

ADMINISTRATIVE	OBTS Number		Arrest / Notice to Appear Juvenile Referral Report					2. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile		
	Agency ORI Number FLO 502700		Agency Name PALM SPRINGS POLICE DEPARTMENT			Agency Report Number 82-17-12134							
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 type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type N/A			
Location of Arrest (Including Business Name) 4469 Lake Worth Road Palm Springs, FL 33461		Location of Offense (Business Name, Address) 4469 Lake Worth Road Palm Springs, FL 33461											
Date of Arrest 05/31/2017		Time of Arrest 0519		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle None	
DEFENDANT	Name (Last, First, Middle) Schilling, Sabrina A.												
	Race: W - White B - Black		I - American Indian O - Oriental/Asian		W	Sex F	Date of Birth 10-11-1990	Height 504	Weight 125	Eye Color brown	Hair Color brown	Complexion Olive	Build Small
	Scars, Marks, Tattoos, Unique Physical features (Location, Type, Description) Tats: Rt and Lt arms						Marital Status Single		Religion Cath	Indication Of Alcohol Influence Drug Influence	Unk Unk		
	Local Address (Street, Apt, Number) (City) (State) (Zip) 9205 Ramblewood Drive Apt. 825 Coral Springs, FL 33071						Phone 516-640-2692		Residence Type: 1 City 3 Florida 2 County 4 Out of State				2
	Permanent Address (Street, Apt, Number) (City) (State) (Zip) 9205 Ramblewood Drive Apt. 825 Coral Springs, FL 33071						Phone		Address Source Unemployed				
	Business Address (Street, Apt, Number) (City) (State) (Zip) 3174 Lake Worth Road Palm Springs, FL 33461 (Scores)						Phone		Occupation Dancer				
	D/L Number, State s032770268157651900			Social Security Number [REDACTED]			INS Number			Place of Birth (City, State) Suffolk County, NY		Citizenship US	
	CO-DEF	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
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	
JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Other Name (Last, First, Middle) <input type="checkbox"/> Legal Custodian										Residence Phone		
	Local Address (Street, Apt, Number) (City) (State) (Zip)										Business Phone		
	Notified by: (Name)				Date	Time	Juvenile		1. Handled/Processed within 2. TOT HRS/DYS				
							Disposition:		Dept. and Released 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: (name) <input type="checkbox"/> No:										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	U. Unknown Z. Other S. Synthetic	
CHARGE	Charge Description Possession of Marijuana over 20 grams			Counts 1	Domestic Violence N/A		Statute Violation Number 893.13(6)(a)			Violation of ORD # 4500			
CHARGE	Drug Activity P	Drug Type M	Amount / Unit 25.9grams	Offense Number 2017-12134		Warrant / Capias Number			Bond Local				
CHARGE	Charge Description			Counts	Domestic Violence		Statute Violation Number			Violation of ORD #			
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense Number		Warrant / Capias Number			Bond				
CHARGE	Charge Description			Counts	Domestic Violence		Statute Violation Number			Violation of ORD #			
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense Number		Warrant / Capias Number			Bond				
CHARGE	Charge Description			Counts	Domestic Violence		Statute Violation Number			Violation of ORD # V			
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense Number		Warrant / Capias Number			Bond				
NOTICE TO	<input type="checkbox"/> Instruction No. 1 <input type="checkbox"/> 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)									
NOTICE TO				Court Date and Time Month: May Day: 31 Year: 2017 Time: 10:00 A.M. <input type="checkbox"/> P.M.									
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)													
ADMIN.	HOLD for other agency Name: Debra			Signature of Arresting Officer Ofc. Gonzalez						Name Verification (Printed by Arrestee) (PRINT) MAY 31 AM 8:30			
	<input type="checkbox"/> Dangerous <input checked="" type="checkbox"/> Suicidal			<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other			Name of arresting Officer (Print) Ofc. Gonzalez			I.D.# 131	Page 1 Of 1		
	Intake Deputy Debra		I.D.# 131	Pouch #	Transporting Officer Ofc. Gonzalez			I.D.# 131	Agency PSPD				
	Witness here if subject signed with X SCANNED												

