

0497236

NH

2602

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

Check if Supplement is Attached

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

Juvenile

ORTS Number: \_\_\_\_\_  
 Agency ORI Number: FLO, 5, 0, 0, 0, 0 Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number (N.T.A.'s only): 06-1187-232  
 Charge Type:  1. Felony  2. Traffic Felony  3. Misdemeanor  4. Traffic Misdemeanor  5. Ordinance  6. Other  
 Location of Arrest (including Name of Business): 201 S. Tamarind Ave., WPB FL 33401 Location of Offense (Business Name, Address): 201 S. Tamarind Ave.  
 Date of Arrest: 04.25.18 Time of Arrest: 15:30 Booking Date: \_\_\_\_\_ Booking Time: \_\_\_\_\_ Jail Date: \_\_\_\_\_ Jail Time: \_\_\_\_\_ Location of Vehicle: NA

Name (Last, First, Middle): Reagan, Shelly Ann Alias (Name, DOB, Soc. Sec. #, Etc.): \_\_\_\_\_  
 Race: W - White, I - American Indian, B - Black, O - Oriental/Asian: W Date of Birth: 04.26.67 Height: 5'5" Weight: 115 Eye Color: Blue Hair Color: Brown Complexion: Fair Build: Thin  
 Scars, Marks, Tattoos, or Unique Physical Features (Location, Type, Description): Tattoo on stomach & back Marital Status: Divorced Religion: Catholic Indication of Alcohol Influence Drug Influence: Y N Unk  
 Local Address (Street, Apt. Number, City, State, Zip): 5859 Baker Ct., Ft. Myers, FL Phone: \_\_\_\_\_ Residence Type: 1. City, 2. County, 3. Florida, 4. Out of State: 4  
 Permanent Address (Street, Apt. Number, City, State, Zip): 208 7th St. SW, Forest Lake, MN 55025 Phone: (651) 424-2335 Address Source: Min. DL  
 Business Address (Name, Street, City, State, Zip): NA Occupation: CNA

D/L Number, State: E755081405217 MN INS Number: \_\_\_\_\_ Place of Birth (City, State): St. Paul MN. Citizenship: U.S.  
 Co-Defendant (Last, First, Middle): \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  1. Arrested  2. At Large  3. Felony  4. Misdemeanor  5. Juvenile  
 Co-Defendant (Last, First, Middle): \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  1. Arrested  2. At Large  3. Felony  4. Misdemeanor  5. Juvenile

Parent 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): \_\_\_\_\_  
 The above address was provided by  defendant and / or  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.  
 Yes, by: (Name)  No (Reason)  
 Property Crime?  Yes  No Description of Property: \_\_\_\_\_ Value of Property: \_\_\_\_\_

Drug Activity: 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 S. Synthetic U. Unknown Z. Other  
 Charge Description: Poss. of MJ Oil Counts: 1 Domestic Violence: Y N Statute Violation Number: 89.31.13 (16A) Violation of ORD #: \_\_\_\_\_  
 Drug Activity: P Drug Type: M Amount / Unit: 2 vials Offense #: 18-732 Warrant / Capias Number: \_\_\_\_\_ Bond: \_\_\_\_\_  
 Charge Description: Poss. of schedule 3 whant script Counts: 1 Domestic Violence: Y N Statute Violation Number: 89.31.13 (16A) Violation of ORD #: \_\_\_\_\_  
 Drug Activity: P Drug Type: S Amount / Unit: 3.5 pills Offense #: 18-732 Warrant / Capias Number: \_\_\_\_\_ Bond: \_\_\_\_\_  
 Charge Description: \_\_\_\_\_ Counts: \_\_\_\_\_ Domestic Violence: Y N Statute Violation Number: \_\_\_\_\_ Violation of ORD #: \_\_\_\_\_  
 Drug Activity: \_\_\_\_\_ Drug Type: \_\_\_\_\_ Amount / Unit: \_\_\_\_\_ Offense #: \_\_\_\_\_ Warrant / Capias Number: \_\_\_\_\_ Bond: \_\_\_\_\_

Location (Court, Room Number, Address): \_\_\_\_\_  
 Court Date and Time: \_\_\_\_\_  
 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: [Signature] Name Verification (Printed by Arrestee): \_\_\_\_\_  
 Name of Arresting Officer (Print): Sgt. M. Sutterfield 8308 I.D. #: \_\_\_\_\_ (PRINT)  
 Intake Deputy: C. GILYARD #7392 I.D. #: \_\_\_\_\_ Pouch #: \_\_\_\_\_ Transporting Officer: B. Hernandez 8221 P350 I.D. #: \_\_\_\_\_ Agency: \_\_\_\_\_  
 Witness here if subject signed with an "X": \_\_\_\_\_  
 APR 25 PM 4:25  
 PAGE: 1 OF 1

