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Rough Arrest Only

ADMINISTRATION	OBTS Number		<b>ARREST / NOTICE TO APPEAR</b>				1. Arrest 3. Request for Warrant		Jvenile	
	Agency ORI Number		Agency Name		Agency Report Number		2. N.T.A. 4. Request for Capias		1 N	
	FL0500000		PALM BEACH COUNTY SHERIFF'S OFFICE		06-17-026776					
	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		Weapon Seized/Type		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Multiple Clearance Indicator 0 1			
DEFENDANT	Location of Arrest (including Name of Business)				Location of Offense (Business Name, Address)					
	14775 Lyons Road, Delray Beach, FL 33446 - Frank Theatres				Same 14775 Lyons Rd, DB, FL 33446					
	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle			
	Jan 14, 2017	2211								
CODEF	Name (Last, First, Middle)				Alias (Name, DOB, Soc. Sec. #, Etc.)					
	MCCARTHY, ROBERT W									
	Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build	
	W	M	Apr 30, 1993	6-00	185	Brown	Brown	Light	Med	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status		Religion		Indication of Alcohol Influence Drug Influence	
					Single		Unk		Y N Unk	
	Local Address (Street, Apt. Number)				(City)	(State)	(Zip)	Phone	Residence Type	
	5604 ARBOR CLUB WAY APT 5				Boca Raton	Florida	33433	( )	1 City 3 Florida 2 County 4 Out of State 1	
	Permanent Address (Street, Apt. Number)				(City)	(State)	(Zip)	Phone	Address Source	
								( )	FI D/L	
JUVENILE	Business Address (Street, Apt. Number)				(City)	(State)	(Zip)	Phone	Occupation	
								( )		
	D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth		City of Birth	
	M-263-779-93-150-0						Rhode Island		MSA	
	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 checked="" type="checkbox"/> 4. Misdemeanor		
	Derrick A Miranda				W	M	Aug 7, 1992			
	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 checked="" type="checkbox"/> 4. Misdemeanor		
	Parent Name (Last) (First) (Middle)				Residence Phone					
					( ) ( ) ( )					
CHARGE	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/CYF 3. Incarcerated			
	Released To: (Name)				Relationship	FCIC/NCIC	Date	Time		
	The above address was provided by defendant and/or defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office informed of any change of address.				School Attended				Grade	
	<input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)									
	Recovery Information									
	0. N/A 1. Voluntary 2. Located Not Returned 3. Hospitalized 4. HRS Custody 5. Law Enforcement Custody 6. Returned to Parent 7. Deceased 8. Other									
CHARGE	Drug Activity				Drug Type					
	S. Sell R. Smuggle K. Dispense/ M. Manufacture Z. Other				N. N/A B. Barbituate H. Hallucinogen P. Paraphernalia/ U. Unknown					
	P. Possess T. Traffic E. Use				C. Cocaine M. Marijuana O. Opium/Deriv. S. Synthetic					
	Charge Description				Counts	Domestic Violence	Statute Violation Number		Violation of ORD #	
	Disorderly Conduct / Breach				1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	877.03			
	Drug Activity				Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond
	N/A				N/A		17-026776			
	Charge Description				Counts	Domestic Violence	Statute Violation Number		Violation of ORD #	
						<input type="checkbox"/> Yes <input type="checkbox"/> No				
	Drug Activity				Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond
CHARGE	Charge Description				Counts	Domestic Violence	Statute Violation Number		Violation of ORD #	
						<input type="checkbox"/> Yes <input type="checkbox"/> No				
	Drug Activity				Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond
	Charge Description				Counts	Domestic Violence	Statute Violation Number		Violation of ORD #	
						<input type="checkbox"/> Yes <input type="checkbox"/> No				
	Drug Activity				Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond
	Charge Description				Counts	Domestic Violence	Statute Violation Number		Violation of ORD #	
						<input type="checkbox"/> Yes <input type="checkbox"/> No				
NOTICE TO APPEAR	<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 instructions on reverse side.				Location (Court, Room Number, Address)					
					200 W. Atlantic Avenue, Delray Beach, FL 33444					
					Court Date and Time					
					Month February Day 9 Year 2017 Time 08 :30 AM					
	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 of Arresting Officer				Name Verification (Printed by Arrestee)	
					X				(PRINT)	
ADMIN.	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:				Name of Arresting Officer (Print)				I.D. #	
					D/S Viocheck				7119	
	Initials Deputy				Pouch #				Transporting Officer	

JAN 16 2017

JAN 15 12:55

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		1	Juvenile <input type="checkbox"/>			
Agency ORI Number <b>FLO 5 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06</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						
Defendant Name (Last, First, Middle) <table style="width:100%;"> <tr> <td style="width:33%;"><b>Mccarthy</b></td> <td style="width:33%;"><b>Robert</b></td> <td style="width:33%;"><b>William</b></td> </tr> </table>								<b>Mccarthy</b>	<b>Robert</b>	<b>William</b>
<b>Mccarthy</b>	<b>Robert</b>	<b>William</b>								
Charge <b>Disorderly Conduct</b>		Charge		Race <b>W</b>		Sex <b>M</b>				
Charge		Charge		Date of Birth <b>4/30/93</b>						
Victim Name (Last, First, Middle) <b>State of Florida</b>				Race		Sex				
Local Address (Street, Apt. Number)		City		State		Zip				
Business Address (Street, Apt. Number)		City		State		Zip				
Phone		Phone		Address Source		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... <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to admitting to the below facts. <input type="checkbox"/> was observed by _____ who told that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.										
On the <b>14th</b> day of <b>January</b> 20 <b>17</b> at <b>10:11</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM										

On the above date and time I responded to Frank Theater located at 14775 Lyons Rd in regard to a disturbance in progress. D/S Donna Korb, who was working on duty assigned to the shopping center, initially responded to a complaint of a disturbance in the outside bar area of the theater. On scene D/S Korb intervened in an altercation between the theater manager, Robert DeLeo, and Robert Mccarthy where Mccarthy, after being asked to leave by DeLeo, grabbed DeLeo in a bear hug and took him to the ground. D/S Korb placed McCarthy into handcuffs and secured him. At this time a large crowd was forming and disrupting the business. Derrick Miranda then confronted and challenged D/S Korb interfering in her taking custody of McCarthy. D/S Korb had to displayed her baton giving several lawful commands to get Miranda to back off for officer safety which Miranda compromised. Miranda was then also secured in handcuffs by other responding deputies. Based on my investigation on scene and the sworn statement of the theater manager, Robert DeLeo I determined that probable cause exists to charge Derrick Miranda with disorderly conduct under FSS 877.03 and resisting without violence under FSS 843.02. I also determined probable cause exists to charge Robert McCarthy with disorderly conduct under FSS 877.03.

The foregoing instrument was sworn to and affirmed before me this <u>14th</u> day of <u>January</u> 20 <u>17</u> , by:	
<u>D/S Moore 22071</u> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>D/S John Viskicky / 7114</u> Name of Arresting/Investigating Officer
<u>[Signature]</u> Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>[Signature]</u> Signature of Arresting/Investigating Officer
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