

0485393

NH

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☐ Check if Supplement is AttachedARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest 3. Request for Warrant
2. N.T.A. 4. Request for Capias

Juvenile

N

ADMINISTRATIVE	OBTS Number	Agency ORI Number FLO, 5, 0, 0, 3, 0, 0		Agency Name BOYNTON BEACH POLICE DEPARTMENT		Agency Report Number (N.T.A.'s only) 3 4 11 7 10 08 7 2 9 1 1 1					
	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	If Weapon Seized		Enter Type		Multiple Clearance Indicator					
	Location of Arrest (including Name of Business) 3625 S. Federal Hwy (WALMART)				Location of Offense (Business Name, Address) WALMART 3625 S. Federal Hwy						
	Date of Arrest 0216171817	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
DEFENDANT	Name (Last, First, Middle) REED, SAMANTHA ELIZABETH				Alias (Name, DOB, Soc. Sec. #, Etc.) 018						
	Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex M F	Date of Birth 040906	Height 5'02"	Weight 125	Eye Color BLUE	Hair Color BROWN	Complexion FAIR	Build SMALL	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATTOOS ON RIGHT HIP "KISS MARK"				Marital Status S	Religion Christian	Indication of: Alcohol Influence Drug Influence		Y N Unk		
	Local Address (Street, Apt. Number) 235 SE 26th AVE Boynton Beach FL 33435				Phone (954) 520-4149	Residence Type: 1. City 2. County 3. Florida 4. Out of State		11			
CO-DEF	Permanent Address (Street, Apt. Number) SAME AS ABOVE				Phone ()		Address Source DEFENDANT				
	Business Address (Name, Street) ()				Phone ()		Occupation Unemployed				
	D/L Number, State R 300-785-96-6290		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		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
JUVENILE	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						
	Released To: (Name)				Relationship		Date	Time			
CODE	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 (Reason)				School Attended		Grade				
	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property		FEB 16 PM 10:11				
	Drug Activity N/A 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/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 RETAIL GRAND THEFT		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 8112110115118A		Violation of ORD #				
CHARGE	Drug Activity N	Drug Type N	Amount / Unit	Offense # 17-003729	Warrant / Capias Number		Bond				
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
	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 Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
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)				Date Signed						
	HOLD for other agency				Signature of Arresting Officer 980		Name Verification (Printed by Arrestee)				
ADMIN	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) V. ADEA		I.D. # 980		Agency BBPD		
	Transporting Officer V. ADEA				I.D. # 980		Agency BBPD		Witness here if subject signed with an "X"		
	DIS J. BENNETT #8349				FEB 17 2017		PAGE 1 OF 1				
	SCANNED										

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA		3 Request for Warrant 4 Request for Capias		1	Juvenile	N
Agency ORI Number FL0500300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-17-008729						
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) Reed, Samantha Elizabeth				Race White		Sex F		Date of Birth 04/09/1996		
Charge Description Retail grand theft				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 Daniels Who told Ofc. Adea 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 16 Day Of February 20 17 At 8:40 <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.

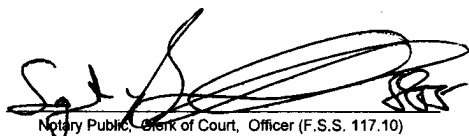
Daniels stated Reed then traveled to the front of the business and proceeded to pass all points of sale, failing to render payment for her selected items. Daniels said that Reed made no attempt to pay for the merchandise. Daniels advised he approached Reed and identified himself as a Walmart Loss Prevention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

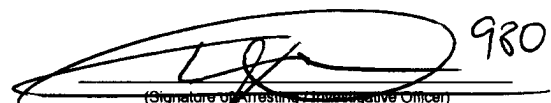
This investigation revealed Reed took possession of merchandise with the intent to deprive the merchant pursuant to Florida Statutes 812.015.8. Additionally, Reed was trespassed from Walmart by Daniels and advised if she returned to the business prior to one year that she would be subject to arrest.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