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>				1	Juvenile	N
Agency ORI Number <b>FLO 5 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>			Agency Report Number <b>06 - 18-732</b>			
Charge Type: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other as apply.					Special Notes:			
Defendant's Name (Last, First, Middle) <b>Reagan, Shelly Ann</b>					Race <b>W</b>	Sex <b>F</b>	Date of Birth	
Charge Description <b>POSSESSION OF THC OIL</b>				Charge Description <b>POSSESSION OF A SCHEDULE 3 NARC W/OUT SCRIPT</b>				
Charge Description				Charge Description				
Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA</b>					Race	Sex	Date of Birth	
Victim's Local Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone	Address Source	
Victim's 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 type="checkbox"/> committed the below acts in my presence.			<input type="checkbox"/> was observed by _ who told _____					
<input type="checkbox"/> confessed to _____ admitting to the below facts.			that he/she saw the arrested person commit the below acts.					
<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.								
On the 25day of APRIL, 20020018 at 3:30 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest).								

## NARRATIVE:

On Wednesday April 25, 2018 at approximately 1500 hours, while working an interdiction operation at the Grey Hound Bus Station located at 201 South Tamarind Ave, West Palm Beach Florida 33401, I observed a white female wearing a grey tank top and white shorts, later identified as Shelly Ann Reagan, exit the bus. Agent Merkle conducted a walkthrough with his K-9 partner Lotus while the occupants exited the bus in the general area. During Agent Merkle's walkthrough, I observed Shelly Ann Reagan meet with a white male, later identified as Joseph John Rucci. Shelly pointed to the luggage area of the bus and mentioned to Joseph Rucci that she had something in her luggage and began to show signs of nervousness.

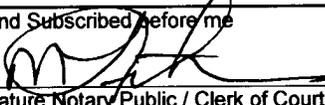
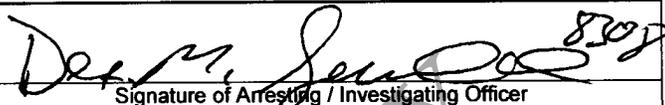
Agent Bronson and I executed a consensual encounter with Shelly Ann Reagan after identifying ourselves as law enforcement deputy sheriffs with Palm Beach County Sheriff's Office. During a conversation with Shelly Ann Reagan she asked if THC oil was illegal in Florida. I explained to Shelly Ann Reagan that possession of THC oil was illegal at which time she indicated she had some in her purse and luggage. I escorted Shelly Ann Reagan to the back office of the Greyhound Station for processing. A search of Shelly Ann Reagan's belongings, a vial of brown THC liquid was located within her black purse. Additionally, Agent Bronson located another vial of brown THC liquid within a black luggage bag. Both vials of brown liquid field tested positive for THC utilizing a Duquenois-Levine Reagent.

While searching a separate black luggage bag, I located a white equate bottle containing two different type of pills. One pill was identified as famotidine, an antacid, and 3.5 pills of Buprenorphine Hydrochloride (Sublingual) 2mg orange oval pills imprinted with 156 on one side and the letter "D" on the other. These pills were identified as schedule 3 controlled substances.

SEARCHED  
APR 26 2018

### NARRATIVE CONTINUATION

There is probable cause for the arrest of Shelly Ann Reagon for possession of THC Oil 3.5 grams contrary to Florida State Statute 893.13.(6)(a) (3rd Degree Felony) and Possession of a Schedule 3 Narcotic without a Prescription contrary to Florida State Statute 893.13 (6)(a). (3<sup>RD</sup> Degree Felony)

Sworn and Subscribed before me		
Signature Notary Public / Clerk of Court / Officer (F.S.S 117.10)	AGENT MICHAEL LEATHERMAN #8299	Signature of Arresting / Investigating Officer DETECTIVE MARK SUTTERFIELD # 8308
Name of Notary Public / Clerk of Court / Officer (F.S.S 117.10)	04-25-218	Name of Officer (Please Print) 04-28-2018
Date		Date

