0500994 NH 556 18MM9896

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1 Arrest 3 Request for Warrant 2 NTA 4 Request for Capias | 1 | Juvenile | N

ADMINISTRATION

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number
	FL0500300	BOYNTON BEACH POLICE DEPT.	34-18-044042

Charge Type (Check as many as Apply): ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

If Weapon Seized Enter Type | Multiple Clearance Indicator

Location of Arrest (Including Name of Business): BETHESDA HOSPITAL, 2815 S. SEACREST BLVD, BOYNTON B

Location of Offense (Business Name, Address): SAME BETHESDA HOSPITAL 2815 S. SEACREST BLVD BOYNTON BEACH FL 33435

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
08/26/2018	0557					NONE

DEFENDANT

Name (Last, First, Middle): KUPCHICK, STEPHEN

Alias (Name, DOB, Soc Sec #, Etc)

Race (W - White, B - Black, I - American Indian, O - Oriental / Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	04/13/1990	505	135	BROWN	BROWN	LIGHT	MEDIUM

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)

Marital Status: SINGLE | Religion: UNKNOWN | Indication of Alcohol Influence ☐ Y ☐ N ☒ Unk; Drug Influence ☐ Y ☐ N ☒ Unk

Local Address (Street, Apt Number) (City) (State) (Zip): 2303 S FEDERAL HWY UNIT 15, BOYNTON BEACH FL 33435

Phone: (561)757-0715 | Residence Type (1. City 2 County 3 Florida 4 Out of State): 1

Permanent Address (Street, Apt Number) (City) (State) (Zip):

Phone: ( ) - | Address Source: VERBAL

Business Address (Street, Apt Number) (City) (State) (Zip):

Phone: ( ) - | Occupation: SALES

D/L Number, State: [redacted] | Soc Sec Number | INS Number | Place of Birth: BRIDGEPORT, CT | Citizenship: USA

CO-DEF

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2 At Large ☐ 3 Felony ☐ 4 Misdemeanor ☐ 5. Juvenile

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2 At Large ☐ 3 Felony ☐ 4 Misdemeanor ☐ 5 Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ 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

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 561-355-2526) informed of any change of address ☐ Yes, By (Name) ☐ No (Reason) | School Attended | Grade

Property Crime? Yes ☐ No ☐ | Description of Property | Value of Property

CODE

Drug Activity: N N/A, P Possess, S Sell, B. Buy, T Traffic, D Deliver, E Use, K Dispense/ Distribute, M Manufacture Produce/ Cultivate, Z. Other

Drug Type: N N/A, A. Amphetamine, B. Barbituate, C. Cocaine, E Heroin, H Hallucinogen, M. Marijuana, O. Opium/Deriv, P. Paraphernalia/ Equipment, S. Synthetic, U Unknown, Z Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#
DISORDERLY CONDUCT	1	☐Yes ☒No	877.03	N

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
N	N	N	18-044042	N	N

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#
		☐Yes ☐No		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#
		☐Yes ☐No		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#
		☐Yes ☐No		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond

NOTICE TO APPEAR

☐ Instruction No. 1 Mandatory Appearance in Court
☐ Instruction No 2 You need not appear in Court but must Comply with instruction on reverse side.

Location (Court, Room Number, Address): South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444

Court Date and Time: Month SEP Day 26 Year 2018 Time 0830 ☐ 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.

