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NTH

3232

 Check if Supplement is Attached1. Arrest    3. Request for Warrant  
2. N.T.A.    4. Request for CapiasJuvenile  N

ADMINISTRATIVE	OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report								
	Agency ORI Number	Agency Name	BOYNTON BEACH POLICE DEPARTMENT			Agency Report Number (N.T.A.'s only)	3 4 - 1 7 - 0 1 0 1 8 1 7 2 9 (1 1 1)				
Charge Type: Check as many as apply.	<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other					If Weapon Seized				Multiple Clearance Indicator <input type="checkbox"/> 1	
Location of Arrest (including Name of Business)	Location of Offense (Business Name, Address) 3625 S. FEDERAL HWY (WALMART) WALMART 3625 S. FEDERAL HWY										
Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
02/16/17 1817											
DEFENDANT	Name (Last, First, Middle)		Alias (Name, DOB, Soc. Sec. #, Etc.) REED, SAMANTHA ELIZABETH 018								
	Race W - White B - Black	Sex M - Male F - Female	Date of Birth 040986	Height 5'02"	Weight 125	Eye Color Blue	Hair Color BROWN	Complexion FAIR	Build SMALL		
	Scars, Marks, Unique Physical Features (Location, Type, Description) TAIDOS on RIGHT HIP "KISS MARK"				Marital Status S	Religion CHRISTIAN	Indication of: Alcohol Influence <input type="checkbox"/> Y Drug Influence <input type="checkbox"/> N				
	Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone 1991520-4149	Residence Type: 1. City 2. County				
	235 SE 26th AVE		Boynton Beach	FL	33435		3. Florida 4. Out of State				
	Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone ( )	Address Source DEFENDANT				
	SAME AS Above					Phone ( )	Occupation UNEMPLOYED				
CO-DEF	D/L Number, State R 300-785-96-6290		Sc. No. <input type="checkbox"/>	INS Number	Place of Birth (City, State) BROCKTON, MA			Citizenship YES			
	Co-Defendant (Last, First, Middle)			Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large				
	Co-Defendant (Last, First, Middle)			Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large				
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			Grade		
	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 355-2520) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No (Reason)						School Attended			FEB 16 PM 10:11	
CODE	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property				Value of Property					
CHARGE	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 N. N/A A. Amphetamine	Drug Type B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other	
CHARGE	Charge Description RETAIL GRAND THEFT				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 81210151108A400			Violation of ORD #	
CHARGE	Drug Activity N	Drug Type N	Amount / Unit	Offense # 17-008729			Warrant / Capias Number			Bond	
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number			Violation of ORD #	
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #			Warrant / Capias Number			Bond	
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number			Violation of ORD #	
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #			Warrant / Capias Number			Bond	
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number			Violation of ORD #	
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #			Warrant / Capias Number			Bond	
NOTICE TO APPEAR	Location (Court, Room Number, Address) South County Courthouse • 200 W. Atlantic Avenue, Delray Beach, FL 33444										
	Court Date and Time Month Day Year Time A.M. 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) <i>V. Adeya</i> Date Signed <i>2/17/2017</i>										
ADMIN	HOLD for other agency		Signature of Arresting Officer <i>V. Adeya</i> 980			Name Verification (Printed by Arrestee) (PRINT) <i>SCANNED</i>					
	<input type="checkbox"/> Dangerous	<input type="checkbox"/> Resisted Arrest	Name of Arresting Officer (Print) <i>V. Adeya</i> I.D. #								
	<input type="checkbox"/> Suicidal	<input type="checkbox"/> Other									
	D/S J. BENNETT #3349		Transporting Officer	I.D. #	Agency	FEB 17 2017 PAGE <i>1</i> OF <i>1</i>					
	Witness here if subject signed with an "X"										

OBTS Number	PROBABLE CAUSE AFFIDAVIT			1 Arrest 2 NTA	3 Request for Warrant 4 Request for Capias	1	Juvenile	N
Agency ORI Number <b>FL0 5 0 0 3 0 0</b>	Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>	Agency Report Number <b>34 -17-008729</b>						
Charge Type Check all that 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	Special Notes					
Name (Last, First, Middle) <b>Reed, Samantha Elizabeth</b>	Alias			Race <b>White</b>	Sex <b>F</b>	Date of Birth <b>04/09/1996</b>		
Charge Description <b>Retail grand theft</b>	Charge Description							
Charge Description	Charge Description							
Victim's Name (Last, First, Middle)				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..								
<input checked="" type="checkbox"/> Committed the below acts in my presence.	<input checked="" type="checkbox"/> Was observed by <b>Daniels</b>		Who told <b>Ofc. Adea</b>		That he/she saw the arrested person commit the below acts.			
<input type="checkbox"/> Confessed to	Admitting the below facts		<input type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation.					
On The <b>16</b> Day of <b>February</b> <b>20 17</b> At <b>8:40</b>	<input type="checkbox"/> A.M.		<input checked="" type="checkbox"/> P.M.					

I responded to 3625 South Federal Highway (Walmart) in reference to a retail theft. Upon arrival I made contact with Loss Prevention Officer, Michael Daniels. Daniels advised he observed via floor surveillance an unknown white female, later identified as Samantha Elizabeth Reed (DOB: 04/09/1996), enter the business through the main entrance and travel to various areas of the store where Reed selected miscellaneous adult clothings, baby clothings and miscellaneous colognes (valued at approximately \$424.95) and placed the selected merchandise in the shopping cart.

Daniels stated Reed then traveled to the front of the business and proceeded to pass all points of sale, failing to render payment for her selected items. Daniels said that Reed made no attempt to pay for the merchandise. Daniels advised he approached Reed and identified himself as a Walmart Loss Prevention Officer. Daniels then advised Reed did cooperate and was escorted back to the office.

I then responded to the loss prevention office where I made contact with Reed Subsequently, Reed was placed under arrest for shoplifting (handcuffs were double locked and checked for tightness) and her person (by Walmart staff) searched for further stolen items/contraband yielding negative results. A FCIC/NCIC check of Reed revealed negative results for any outstanding warrants. While on scene, Daniels completed a sworn written statement and was given a case card in reference to this incident.

This investigation revealed Reed took possession of merchandise with the intent to deprive the merchant pursuant to Florida Statutes 812.015.8. Additionally, Reed was trespass from Walmart by Daniels and advised if she returned to the business prior to one year that she would be subject to arrest. Reed stated that she understood.

It should be noted, due to the fact that Reed committed the retail grand theft in the presence of her son, Liam Adonis Francky Derisse (DOB: 09/18/2016) the Department of Children and Families (DCF) was contacted. At approximately 1932 hours, DCF supervisor Lindsey McCrudden ID# DS8734 advised that they would take the report and send an investigator. DCF authorized B/F Tasia Brownidge (DOB: 09/14/1985 to take Reed's son, B/M/J Liam Adonis Francky Derisse (DOB: 09/18/2016). Lastly, Reed was transported to BBPD for processing and later TOT to PBCJ.

The foregoing instrument was sworn to or affirmed and subscribed before me

  
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

**02/16/2017**

Date

  
980  
(Signature of Arresting/Investigative Officer)

**V. Adea**

(Print name of Arresting/Investigative Officer)

**02/16/2017**

Date

**SCANNED**

**FEB 17 2017**