

0182904

ARRESTED TO APPEAR

17CF380845

OBTS Number	Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4, 0 17-000603		Arrest 2. N.T.A.	Request for Warrant 4. Request for Capias	1	JUVENILE	
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 checked="" type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other	If Weapon Seized Enter Type: None/not Applicable		Multiple Clearance Indicator 2					
Location of Arrest (Including Name of Business) 100 NW 5TH AVE DELRAY BEACH FL 33444				Location of Offense (Business Name, Address) 100 NW 5TH AVE, DELRAY BEACH, FL 33444							
Date of Arrest 01/11/2017	Time of Arrest 20:38	Booking Date 01/11/2017	Booking Time 20:48	Jail Date // ::	Jail Time	Location of Vehicle					
Name (Last, First, Middle) KIRBY, RAYMOND JOSEPH											
Alias: _____ Alias (Name, DOB, Soc. Sec. #, Etc.) _____											
Race W - White B - Black	1 - American Indian O - Oriental/Asian	Sex M	Date of Birth 04/22/1976	Height 5'09	Weight 200	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build MEDIUM		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) SCAR CNTR ABDOMEN / LONG VERTICAL SCAR; SCAR LOW LEG /				Marital Status S	Religion NOT INDICA	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>		Indication of Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>			
Local Address (Street, Apt. Number) 8684 DOVERBROOK DR, PALM BEACH GARDENS, FL 33410				City (City)	State (State)	Zip (Zip)	Phone (561) 255-6649		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2		
Permanent Address (Street, Apt. Number) 8684 DOVERBROOK DR, PALM BEACH GARDENS, FL 33410				City (City)	State (State)	Zip (Zip)	Phone (561) 255-6649		Address Source VERBAL		
Business Address (Name, Street) CITY OYSTER,				City (City)	State (State)	Zip (Zip)	Phone		Occupation Server		
DL Number, State K610730761420 / FL		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) BRONX, NY, United		Citizenship US			
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 1 - 3, 000	State (State)	Zip (Zip)	Business Phone				
Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released		2. TOT IAC		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.				School Attended		Grade					
<input type="checkbox"/> Yes, by: _____		<input type="checkbox"/> No.		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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. Disperse/ 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 COCAINE						Statute Violation Number 893.13 (6 A)		Violation of ORD #			
Drug Activity P	Drug Type C	Amount / Unit 1.00 / GM	Offense # 17-000603	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond			
Charge Description ALCOHOL POSSESS/CONSUME COV						Statute Violation Number		Violation of ORD # 113.02			
Drug Activity	Drug Type N	Amount / Unit /	Offense # 17-000603	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" 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					
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						PROPERTY - Received By		Released By		Released To	
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health						Date Transported // ::		Time Transported		Other	
Transported By						Date Transported		Time Transported		Other	
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court						Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444					
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.						Court Date and 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 COMTEMPT 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 K.D.H. 1-38				Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest		Name of Arresting Officer (Print) GRUBB, KEVIN J.				I.D.# 1038		(PRINT) JAN 11 PM 10:14			
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Transporting Officer GRUBB				I.D.# 1038		Agency DBPD		PAGE 1 OF 1	
Intake Deputy D/S B. SHATARA		Intake # 7623				Witness here if subject signed with an "X".					

NOT A CERTIFIED COPY

2017 JAN 11 AM 5:14

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number	Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 17-000603
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 checked="" type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Special Notes:

Name (Last, First, Middle) KIRBY, RAYMOND JOSEPH	Alias	Race W	Sex M	Date of Birth 04/22/1976
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Charge Description 893.13 (6 A) POSSESSION OF COCAINE	Charge Description 113.02 ALCOHOL POSSESS/CONSUME COV
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Victim's Name (Last, First, Middle) State Of Florida	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 **11** day of **January**, **2017** at **20:34** (Specifically include facts constituting cause for arrest.)

The following incident occurred in the City of Delray Beach, Palm Beach County, FL:

On January 11, 2017 at approximately 2034 hours, Acting Lieutenant DeBree, Ofc B. Brown, Ofc Guillaume, and I were on patrol in the 100 block of NW 5th Ave in an unmarked Delray Beach Police Department vehicle. While on patrol, we observed a white male, later identified as Raymond Kirby via DBPD Records Management System, walking with an open alcohol container. Due to this, officers made contact with Kirby, and arrested him for the open container, which was a Mike's Harder Blood Orange 16 oz can with an 8% alcohol content. The can was cool to the touch, and approximately three quarters full.

Search incident to arrest, I located a white rock like substance in the front left pocket of Kirby's shirt. From my training, experience, and knowledge I know this substance to be crack cocaine. The suspected crack cocaine was later field tested utilizing a Lynn and Peavy cocaine test kit, and rendered a positive reaction.

Due to the above, Probable Cause exist to charge Raymond Kirby with Possession of Cocaine, pursuant to FSS 893.13(6A), and Alcohol Possession, pursuant to COV 113.02.

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
DEBREE, MICHAEL NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	<i>[Signature]</i> GRUBB, KEVIN J (1038) NAME OF OFFICER (PLEASE PRINT)
01/11/2017 DATE	01/11/2017 DATE