrest 18:26	Booking Date 07/02/2018	Booking Time 18:36	Jail Date //	Jail Time //	Location of Vehicle									
C O D E D	Name (Last, First, Middle) DIYA, MORGAN JOSEPH						Alias (Name, DOB, Soc. Sec. #, Etc.)									
	Race W - White	I - American Indian	Sex M	Date of Birth 07/22/1974	Height 5'10	Weight 185	Eye Color BROWN	Hair Color BLOND OR	Complexion FAIR	Build MEDIUM	Indication of Alcohol Influence Yes <input 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"/>			
J U V E N I L E	Local Address (Street, Apt. Number) 13970 NESTING WAY B, DELRAY BEACH, FL 33484						Phone (561) 860-7499									
	Permanent Address (Street, Apt. Number) 13970 NESTING WAY B, DELRAY BEACH, FL 33484						Phone (561) 860-7499									
C H A R G E	Business Address (Name, Street) UNEMPLOYED,						Phone (561) 303-7538									
	D/L Number, State D000550742620 / FL						Soc. Sec. Number [REDACTED]									
C H A R G E	Co-Defendant Name (Last, First, Middle)						Race									
	Co-Defendant Name (Last, First, Middle)						Date of Birth									
I N T A K E	Parent <input type="checkbox"/> Other <input type="checkbox"/> Name (Last, First, Middle)						Residence Phone									
	Address (Street, Apt. Number) 3021						Business Phone									
N O T I C E	Notified by: (Name)						Date									
	Released To: (Name)						Relationship									
T O A P P E A R	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									
	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Description of Property									
H O L D	Drug Activity P						Drug Type C									
	Amount / Unit 1.00 / GM						Offense # 18-009925									
H O L D	Charge Description POSSESSION OF COCAINE						Statute Violation Number 893.13 (6A)									
	Counts 1						Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N									
H O L D	Charge Description						Statute Violation Number									
	Drug Activity						Drug Type									
H O L D	Charge Description						Statute Violation Number									
	Drug Activity						Drug Type									
H O L D	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"/> I.O.T. County Jail						PROPERTY - Received By									
H O L D	Transported By						Date Transported									
	Time Transported						Other JUL 2 PM 7:40									
H O L D	<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									
	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.						Court Date and Time									
H O L D	Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed									
	Signature of Arresting Officer [Signature]						Name Verification (Printed by Arrestee)									
H O L D	Name of Arresting Officer (Print) GRUBB, KEVIN J.						LD # 1038									
	Transporting Officer GRUBB						Agency DBPD									
Witness here if subject signed with an "X".						PAGE 1 OF 1										



GRUBB
(1038)

18009925



FLORIDA UNIFORM TRAFFIC CITATION

A9JYG2E

CHECK
OFFIT

COUNTY OF PALM BEACH		<input type="checkbox"/> (1) F.N.P. <input checked="" type="checkbox"/> (2) P.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER	
CITY (IF APPLICABLE) DELRAY BEACH		AGENCY NAME DELRAY BEACH POLICE	
		AGENCY # 40	
IN THE COUNTY DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLY GROUNDED TO BELIEVE AND DOES BELIEVE THAT ON			
SUMMONS (VIOLATOR'S COPY)			
DAY OF WEEK MONDAY	BIRTH MONTH 07 DAY 02 YEAR 2018	TIME 06:30 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	
NAME (PRINT) FIRST MORGAN MIDDLE JOSEPH LAST DIYA			
STREET 13970 NESTING WAY - B			
CITY DELRAY BEACH		STATE FL	ZIP CODE 33484
TELEPHONE NUMBER (561)860-7499	DATE OF BIRTH MONTH 07 DAY 22 YEAR 1974	RACE W	SEX M
DRIVER LICENSE NUMBER D000550742620		CLASS E	TR LICENSE EXP. YEAR 2019
TR. VEHICLE 0	MAKE	STYLE	COLOR
VEHICLE LICENSE NO.	TOWLER TAG NO.	STATE	YEAR TAG EXPIRES 0
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMED 1500 W ATLANTIC AVE. (Block BLK).		MOTORCYCLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CITY DELRAY BEACH		COMPANION CITATION NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
PT. _____ MILER _____ OF ROAD _____			
DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE. CHECK ONLY ONE OFFENSE EACH CITATION.			

- UNLAWFUL SPEED _____ MPH SPEED APPLICABLE _____ MPH
- INTERSTATE SCHOOL ZONE CONSTRUCTION WORKERS PRESENT)
- SPEED MEASUREMENT DEVICE _____
- CARELESS DRIVING
 - VIOLATION OF TRAFFIC CONTROL DEVICE
 - FAILURE TO STOP AT A TRAFFIC SIGNAL
 - IMPROPER LANE CHANGE OR COURSE
 - NO PROOF OF INSURANCE
 - VIOLATION OF RIGHT-OF-WAY
 - IMPROPER PASSING
 - CHILD RESTRAINT
 - SAFETY BELT VIOLATION
 - IMPROPER OR UNSAFE EQUIPMENT
 - EXPIRED TAG SIX (6) MONTHS OR LESS
 - EXPIRED TAG MORE THAN SIX (6) MONTHS
 - DRIVING WHILE LICENSE SUSPENDED OR REVOKED
 - EXPIRED DRIVER LICENSE SIX (6) MONTHS OR LESS
 - EXPIRED DRIVER LICENSE MORE THAN SIX (6) MONTHS
 - NO VALID DRIVER LICENSE
 - DRIVING UNDER THE INFLUENCE (Passenger Under 14 Yrs BAL)

OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE:
POSSESSION OF COCAINE

<input type="checkbox"/> AGGRESSIVE DRIVING	IN VIOLATION OF STATE STATUTE	SECTION 893.13	SUB-SECTION (6 A)
CRASH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PRIORITY DAMAGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	BLIND TO ANOTHER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	REARVIEW MIRROR BLIND TO ANOTHER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<input type="checkbox"/> CRIMINAL VIOLATION. COURT APPEARANCE REQUIRED. AS INDICATED BELOW.		<input type="checkbox"/> FATAL	
<input type="checkbox"/> INFRACTION. COURT APPEARANCE REQUIRED. AS INDICATED BELOW.		<input type="checkbox"/> NON-FATAL	
<input checked="" type="checkbox"/> INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT.			

