

ARREST / NOTICE TO APPEAR

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias

1

JUVENILE

OBTS Number	Agency ORI Number 0500900		Agency Name Atlantis Police Department		Agency Report Number (N.T.A.'s only) 18-000084	
Charge Type: Check as many as apply	<input checked="" 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	If Weapon Seized Enter Type NONE	Multiple Clearance Indicator	
Location of Arrest (Including Name of Business)				Location of Offense (Business Name, Address) 5301 S CONGRESS AVE, ATLANTIS, FL 33462		
Date of Arrest 03/08/2018	Time of Arrest 13:37	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
Name (Last, First, Middle) WALSH, SHANNON ROCHELLE				Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:		
Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex W	Date of Birth 09/12/1992	Height 5'07	Weight	Eye Color
				Hair Color BROWN	Complexion	Build
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status U	Religion	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>
Local Address (Street, Apt. Number) (City) (State) (Zip) 713 MEADOWS CIRCLE, BOYNTON BEACH, FL 33436				Phone		Residence Type: 1. City 3. Florida 2. County 4. Out of State 2
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 713 MEADOWS CIRCLE, BOYNTON BEACH, FL 33436				Phone		Address Source INTELL
Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation
D/L Number, State W420796928320 / FL		INS Number		Place of Birth (City, State) FL, United States Of		Citizenship US
Co-Defendant Name (Last, First, Middle) DEMAIO, SAMANTHA MARIE		Race W	Sex F	Date of Birth 04/11/1987		<input checked="" 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
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)						Residence Phone
<input type="checkbox"/> Legal Custodian						Business Phone
Address (Street, Apt. Number) (City) (State) (Zip)						
Notified by: (Name)				Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 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.						Grade
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____						Value of Property
Property Crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No CREDIT CARDS						
Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperses/ 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 S. Synthetic	U. Unknown Z. Other
Charge Description FRAUD - FRAUDULENT USE OF CREDIT CARD				Statute Violation 817.66	Violation of ORD #	
Drug Activity	Drug Type N	Amount / Unit /	Offense # 18-000084	Counts 5	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number
Charge Description FRAUD - CRIMINAL USE OF PERSONAL ID INFO				Statute Violation 817.568	Violation of ORD #	
Drug Activity	Drug Type N	Amount / Unit /	Offense # 18-000084	Counts 5	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number
Charge Description				Statute Violation	Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Health / Apparent Physical Condition of Defendant				Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Substance Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail				PROPERTY - Received By		Released By
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				Date Transported		Time Transported
Transported By				Other		
<input checked="" 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 Page 2.				Location (Court, Room)		No Photo Available
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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.				Court Date and Time		
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed		
HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest		Name of Arresting Officer (Print) AMASON, WILLIAM		(PRINT)		
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other		I.D. # 113				
Intake Deputy	I.D. #	Pouch #	Transporting Officer	I.D. #	Agency	PAGE 1 OF 1
Witness here if subject signed with an "X".						

OBTS Number		PROBABLE CAUSE AFFIDAVIT				1. Arrest		2. N.T.A.		3. Req. for Warrant		4. Req. for Capias		3	Juv.	0
ADMIN.	Agency ORI Number	Agency Name				Agency Report Number										
	FL0500900	ATLANTIS POLICE DEPARTMENT				28- 18-000084										
Charge Type: Check as many as apply. <input checked="" 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: See Narrative			
DEF.	Name (Last, First, Middle)					Alias					Rac	Sex	Date of Birth			
	WALSH, Shannon Rochelle										W	F	9/12/1992			
CHARGES	Charge Description					Charge Description										
	Criminal Use of Personal Identification					Fraudulent Use of Credit Card										
VICTIM	Victim's Name (Last, First, Middle)					Rac	Sex	Date of Birth								
	PUHALAINEN, Sharon					W	F	04/11/1943								
	Local Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone			Address Source						
2286 Lake Osborne Dr #4			Lake Worth	Florida	33462	561-523-8529			Victim							
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone			Occupation							
<p>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...</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 below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts resulting from my (described) investigation.</p> <p>On the _____ day of _____ 20____ at _____ <input type="checkbox"/> AM <input type="checkbox"/> PM (Specifically include facts constituting cause for arrest.)</p>																

