

0498532 - 1146

N/A 18MM6099

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ADMINISTRATION		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 3. Request for Warrant 2 N.T.A. 4. Request for Capias		1	Juvenile	N	
OBTS Number		Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-18-027800					
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		None		Multiple Clearance Indicator 01	
Location of Arrest (Including Name of Business) The Atrium, 2755 S. Federal Hwy, Boynton Beach						Location of Offense (Business Name, Address) same					
Date of Arrest 05/25/2018	Time of Arrest 2047	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
Name (Last, First, Middle) Suarez Olivo, Rafael Fernando						Alias (Name, DOB, Soc Sec. #, Etc)					
W - White B - Black	I - American Indian O - Oriental / Asian	Race M	Sex M	Date of Birth 12/08/1979	Height 6	Weight 185	Eye Color BRN	Hair Color BLK	Complexion OLV	Build MED	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Mental Status Single		Religion None		Indication of Alcohol/Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>	
Local Address (Street, Apt Number) 5801 Riverside Dr. Apt. 104				(City) Coral Springs,		(State) FL		(Zip) 33067		Phone (305)896-8572	
Permanent Address (Street, Apt Number)				(City)		(State)		(Zip)		Phone	
Business Address (Street, Apt. Number)				(City)		(State)		(Zip)		Phone	
DL Number, State S624726794480/FL		Soc. Sec. Number		INS Number		Place of Birth Venezuela		Citizenship USA			
Co-Defendant Name (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 Name (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)				(City)		(State)		(Zip)		Business Phone	
Notified by (Name)				Date		Time		Juvenile Disposition 1. Handled/Processed within Dept and Released 2. TOT HRS/OYS 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 561-355-2526) informed of any change of address. <input type="checkbox"/> Yes, By (Name) <input type="checkbox"/> No (Reason)						School Attended		Grade			
Property Crime? Yes <input type="checkbox"/> No <input type="checkbox"/>		Description of Property				Value of Property					
Drug Activity N N/A P 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 Soliciting Another to Commit Prostitution				Counts 1	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation 796.07		Violation of ORD# 4A1			
Drug Activity N		Drug Type N	Amount/Unit N/A	Offense # 18-027800	Warrant/Capias		Bond				
Charge Description				Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	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"/> Yes <input type="checkbox"/> No	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"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#			
Drug Activity		Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond				
<input 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 instruction on reverse side.		Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444				Court Date and Time Month Day Year Time					
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)						Date Signed					
HOLD for other Agency Name		Signature		Name Verification (Printed by Arrestee) (PRINT)		BU#111219					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arrestee (Printed by Arrestee)		Witness here is subject Signed with an "X"					
Name of Arrestee 06 Lommie 8037		Pouch #		Transporting Officer Annngt		ID # 1890		Agency FBSP		Page 1 OF 1	

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OBT Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest	3 Request for Warrant	1	Arrest	N
Agency ORI Number FL 0600300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-18-027800				
Charge Type Check all that 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
Name (Last, First, Middle) Suarez Olivo, Rafael Fernando				Alias	Race M	Sex M	Date of Birth 12/08/1979	
Charge Description Soliciting Another to Commit Prostitution				Charge Description				
Victim's Name (Last, First, Middle) State				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								
<input checked="" type="checkbox"/> Committed the below acts in my presence.			<input type="checkbox"/> Was observed by			<input type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation.		
<input type="checkbox"/> Confessed to			Admitting the below facts			Who told That he/she saw the arrested person commit the below acts.		
On The <u>May</u> Day Of <u>25</u> 20 <u>18</u> At <u>8:47</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.								

On May 25th, 2018 the Boynton Beach Police Department was conducting a reverse prostitution operation in the 2700 block of S. Federal Hwy, located within Boynton Beach. The operation was specifically focusing on the Atrium Plaza and the Homing Inn area.

██████████ in an undercover capacity as a female prostitute, was standing in front of Atrium Plaza (2755 S. Federal Highway). At approximately 2047 hours, a male, later identified as w/m Rafael Suarez Olivo, made contact with ██████████. The two engaged in conversation, at which time Olivo offered ██████████ \$40.00 for sexual intercourse.

The prearranged takedown signal was given and officers moved in and placed Olivo under arrest. Post Miranda, Olivo agreed to speak with ██████████. He admitted that he had originally offered ██████████ \$50 in exchange for sexual intercourse before lowering his offer to \$40.

Based on the aforementioned, I found that there was probable cause to charge Olivo with soliciting another to commit prostitution, according to FSS: 796.07.2F. He was processed and turned over to the PBCJ.

NOT A CERTIFIED COPY

The foregoing instrument was sworn to or affirmed and subscribed before me	
 Notary Public, Clerk of Court, Officer (F.S.S. 117.10) <u>05/25/2018</u> Date	 (Signature of Arresting / Investigative Officer)  (Print name of Arresting/Investigative Officer) <u>05/25/2018</u> Date



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)(i)-(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: 2018017578	Date: 5/26/2018
	Specialist Name/ID: M. Tooks #8557