

0456110

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ARREST / NOTICE TO APPEAR				1. Arrest		3. Request for Warrant		4. Request for Capias		1 JUVENILE					
OBTS Number 0500400		Agency Name Delray Beach Police Department		17-012867		4 0		Agency Report Number (N.T.A. only)							
Agency ORI Number		Charge Type: <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		If Weapon Seized		Enter Type		Multiple Clearance Indicator		4					
Location of Arrest (Including Name of Business) 2100 W LINTON BLVD		Location of Offense (Business Name, Address) 2100 W LINTON BLVD, DELRAY BEACH, FL 33445													
Date of Arrest 08/16/2017		Time of Arrest 02:45		Booking Date 08/16/2017		Booking Time 00:55		Jail Date // : :		Jail Time		Location of Vehicle			
Name (Last, First, Middle) TRITTA, PORZIA NADIA															
Alias: Alias:															
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W F		Date of Birth 11/10/1977		Height 5'10		Weight 150		Eye Color BROWN		Hair Color BROWN			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status U		Complexion LIGHT			
Religion UNKNOWN										Build SMALL					
Local Address (Street, Apt. Number) 259 CAPE COD CIR, LAKE WORTH, FL 33467		(City)		(State)		(Zip)				Phone (561) 929-2715		Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>			
Permanent Address (Street, Apt. Number) 259 CAPE COD CIR, LAKE WORTH, FL 33467		(City)		(State)		(Zip)				Phone (561) 929-2715		Residence Type: 1. City 3. Florida 2. County 4. Out of State 1			
Business Address (Name, Street) NONE		(City)		(State)		(Zip)				Phone		Address Source FL/DL			
D/L Number, State T630674779100 / FL		Soc. Sec. Number		INS Number				Place of Birth (City, State) STATEN ISLAND, NY,		Occupation		Citizenship			
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor					
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor					
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)										Residence Phone			
<input type="checkbox"/> Legal Custodian															
Address (Street, Apt. Number)		(City)		(State)		(Zip)						Business Phone			
Notified by: (Name)				Date		Time		JUVENILE DISPOSITION		1. Handled/Processed within Department and Released		2. TOT JAC 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.															
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:								School Attended				Grade			
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								Description of Property				Value of Property			
C O D E		Drug Activity S. Sell N. N/A D. Buy E. Possess R. Smuggle D. Deliver T. Traffic 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	
C H A R G E		Charge Description POSSESSION OF COCAINE								Statute Violation Number 893.13 (6 A)		Violation of ORD #			
C H A R G E		Drug Activity N		Amount / Unit /		Offense # 17-012867		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond	
C H A R G E		Charge Description POSSESSION OF COCAINE								Statute Violation Number 893.13 (6 A)		Violation of ORD #			
C H A R G E		Drug Activity N		Amount / Unit /		Offense # 17-012867		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond	
C H A R G E		Charge Description POSSESSION OF CONTROLLED SUBSTANCE W/OUT A PRESCRIPTION								Statute Violation Number 893.13(6)(A)		Violation of ORD #			
C H A R G E		Drug Activity N		Amount / Unit /		Offense # 17-012867		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond	
I N T A K E		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 checked="" type="checkbox"/> Injuries Explain: MEDICAL CLEARANCE							
I N T A K E		Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health						PROPERTY - Received By _____ Released By _____ Released To _____							
I N T A K E		Transported By _____						Date Transported // : :		Time Transported		Other			
N O T I C E		<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							
T O P P E R		Court Date and Time													
A D M I N I		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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.													
A D M I N I		Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed							
A D M I N I		HOLD for Other Agency						Signature of Arresting Officer _____							
A D M I N I		D/S <input type="checkbox"/> F-Burnside #5406						Name of Arresting Officer (Print) SITZ, IAN I.D. # 1107							
A D M I N I		Intake Deputy I.D. # 66704 Pouch #						Transporting Officer I.D. # 763 Agency DBPD							
A D M I N I								(PRINT) SCANNED AUG 18 2017							
A D M I N I								PAGE 1 OF 2							
A D M I N I								Witness here if subject signed with an "X".							