On March 5th, 2018, Your Affiant began follow up with this investigation initiated by Officer Koppenhoefer. I made contact with the victim to verify information she received from her Banking Institution regarding specific times and dates of unauthorized transactions made by subjects who stole her debit card with the last four digits of # [REDACTED] PUHALAINEN (victim 65 years of age or older) stated the card(s) and other property were removed from her room #3220 at JFK Hospital while she was a patient. On February 27th, 2018 the card was used without her permission at numerous locations in the 4700 Block of N. Congress Avenue in the City of Boynton Beach, Florida while she was a patient undergoing a procedure in JFK MC. The cards were used as follows:

Bank of America Debit Card Last four numbers [REDACTED]. The following businesses identified are according to the time of use of the stolen credit card. The subjects went to Presidente first at 09:01 a.m. and ended the spree at approximately 10:21 a.m. at Walgreens.

- 1) Presidente Supermarket 4753 N. Congress Ave Boynton Beach Fl, 323426 \$ 20.98

Upon responding to this location I was able to secure video which captured two white females making the transaction while using the stolen debit card of the victim PUHALAINEN, Sharon. In the security video from Presidente it clearly shows a white female, later identified as WALSH, Shannon R. DOB 9/12/1992, with long brown hair, wearing a green t-shirt with what appears to be a Shamrock on the front, shorts and sunglasses positioned atop her head, using the debit card at the register to make the transaction. As Walsh walks up to the counter she is observed removing what appeared to be a credit card from within her t-shirt and then presents it for the items placed on the counter top purchase. Walsh was accompanied by a second white female identified as DEMAIIO, Samantha DOB 4/11/1987, who was wearing black sleeveless t-shirt, black hat turned around backwards, with numerous tattoos on her arms and back of her neck. On the right arm was a tattoo of a star and numerous unidentified tattoos on the left arm. The purchase was completed at 09:01 a.m.

- 2) Dollar Tree Store # 6108 4741 N. Congress Ave. Boynton Beach, Florida \$17.12

In the security video at Dollar Tree WALSH and DEMAIO approach the counter at approximately 09:06 a.m. completing the purchase at approximately 09:21 a.m. after using the stolen credit card.

- 3) Publix Supermarket #1424 4770 N. Congress Avenue Boynton Beach, Fl 33426 \$ 26.32

Upon responding to this location I was able to secure video which captured two white females making the transaction while using the stolen debit card of the victim PUHALAINEN, Sharon. In the security video from Publix, WALSH, again wearing a green t-shirt with what appears to be a Shamrock on the front, shorts and sunglasses positioned atop her head, presents the card to complete the transaction for cigarettes and cigarette lighters. As WALSH approaches the counter she can be clearly observed putting the credit card in the card reader to make the transaction at 09:46:05 a.m... The transaction was completed at 09:46:28 a.m. Walsh was accompanied by DEMAIO, Samantha DOB 4/11/1987.

- 4) CVS- Store/Pharmacy #3904 6950 S. Congress Avenue, Lantana Fl 33462 \$97.13

In the security video from CVS pharmacy it clearly shows WALSH and DEMAIO placing items on the counter for purchase. At 10:03:40 WALSH reaches into her purse and removes what appears to be a credit card and initiate's the transaction at 10:03:46. The transaction was completed at 10:04:00 a.m. WALSH was accompanied by DEMAIO, Samantha DOB 4/11/1987.

- 5) Walgreens Store # 6123 6975 S. Congress Lantana, Fl 33462 \$116.93 Declined

In the security video from WALGREENS Store # 6123, WALSH and DEMAIO once again are observed on in store video attempting to use the stolen credit card at 10:16 a.m. at terminal #21, transaction #2717, with Cashier #210-Sheila for the amount of \$116.93. The transaction was declined at 10:21 a.m.