REFUSED
Signature of Defendant (or Juvenile and Parent/Custodian)

8-26-18
Date Signed

ADMIN

HOLD for other Agency Name | Signature of Arresting Officer | ID # 842 | Name Verification (Printed by Arrestee) (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other | Name of Arresting Officer (Printed): OFC. J. LEVINE | ID # 842 | BU#111854

Initial Report | I.R. # | Pouch # | Transporting Officer | ID # | Agency | Witness here is subject Signed with an "X"

Page 1 of 1

Ofc J. LEVINE 842 BBPD

AUG 27 2018 BOYNTON BEACH POLICE DEPARTMENT

J. LEVINE

SCANNED AUG 29 2018

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OBTS Number	PROBABLE CAUSE AFFIDAVIT	1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias	1	Juvenile	N

Agency ORI Number	Agency Name	Agency Report Number
FL0500300	BOYNTON BEACH POLICE DEPT.	34-18-044042

Charge Type (Check all that Apply): ☐ 1 Felony ☒ 3 Misdemeanor ☐ 5 Ordinance ☐ 2 Traffic Felony ☐ 4 Traffic Misdemeanor ☐ 6 Other

Special Notes:

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
KUPCHICK, STEPHEN		W	M	04/13/1990

Charge Description	Charge Description
DISORDERLY CONDUCT	
Charge Description	Charge Description

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
STATE OF FLORIDA			

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

☒ Committed the below acts in my presence ☒ Was observed by HORTERT Who told OFC. J. LEVINE That he/she saw the arrested person commit the below acts

☐ Confessed to Admitting the below facts ☐ Was found to have committed the below acts, resulting from my (described) investigation

On The 26TH Day Of AUGUST 20 18 At 0526 ☒ A.M. ☐ P.M.

I responded to Bethesda Hospital located at 2815 S. Seacrest Blvd in reference to a disturbance. Upon arrival I met G4S Security officers W/M Hortert, Scott (9/22/83) who is employed by the hospital who advised the following. Hortert stated that a W/M (later identified as Kupchick, Stephen (4/13/90) was brought into the hospital via BBFR for an unknown alcohol intoxication at approximately 0442hrs on this date. Hortert stated that at approximately 0502hrs, he was discharged (medically cleared). Hortert advised that Kupchick became belligerent while in the waiting room of the ER as he believed he lost his wallet somewhere in the hospital. Hortert stated that he checked with nursing staff who advised that Kupchick did not have a wallet on his person when he was brought in. Hortert relayed that information to Kupchick who refused to accept that. Hortert stated that Kupchick became verbally aggressive and began yelling, cursing and screaming while inside the waiting room where other people were quietly waiting for treatment. Kupchick was then escorted out of the hospital who then refused to leave the property at which time Hortert called 911.

I then made contact with Kupchick in the drive up valet area. Kupchick, who was visually impaired due to alcohol consumption, stated that he lost his wallet inside the hospital and the security staff would not let him back in to look for it. Kupchick was calling the security officers vulgar names while in the parking lot were patients and other staff members were entering the building. I then advised Kupchick that I would check with nursing staff in reference to the where-abouts of his wallet. When asked, Nursing staff advised that he entered the hospital with only his phone and two cartons of cigarettes, no wallet. I advised Kupchick of this, at which time his anger shifted toward me and he began to call me vulgar names. Kupchick was asked several times to leave the property at which time he refused. Kupchick then dropped his cigarettes on the ground and began to approach me in what appeared to be an aggressive manner. When Kupchick was approximately 5ft away from me, I un-holstered my x26 PD issued taser and pointed it at his chest at which time he stopped. Kupchick then extended both of his hands and extended both middle fingers directly at my face.

Due to Kupchicks erratic and unstable behavior, combined with his blatant disregard for the patients/staff members and general public, I find probable cause to charge Kupchick with Disorderly Conduct pursuant to FSS# 877.03. Kupchick was placed in handcuffs (D/L) and transported to BBPD for processing. Kupchick was then TOT PBCJ.

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

Notary Public, Clerk of Court, Officer (F S S 117 10) 736

08/26/2018
Date

ofc J. LEVINE 842
(Signature of Arresting / Investigative Officer)

OFC. J. LEVINE
(Print name of Arresting/Investigative Officer)

08/26/2018
Date

SCANNED
AUG 29 2018

PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2018028563	**Date:** 08/27/2018
	Specialist Name/ID: AM/31562

SCANNED
AUG 29 2018