

ADMINISTRATIVE	OBTS Number		Arrest / Notice to Appear Juvenile Referral Report				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1 <input type="checkbox"/> Juvenile <input type="checkbox"/>	
	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 I - American Indian B - Black 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 Unk	Drug Influence 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-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				
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 S. Sell R. Smuggle K. Dispense/ M. Manufacture Z. Other N. N/A B. Buy D. Deliver Distribute Produce/ Cultivate					Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown N. N/A C. Cocaine M. Marijuana Equipment Z. Other A. Amphetamine E. Heroin O. Opium/Deriv 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 #		
	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 #		
	Drug Activity	Drug Type	Amount / Unit	Offense Number		Warrant / Capias Number		Bond		
CHARGE	Charge Description			Counts	Domestic Violence	Statute Violation Number		Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense Number		Warrant / Capias Number		Bond		
CHARGE	Charge Description			Counts	Domestic Violence	Statute Violation Number		Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense Number		Warrant / Capias Number		Bond		
NOTICE TO	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address)							
	<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse side.		Court Date and Time Month: Day: Year: Time: 2017 JUN 02 11:31 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.									
ADMIN.	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) (PRINT) MAY 31 AM 8:58				
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of arresting Officer (Print) Ofc. Gonzalez			I.D.# 131		Page 1 Of 1		
	Intake Agency I.D.#		Pouch #	Transporting Officer Ofc. Gonzalez		I.D.# 131	Agency PSPD		Witness here if subject signed with X [Signature]	

ADMIN.	OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 3. Request for Warrant 2. N.T.A. 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			
	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:				
DEF.	Name (Last, First, Middle) Schilling, Sabrina A.			Alias		Race W	Sex F	Date of Birth 10-11-90
	Charge Description Possession of Marijuana over twenty grams			Charge Description				
CHARGES	Charge Description			Charge Description				
	Charge Description			Charge Description				
VICTIM	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		

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....

☐ committed the below acts in my presence. ☐ was observed by _____ who told that he/she saw the arrested person commit the acts below.
☐ confessed to _____ admitting to the below acts. ☒ was found to have committed the below acts, resulting from my (described) investigation.

On the **31** day of **May** 2017 at **0519** ☒ A.M. ☐ P.M. (Specifically include facts constituting cause for arrest.)

(PROBABLE CAUSE STATEMENT)

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.

SCANNED
JUN 02 2017

Signature of Notary Public/Clerk of Courts/Police Officer

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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.

NOT A CERTIFIED COPY

SCANNED
JUN 02 2017

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 if Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced: Police ID

[Signature]
Signature of Notary Public/Clerk of Courts/Police Officer