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N H TMM11928 3100

ARREST / NOTICE TO APPEAR

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

ADMISSION STRAIGHTEN	OBTS Number	Agency ORI Number <b>0500800</b>	Agency Name <b>West Palm Beach Police Department</b>	Agency Report Number (N.T.A.'s only) <b>9, 4 2017-0018338</b>	
	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	If Weapon Seized Enter Type: <b>NOT APPLICABLE</b>			Multiple Clearance: <b>1</b>
	Date of Arrest <b>09/27/2017</b>	Time of Arrest <b>15:59</b>	Booking Date <b>09/27/2017</b>	Booking Time <b>16:09</b>	
	Name (Last, First, Middle) <b>SALGADO MORALES, ORLANDO</b>				
	Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)				
	Race W - White B - Black O - Original/Asian <b>W</b>	Sex <b>M</b>	Date of Birth <b>09/24/1986</b>	Height <b>5'09</b>	
	Weight <b>165</b>	Eye Color <b>BROWN</b>	Hair Color <b>BLOND OR</b>	Complexion <b>MEDIUM</b>	
	Build <b>Medium</b>				
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				
	Local Address (Street, Apt. Number) <b>5412 CANNON WAY, GREENACRES, FL 33415</b>	(City) <b>GREENACRES</b>	(State) <b>FL</b>	(Zip) <b>33415</b>	
	Permanent Address (Street, Apt. Number) <b>5412 CANNON WAY, GREENACRES, FL 33415</b>	(City) <b>GREENACRES</b>	(State) <b>FL</b>	(Zip) <b>33415</b>	
	Business Address (Name, Street) <b>NONE, N/A</b>	(City) <b></b>	(State) <b></b>	(Zip) <b></b>	
	D/L Number, State <b>S423640863440 / FL</b>	Soc. Sec. Number <b>[REDACTED]</b>	INS Number <b></b>	Place of Birth (City, State) <b>Cuba</b>	
	Citizenship <b>CU</b>				
	Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	
	Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	
	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian	Name (Last, First, Middle)			
	Address (Street, Apt. Number) <b></b>			(City) <b></b>	
	(State) <b></b>			(Zip) <b></b>	
	Notified by: (Name)	Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. <b>SEP 27 PM 6:37</b> 3. Incarcerated	
	Released To: (Name)	Relationship	Date	Time	
	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.				
	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>N/A</b>				
	Description of Property <b>N/A</b>				
	Value of Property				
	Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperses/ 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	<b>SEP 27 PM 6:37</b>		
	Charge Description <b>PROSTITUTION</b>	Statute Violation Number <b>796.07(4A1)</b>	Violation of ORD #		
	Drug Activity	Drug Type <b>N</b>	Amount / Unit	Offense # <b>2017-0018338</b>	
	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		
	Bond <b>(2000)</b>				
	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 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				
	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				
	Explain:				
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond	<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health	<input checked="" type="checkbox"/> T.O.T. County Jail	PROPERTY - Received By	
	Released By			<b>SCANNED</b>	
	Transported By	Date Transported <b>// : :</b>	Time Transported	Other <b>SEP 29 2017</b>	
	<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) <b>Criminal Justice CRIMINAL JUSTICE COMPLEX</b>				
	Court Date and Time <b>10/24/2017 13:00:00 3228 GUN CLUB ROAD</b>				
	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 <b>9-27-17</b>	
	No Photo Available				

PROBABLE CAUSE AFFIDAVIT

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

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JUVENILE

ADMINISTRATIVE	OBTs Number	
	Agency ORI Number <b>FL 0500800</b>	Agency Name <b>WEST PALM BEACH POLICE DEPARTMENT</b>
	Agency Report Number <b>9   4   2017-0018338</b>	
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		Special Notes:

DEF	Name (Last, First, Middle) <b>SALGADO MORALES, ORLANDO</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>09/24/1986</b>
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CHARGES	Charge Description <b>796.07(4A1) PROSTITUTION</b>	Charge Description
	Charge Description	Charge Description

VICTIM	Victim's Name (Last, First, Middle) <b>State Of Florida</b>	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 **27** day of **September**, **2017** at **16:07** (Specifically include facts constituting cause for arrest.)

On Wednesday September 27, 2017 members of Community Response Team were conducting an undercover operation to combat prostitution in the city of West Palm Beach in the area of \_\_\_\_\_

At Approximately 1556 hours \_\_\_\_\_ was approached by a male offender, later identified as Orlando Salgado Morales (9/24/86). The Offender was driving a 2009 Chrysler Sebring white in color bearing FL tag 240-4UY. The Offender propositioned \_\_\_\_\_ offering \$50.00 for sex. \_\_\_\_\_ agreed to the amount of \$50.00. Officer conducted a stop of the offender and he was taken into custody without incident.

Due to the facts stated above Orlando Salgado-Morales was arrested for PROSTITUTION-SOLICIT ANOTHER under F.S.S. 796.07(4)(A)1. Offender was transported to WPBPD booking for processing.

The vehicle was towed by Kauffs, and VSR was completed by \_\_\_\_\_ Subject was transported to PBCJ.

NOT A CERTIFIED COPY

SCANNED  
SEP 29 2017

ADMINISTRATIVE	
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