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24 12/8/85 3884

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

Check if Supplement is Attached
Arrest 2 N.T.A. 3. Request for Warrant 4. Request for Capias

Juvenile N

OBTS Number	Agency ORI Number FL0 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 0 6 1 1 7 1 1 6 6 3 3 6 1 1 1	
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	If Weapon Seized Enter Type	Multiple Clearance Indicator 10 1	
Location of Arrest (including Name of Business) 414 Lake Ave Lake worth			Location of Offense (Business Name, Address) 414 Lake Ave Lake Worth			
Date of Arrest 1.2.2.1.27	Time of Arrest 1.6.0.8	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

Name (Last, First, Middle) Barrell Nadine Danielle							Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White B - Black	1 - American Indian O - Oriental/Asian	Sex M F	Date of Birth 1.1.25.85	Height 5-14	Weight 150	Eye Color BRN	Hair Color BRN	Complexion MED	Build MED
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Tatoos						Marital Status Single	Religion None	Indication of: Alcohol Influence Drug Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk	
Local Address (Street, Apt. Number) 627 S CST APT A			(City) LW	(State) FL	(Zip) 33460	Phone 3006028763	Residence Type: 1. City 2. County 3. Florida 4. Out of State 1 1		
Permanent Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone	Address Source Arrestee		
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone	Occupation Unemployed		
D/L Number, State N/A		INS Number		Place of Birth (City, State) Chester, PA		Citizenship US			

Co-Defendant (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 (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 <input type="checkbox"/> Other:	Name (Last)	(First)	(Middle)	Residence Phone
Address (Street, Apt. Number)				Business Phone
Notified by: (Name)				Date
Released To: (Name)				Relationship
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 (561) 355-6511) informed of any change of address.				School Attended
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No				Description of Property
				Value of Property

Drug Activity N. N/A R. Possess	S. Sell B. Buy 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. Synthetic	U. Unknown Z. Other
Charge Description Possession of Heroin		Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 819.311.3	Violation of ORD # 1161A					
Drug Activity	Drug Type	Amount / Unit 2 caps	Offense # 12-166336	Warrant / Capias Number	Bond					
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input 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 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 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	A.M.	P.M.
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	Signature of Arresting Officer X [Signature]	Name Verification (Printed by Arrestee) DEC 21 PM 6:11
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	(PRINT)
Intake Report D/S B. SHATARA #7623	Name of Arresting Officer (Print) D/S KASHICKY 9650	Agency 7850
Transporting Officer SKME 9650	I.D.#	Witness here if subject signed with an "X"

PROBABLE CAUSE AFFIDAVIT

1 Arrest
2 NTA

3 Request for Warrant
4 Request for Copies

1

Juvenile

OBTS Number	Agency ORI Number FLO 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 17-166336
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Charge Type Check as many as apply	Special Notes
<input 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	

Name (Last, First, Middle) DARRELL, NADINE, DANIEL	Alias	Race W	Sex F	Date of Birth 11/25/1985
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Charge Description POSSESSION OF HEROIN	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)
Business Address (Name, Street)	(City)	(State)	(Zip)

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 21 day of DECEMBER 2017 at 17:00 A.M P.M (Specifically include facts constituting cause for arrest.)

On 12/21/2017 at approximately 16:04 hours, I was on foot patrol in the area of 414 Lake Avenue in the City of Lake Worth, Palm Beach County, Florida.

While on patrol, I observed a white female later identified as Nadine Darrell sitting down slouched over in this area. I approached Darrell to make sure she was conscious and ensure she was safe and was not in need of medical attention. Darrell suddenly awoke when I began speaking with her and appeared to be under the influence of an unknown substance due to her unusual speaking pattern and behavior. I asked Darrell why she was acting unusual and she advised me it was because she had not slept and had taken Percocet. While speaking with Darrell, I requested to search her purse which she voluntarily allowed. While searching Darrell's purse, I recovered two clear plastic capsules inside Darrell's black purse which had an unknown powder inside. I recognized the clear capsules with the powder as Heroin based on my training and experience. Darrell also advised me the substance was Heroin. Darrell was placed in handcuffs and detained.

I read Darrell Miranda warnings for a PBSO issued Miranda warning card and Darrell acknowledged understanding her rights. Post-Miranda, Darrell advised me of the following information. Darrell stated she was sitting slouched with her head towards the ground because she had been up since yesterday morning. Darrell also stated she took one capsule of Heroin today at approximately 10am. Darrell stated "I been clean I just relapsed today". Darrell stated she had bought three caps of Heroin for approximately \$60.00 total (one used earlier and two in her purse). It should be noted that the suspected Heroin was not field tested due to officer safety reasons (fentanyl) but will be forwarded to the PBSO crime lab for confirmation.

Based on my investigation, Darrell is in violation of F.S.S 893.13(6A), Possession of Heroin.

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting Investigative Officer) [Signature] 9650

The foregoing instrument was sworn to or affirmed and subscribed before me this 21 day of DECEMBER 2017 by D/S RASHTCHY #9650

Print name of Arresting Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced KNOWN DEPUTY SHERIFF

Notary Public, Clerk of Court, Officer (F.S.S). 11 7. 1 0

[Signature] 7627