ADMIN	OBTS Number	PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile <input type="checkbox"/>
	Agency ORI Number FLO 502700	Agency Name PALM SPRINGS POLICE DEPARTMENT			Agency Report Number 82- 2017-12134			
DEF	Charge Type: Check as many as apply.	<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			Special Notes:			
CHARGES	Name (Last, First, Middle) Schilling, Sabrina A.		Alias		Race W	Sex F	Date of Birth 10-11-90	
VICTIM	Charge Description Possession of Marijuana over twenty grams		Charge Description					
	Charge Description		Charge Description					
	Victim's Name (Last, First, Middle) State of Florida		Alias		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		
<p>The undersigned certifies and swears that he/she has just and reasonable grounds, and does believe the above named Defendant committed the following violation of law. The person taken into custody....</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by who told that he/she saw the arrested person commit the acts below.</p> <p><input type="checkbox"/> confessed to admitting to the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 31 day of May 2017 at 0519 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p style="text-align: center;">(PROBABLE CAUSE STATEMENT)</p>								

On 05-31-17 at approximately 0500hrs I was conducting routine patrol in the area of 4469 Lake Worth Road Palm Springs, FL 33461 (Congress Pointe) when I observed a white four door vehicle (NY tag number GNS7157), parked in the Southwest corner. The vehicle stood out, as it was the only vehicle in the parking lot and had its interior light on. I contacted communication and informed that I would be checking out with said vehicle. I then observed movement from the driver side.

As I approached the vehicle I could smell the odor of marijuana emanating from the vehicle, as the driver side window was open. I am familiar with the odor of marijuana through my training and experience. I made contact with a white female driver, who was later identified as, Sabrina A. Schilling. Schilling was the sole occupant. Schilling was identified via her NY driver's license. The vehicle was registered to schilling.

I asked Schilling what she was doing and she stated that she was on her phone looking for directions. I asked Schilling where she was coming from and she stated "Scores," (Scores is a local strip club). I asked Schilling where she was headed and she stated Coral Springs, where she lives. I asked Schilling what she was doing at Scores and she stated "I work there." I asked Schilling if she had just recently moved to Coral Springs and she stated "no." I then stated to Schilling that I did not understand why she was looking for directions if she was familiar with her route to and from work. Schilling stated "I don't know."

My back-up officer arrived, Ofc. Alonso # 161. Schilling was detained as myself and Sgt. Vazquez #111 searched the vehicle in accordance with the Carol Doctrine.

STATE OF FLORIDA
COUNTY OF PALM BEACH

OFc. #131

Signature of Arresting/Investigating Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 31 day 5 2017 by OFc. Gonzalez #131

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced: POLICE ID.

Signature of Notary Public/Clerk of Courts/Police Officer

SCANNED
JUN 02 2017

PROBABLE CAUSE CONTINUATION

Defendant: Schilling, Sabrina A.

Agency Report Number: 82- 2017-12134

In searching the vehicle we discovered a black purse that was situated on the passenger seat. Inside the purse was a black wallet containing Schilling's personal belongings. Also found within the purse was a glass mason jar containing a clear plastic bag and within that bag was a green leafy substance that appeared to be Marijuana. The substance later tested positive for Marijuana. In the vehicles' middle console was a black cigarette disposal cup containing multiple Marijuana cigarettes; which I was able to discern as such through my training and experience. The substance later tested positive for Marijuana. In the center console compartment, directly underneath the radio, a blue, glass Marijuana pipe was discovered.

I read Schilling her Miranda rights and she understood. I asked Schilling if the Marijuana belonged to her and she stated it did not. Schilling stated the purse belonged to a friend and she had no idea how the Marijuana got there.

Schilling was arrested and charged under F.S.S. 893.13(6)(a) Possession of Marijuana over twenty grams. Schilling was transported to the Palm Springs Police Department for completion of the appropriate paperwork. Schilling was later transported and turned over to the Palm Beach County Jail.

SCANNED
JUN 02 2017

STATE OF FLORIDA
COUNTY OF PALM BEACH

OTC # 4131

Signature of Arresting/Investigating Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 31 day of 2017 by OTC. Gonzalez 4-131

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced: Police SD

S. L. S.
Signature of Notary Public/Clerk of Courts/Police Officer