NOT A CERTIFIED COPY

APR 25 2018

0497236

WJ

2602

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

Check if Supplement is Attached

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

1

Juvenile **N**

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 5 0 0 0 0 0				Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 0 6 - 11 5 - 17 3 2											
	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 02													
DEFENDANT	Location of Arrest (including Name of Business) 201 S. Tamarind Ave., WPB FL 33401						Location of Offense (Business Name, Address) 201 S. Tamarind Ave.,															
	Date of Arrest 04 25 18		Time of Arrest 15 30		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle N/A									
DEFENDANT	Name (Last, First, Middle) Reagan, Shelly Ann						Alias (Name, DOB, Soc. Sec. #, Etc.)															
	Race W - White B - Black		Sex W (M)		Date of Birth 04 26 67		Height 5'5"		Weight 115		Eye Color Blue		Hair Color Brown		Complexion Fair		Build Thin					
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Tattoo on stomach & back						Marital Status Divorced		Religion Catholic		Indication of: Alcohol Influence Drug Influence		Y N Unk									
	Local Address (Street, Apt. Number) 5859 Baker Ct. Pt. Myers FL				(City) (State) (Zip)		Phone ( )		Residence Type: 1. City 2. County 3. Florida 4. Out of State		Y N Unk											
	Permanent Address (Street, Apt. Number) 208 7th St. SW Forest Lake MN 55025				(City) (State) (Zip)		Phone (651) 424-2335		Address Source Min. DL		Occupation CNA											
CO-DEF	D/L Number, State E755081405217 MN		INS Number		Place of Birth (City, State) St. Paul MN		Citizenship U.S.															
	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	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											
	Parent Name (Last) (First) (Middle)		Address (Street, Apt. Number) (City) (State) (Zip)		Residence Phone ( )		Business Phone ( )															
JUVENILE	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															
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		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 Poss. of MJ Oil		Counts 11		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 89 3 13		Violation of ORD # 116A													
CHARGE	Drug Activity P		Drug Type M		Amount / Unit 2 vials		Offense # 18-732		Warrant / Capias Number		Bond											
	Charge Description Poss. of schedule 3 w/out script		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 89 3 13		Violation of ORD # 116A													
CHARGE	Drug Activity P		Drug Type S		Amount / Unit 3.5 pills		Offense # 18-732		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 #													
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 #													
NOTICE TO APPEAR	Location (Court, Room Number, Address)																					
	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												
ADMIN	HOLD for other agency		Signature of Arresting Officer X [Signature]		Name Verification (Printed by Arrestee)																	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) I.D. # Det. M. Sutterfield 8308																	
Intake Deputy G. GILYARD #7392		I.D. # Pouch #		Transporting Officer B. Hernandez 8721 PB50		I.D. # Agency		Witness here if subject signed with an "X"		PAGE 1 OF 1												

OBTs Number		<b>PROBABLE CAUSE AFFIDAVIT</b>				1	Juvenile	N
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Defendant's Name (Last, First, Middle) <b>Reagan, Shelly Ann</b>					Race <b>W</b>	Sex <b>F</b>	Date of Birth	
Charge Description <b>POSSESSION OF THC OIL</b>			Charge Description <b>POSSESSION OF A SCHEDULE 3 NARC W/OUT SCRIPT</b>					
Charge Description			Charge Description					
Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA</b>					Race	Sex	Date of Birth	
Victim's Local Address (Street, Apt. Number)    (City)    (State)    (Zip)			Phone		Address Source			
Victim's 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 type="checkbox"/> committed the below acts in my presence.			<input type="checkbox"/> was observed by _ who told _____					
<input type="checkbox"/> confessed to _____ admitting to the below facts.			that he/she saw the arrested person commit the below acts.					
<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.								
On the 25 day of APRIL, 20020018 at 3:30 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest).								

## NARRATIVE:

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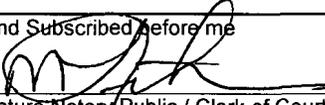
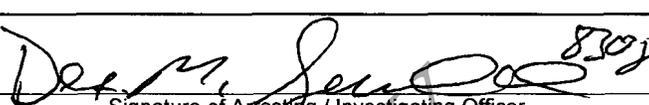
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SCANNED  
APR 26 2018

**NARRATIVE CONTINUATION**

There is probable cause for the arrest of Shelly Ann Reagon for possession of THC Oil 3.5 grams contrary to Florida State Statute 893.13.(6)(a) (3rd Degree Felony) and Possession of a Schedule 3 Narcotic without a Prescription contrary to Florida State Statute 893.13 (6)(a). (3<sup>RD</sup> Degree Felony)

Sworn and Subscribed before me	
	
Signature Notary Public / Clerk of Court / Officer (F.S.S 117.10) <b>AGENT MICHAEL LEATHERMAN #8299</b>	Signature of Arresting / Investigating Officer <b>DETECTIVE MARK SUTTERFIELD # 8308</b>
Name of Notary Public / Clerk of Court / Officer (F.S.S 117.10) <b>04-25-218</b>	Name of Officer (Please Print) <b>04-28-2018</b>
Date	Date

NOT A CERTIFIED COPY

SCANNED  
APR 26 2018