

J#0231748

2016CF008263

ADMINISTRATIVE		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		n											
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 06-		16-1102															
Charge Type: Check as many as apply: <input checked="" 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		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator 01																			
Location of Arrest (Including Name of Business) 9091 Chrysanthemum Drive Boynton Beach						Location of Offense (Business Name, Address) same																	
Date of Arrest 08-18-16		Time of Arrest 0800		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle											
Name (Last, First, Middle) Bustamonte Raul A												Alias (Name, DOB, Soc. Sec. #, Etc.)											
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex m		Date of Birth 1-13-71		Height 5-10		Weight 190		Eye Color brown		Hair Color brown		Complexion light		Build medium							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) dragon between shoulders												Marital Status married		Religion n		Indication of: Alcohol Influence Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk.							
Local Address (Street, Apt. Number) 9091 Chrysanthemum Dr.				(City) Boynton Beach				(State) FL				(Zip) 33437				Phone (561) 713-5618		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2					
Permanent Address (Street, Apt. Number)				(City)				(State)				(Zip)				Phone				Address Source known			
Business Address (Name, Street)				(City)				(State)				(Zip)				Phone				Occupation bouncer			
D/L Number, State B235-721-71-013-0				Soc. Sec. Number [REDACTED]				INS Number				Place of Birth (City, State) New York, NY				Citizenship US							
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 / DYS 3. Incarcerated							
Released To: (Name)												Relationship		Date		Time							
The above address 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)												School Attended				Grade							
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property						Value of Property															
CODE 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. Synthetics		U. Unknown Z. Other			
Charge Description possession of cocaine		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 893.13(4a)(6a)		Violation of ORD #															
Drug Activity C		Drug Type		Amount / Unit		Offense # 16-1102		Warrant / Capias Number															
Charge Description possession of marijuana under 20g		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 893.13(6b)		Violation of ORD #															
Drug Activity		Drug Type		Amount / Unit		Offense # 16-1102		Warrant / Capias Number															
Charge Description possession of schedule II W/O script		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 893.13(4a)(6-a)		Violation of ORD #															
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number															
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #															
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number															
Location (Court, Room Number, Address)																							
Court Date and Time Month Day Year Time AM PM																							
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 Name: [Signature]												Signature of Arresting Officer [Signature]				Name Verification (Printed by Arrestee) AUG 19 2016							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:												Name of Arresting Officer (Print) Thomas D. Kabis				I.D. # 5844				(PRINT)			
Intake Date [Signature] I.D. # [Signature] Pouch # [Signature]												Transporting Officer [Signature] ID # 7065 7850 Agency [Signature]				Witness here if subject signed with an -X"				PAGE 1 OF 1			

OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

Juvenile ☒ n

Agency ORI Number **FLO 500000** Agency Name **PALM BEACH COUNTY SHERIFF'S OFFICE** Agency Report Number **06** **16-1102**

Charge Type: ☐ 1. Felony ☐ 3. Misdemeanor ☐ 5. Ordinance
Check as many ☐ 2. Traffic Felony ☐ 4. Traffic Misdemeanor ☐ 6. Other _____ Special Notes

Defendant Name (Last, First, Middle) **Raul Bustamonte** Race **w** Sex **m** Date of Birth **1-13-71**

Charge **possession of cocaine** Charge **possession of marijuana**

Charge **possession of schedule II W/O script** Charge

Victim Name (Last, First, Middle) Race Sex Date of Birth

Local Address (Street, Apt. Number) City State Zip Phone Address Source

Business Address (Street, Apt. Number) City State Zip Phone Occupation

The undersign 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 (described) investigation.
On the **18** day of **August** 20 **16** at **0800** ☐ AM ☐ PM

On 8-18-16 at approximately 0800 hours, Members of the Narcotics Unit from the Palm Beach County Sheriff's Office conducted a traffic stop to detain Raul Bustamante, Michelle Canas and their daughter. We then executed a search warrant at 9091 Chrysanthemum Drive in Boynton Beach. I provided Miranda warnings to each of them and they all stated that they understood them. I told each of them that I was going to be searching their house. Bustamante told me that his bedroom is the only real bedroom in the house and it is the room with a deadbolt on the door. This was later identified as the northeast bedroom. He told me that he shared the room with Canas but that Canas used the garage that was converted to a bedroom to sleep in. He told me that there was a small amount of cocaine in his room and directed me to where it could be found. I located the cocaine in two small baggies, in a pill bottle, in a safe that was under the foot of the bed. This was found to be 3.44 grams of powder that was tested with a cobalt field test kit. This had a positive reaction indicating that this was cocaine. In a small dresser near the foot of the bed I located a drawer that contained a plastic bag that contained 5.97 grams of suspected marijuana. This was tested with a Duquinois field test kit. This tested positive indicatng that the suspected marijuana contained the active ingredient THC. In another drawer I located a plastic bag that contained 14 white pills. These were identified by Bustamante as Percocet. Raul Bustamante told me that the pills were his and that he did not ever have a prescription for them. By checking a pill identifier reference, I discovered that the pills were acetaminophen and Oxycodone Hydrochloride, which is a schedule II drug.

Based on this I found there to be probable cause for the arrest of Raul Bustamante for the charge of possession of marijuana under 20 grams, possession of cocaine, and possession of schedule II drugs.

The foregoing instrument was sworn to and affirmed before me this **18** day of **August** 20 **16**, by:
Thomas D. Kabis
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00) Name of Arresting/Investigating Officer
7865 **7865**
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00) Signature of Arresting/Investigating Officer