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS P.I.O. DEFENDANT

ARREST / NOTICE TO APPEAR
Additional Charge List

Agency ORI Number 0500400		Agency Name Delray Beach Police Department					Agency Report Number (N.T.A.'s only) 4 0 17-012867				
C O D E	Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispenses/ 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/USE DRUG PARAPHERNALIA							Statute Violation Number 893.147		Violation of ORD #		
C H A R G E	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number			Bond	
			/	17-012867							

NOT A CERTIFIED COPY

SCANNED
AUG 18 2017

A	OBTS Number
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PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

D	Agency ORI Number	Agency Name	Agency Report Number
M	FL 0500400	DELRAY BEACH POLICE DEPARTMENT	4 0 17-012867
N	Charge Type: Check as many as apply.	<input checked="" type="checkbox"/> 1. Felony <input checked="" 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	Special Notes:

D	Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
E	TRITTA, PORZIA NADIA		W	F	11/10/1977

C	Charge Description	Charge Description
H	893.13(6)(A) POSSESSION OF CONTROLLED SUBSTANCE W/OUT	893.13 (6 A) POSSESSION OF COCAINE
A	Charge Description	Charge Description
R	893.13 (6 A) POSSESSION OF COCAINE	893.147 POSSESSION/USE DRUG PARAPHERNALIA

V	Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth		
I	State Of Florida					
C	Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
T	Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation

The undersigned certifies and swears that he/she has just and resonable 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 committ the below acts. was found to have committed the below acts, resulting from my (described) investigation.

On the 15 day of August, 2017 at 00:33 (Specifically include facts constituting cause for arrest.)

The following events occurred in the city of Delray Beach, Palm Beach County, Florida. On August 14, 2017 I responded to 2100 W Linton Blvd in reference to a suspicious incident. Dispatch advised that an employee from the Shell observed a white female get kicked out of a car. Upon arrival I made contact with the employee later identified as Mikkaila Aikens who stated the following: She saw a silver car (possibly Mercedes Benz) drive up towards the front of the store, and an unknown subject kicked a white female out of the car (DBPD Case 17-012868).

Ofc Gordon made contact with the white female (hereby referred to as defendant) who later identified herself by FL/DL (T630-674-77-910-0) as Porzia Nadia Tritta. The defendant was sitting on a bench in front of this location wearing a black tank top shirt, and did not have any noticeable injuries. The defendant appeared confused, and was attempting to take her FL/DL out of her wallet with negative results. The defendant handed her wallet to Ofc Gordon, asked him to take her FL/DL out. The defendant also consented to have her purse searched. DBFR arrived on scene, and one of the paramedics observed a glass pipe hanging out of defendant's shirt. The defendant removed the glass pipe which had two burnt ends, and copper wire bridle on one end. Through my training and experience this is known as a "crack pipe," and is commonly used for smoking crack cocaine. At this time the defendant was placed under arrest. Ofc. Gordon was attempting to take the FL/DL out of the defendants wallet when a clear bag containing three pieces of a green rectangular pill (one full bar, and another full bar broke in half) with the letters S903 imprinted on them fell out of an open zipper pouch on the wallet. The pills were later identified using drugs.com pill identifier as Alprazolam 2 mg. Paramedics transported the defendant to DMC due to admitting to ingesting narcotics, and to evaluate her injuries.

Upon arrival at the hospital I searched the defendant's property. While searching the defendant's wallet in the same pouch as the pills located on scene were two folded up pieces of paper. One of the folded up pieces of paper contained a small white rock which later tested positive using a Quickcheck test kit for crack cocaine. Located in the

A	SWORN AND SUBSCRIBED BEFORE ME	<i>[Signature]</i>	107
D	QUINN, DANIELA	SCANNED	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
M	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		
N	08/15/2017	AUG 18 2017	SITZ, JIAN (1107)
	DATE		NAME OF OFFICER (PLEASE PRINT)
			08/15/2017
			DATE

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT
 1. Arrest 3. Request for Warrant
 2. N.T.A. 4. Request for Capias

1

JUVENILE

Agency ORI Number

FL 0500400

Agency Name

DELRAY BEACH POLICE DEPARTMENT

Agency Report Number
4 0 17-012867

Charge Type:

 Check as many as apply
 1. Felony 3. Misdemeanor
 2. Traffic Felony 4. Traffic Misdemeanor
 5. Ordinance 6. Other

Special Notes:

D Name (Last, First, Middle)

TRITTA, PORZIA NADIA

Alias

Race

Sex

Date of Birth

W

F

11/10/1977

second piece of paper was a small amount of white powdery substance which later tested positive using a Quickcheck test kit for cocaine. While being treated by DMC staff a nurse located two small white rocks in her underwear. The white rocks later tested positive for cocaine using a Quickcheck test kit.

Based on the above facts the defendant Porzia Nadia Tritta is charged with two counts of possession of cocaine pursuant to F.S.S. 893.13 (6 A)

One count of Possession of a Controlled Substance without a prescription based on F.S.S. 893.13 (6) (A)

One count of Possession of Drug Paraphernalia pursuant to F.S.S. 893.147(1)

This incident was captured on my department issued body worn camera.

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SWEORN AND SUBSCRIBED BEFORE ME

QUINN, DANIELA

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

08/15/2017

DATE

SCANNED

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

AUG 18 2017

SITZ, IAN (1107)

NAME OF OFFICER (PLEASE PRINT)

08/15/2017

DATE

 PAGE
2 OF 2

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.