A9JYG2E CHECK OFFIT

CIVIL PENALTY IS \$ _____

COURT INFORMATION DATE _____ TIME _____

200 W ATLANTIC AVE
200 W ATLANTIC AVE
DELRAY BEACH, FL 33444

ARREST DELIVERED TO _____ DATE _____
I AGREE AND PROMISE TO COMPLY AND OBEY TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF COURT.

I SIGNATURE OF VIOLATOR (SIGNATURE IS REQUIRED IF INFRACTION REQUIRES APPEARANCE IN COURT)
OPC / 1038

NAME - NAME OF OFFICER _____ BADGE NO. _____ ID. NO. _____ TROOP UNIT _____

I CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABOVE AND CERTIFY THE CHARGE ABOVE.

HSRIV 75801 (Rev. 07/12)

IMPORTANT INSTRUCTIONS REGARDING A NON-CRIMINAL TRAFFIC INFRACTION NOT REQUIRING A COURT APPEARANCE

If you were charged with a civil infraction, you must complete one of the following options within 30 calendar days of the date of this citation. If you fail to comply within 30 calendar days, your driving privilege will be suspended until you comply. You will then be subject to additional penalties. Please see the front of the citation for the contact information for the Clerk of Court in the county where this violation occurred.

Option 1: You may pay the civil penalty listed on the front of this citation to the Clerk of Court. You must enclose this citation if you mail payment, which may be a money order or a cashier's check. The clerk _____ does _____ does not accept personal checks. Payment of the civil penalty is considered a conviction and points will be assessed, if applicable. Proof of compliance in the form of driver license or registration certificate, whichever is applicable, is required in addition to payment if you were cited for driver license expired less than six months, expired tag less than six months, failure to display a valid driver license, or failure to display a valid registration. You will be required to complete a driver improvement course if you are convicted of running a red light or passing a school bus. Your driving privilege will be suspended if you are convicted of not providing proof of insurance. Accumulation of points may increase the cost of your insurance.

Option 2: If you were cited for expired driver license, failure to display a valid driver license, expired tag, failure to possess a valid registration, or no proof of insurance, you may show proof to the Clerk of Court that you had a valid driver license, tag/registration, or insurance, whichever is applicable, at the time of the offense. The charge will be dismissed upon payment of a dismissal fee.

Option 3: If you do not hold a commercial driver license and you were cited for driver license expired 6 months or less, expired tag 6 months or less, failure to display a valid driver license, failure to possess a valid registration, no proof of insurance, or driving while license suspended (See s.322.34 (10)(a), F.S.), you may elect to show proof of compliance to the Clerk of Court in the form of a valid driver license, registration, or proof of insurance, whichever is applicable. You may only make one such an election per 12 month period and no more than three elections in a lifetime. You must pay court costs and adjudication will be withheld.

Option 4: If you do not hold a commercial driver license, you may be eligible to elect to complete a Florida driver improvement course. You must contact the Clerk of Court to make this election. You may make only one such election per 12 month period and not more than 5 elections in your lifetime. Please visit www.flhsmv.gov for a list of approved courses and to determine your eligibility for this election. Adjudication will be withheld and points will not be assessed. You must pay a civil penalty and court costs. This option is not available for certain traffic offenses, including driver license, tag, and registration violations. Completion of a driver improvement course is required if you are cited for running a red light/traffic control device, even if you do not make this election.

Option 5: You may elect a court hearing by contacting the Clerk of Court. If you request a hearing and the County Judge/Magistrate/Hearing Officer determines that you have committed the offense, the County Judge/Magistrate/Hearing Officer may impose a penalty of up to \$500 (or \$1,000 if a fatality occurred) and/or require completion of a driver improvement course. Points may be assessed. If it is determined that no infraction has been committed, no cost or penalties shall be imposed.

Option 6: If you were cited with a non-criminal violation of operating a motor vehicle in an unsafe condition (s. 316.610 F.S.) or not properly equipped (s. 316.610, F.S. or s. 316.2935, F.S.), you may have the defect corrected, then contact your local county- or city law enforcement agency to have the correction certified below. You must pay the local law enforcement agency \$ _____ for this service. You may then mail or present this affidavit of compliance along with \$ _____ to the Clerk of Court within 30 calendar days of the date of this citation. No points will be assessed. This option does not apply to a commercial motor vehicle or a transit bus owned by a governmental entity.

FAULTY EQUIPMENT AFFIDAVIT OF COMPLIANCE (Law Enforcement Use Only)

I certify that the defective equipment described herein has been corrected and complies with the requirements of the Florida traffic laws.

DATE: _____ ASSIGNED DHSMV AGENCY #: _____

Signed: _____ (Name, Title, and ID #)



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)(f)-(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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018021999	Date: 07/03/18
	Specialist Name/ID: D.Beavers/9606