Information was received that additional purchases were made at the following locations. Efforts to obtain in store video are on-going at this time.

- 6) Dunkin Donuts Q35 4430 Hypoluxo Road Boynton Beach, Fl 33426 \$ 5.11
7) Hungry Howie's 4789 N. Congress Ave Boynton Beach, Fl 33426 \$ 8.54

On March 7th, 2018, I responded to the remaining locations in an attempt to obtain additional video surveillance in hopes of capturing the subjects using the stolen debit card without permission. While obtaining the videos I showed the screenshots from the previous videos obtained. Many employees recognized the subjects in the photographs as frequent visitors to their businesses. They also stated that the subjects are known to live to the rear of the plaza in the

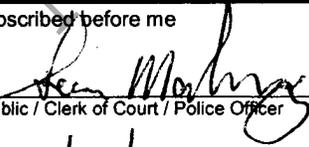
apartments on Meadow Circle. One of the subjects knew the first name of the female in the green shirt to be Sharon and indicated she was a past employee of a Veterinarian's Office on Boynton Beach Blvd in Boynton Beach, Florida. This business person also believed the subject lived to the rear of the plaza in the apartment complex.

Based on the information received, I went to the Veterinarian's Office of Lucy Cruickshank 1403 W. Boynton Beach Blvd Boynton Beach, Florida. Upon showing the photograph it was confirmed that the subject wearing the green t-shirt was a former employee by the name of Shannon Walsh w/f DOB 9/12/1992. The identity of the second subject in the photograph was unknown. WALSH worked at the office for approximately 2 years but for unknown reasons abandoned her job leaving without providing notice. No other information was obtained about WALSH.

On return to the Atlantis Police Department I learned of a Crime Stoppers of Palm Beach County Bulletin issued this date (3/7/18) at 12:34 p.m. TIP ID # 324-C6634. The information provided was in reference to a suspect involved with stealing credit cards from JFK Hospital and then using them in businesses within Palm Beach County. In the Crime Stoppers report the name Shannon Rochelle Walsh W/F DOB 9/12/1992 was provided. The tip also provided further information as follows 5'8", 130 lbs, Brn/Red Hair -long, Tattoos all over, with a last known address of 713 Meadows Circle Boynton Beach, Florida 33436. This was the same information received from the Veterinarian's Office.

Based on the "Totality of the Circumstances" above described, I believe Probable Cause exist to charge WALSH, Shannon Rochelle W/F 9/12/1992 with five (5) counts of "Criminal Use of Personal Identification" in violation of Florida State Statute 817.568(2)(a) to wit: WALSH did willfully and without authorization use the personal identification of the victim without first obtaining the individuals consent to make or attempt to make six (6) separate purchases of goods as described above. The stolen credit card was used on six (6) separate occasions to remove \$278.85, from the victims Navy Federal Credit Union Master Card Credit Card account.

Based on the "Totality of the Circumstances" above described, your affiant believes that Probable Cause exist to charge WALSH, Shannon Rochelle W/F 9/12/1992 with five (5) counts of Fraudulent Use of Credit Card in violation of Florida State Statute 817.61 to wit: WALSH did fraudulently obtain money, goods, services, or anything else of value, a credit card obtained or retained in violation of this part or a credit card which he or she knows is forged, or who obtains money, goods, services, or anything else of value by representing, without the consent of the cardholder, that he or she is the holder of a specified card or by representing that he or she is the holder of a card and such card has not in fact been issued violates this section. A person who, in any 6-month period, uses a credit card in violation of this section more than two times, or obtains money, goods, services, or anything else in violation of this section the value of which is \$100 or more, is subject to the penalties set forth in s. 817.67(2).

ADMINISTRATIVE	Sworn and subscribed before me	
	 Notary Public / Clerk of Court / Police Officer	 Signature of Arresting / Investigating Officer
	<u>3/12/18</u> Date	Sgt. William J. Amason #113 Name of Officer (Please Print)
		<u>3/12/18</u> Date
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