

0487263

ARREST NOTICE TO APPEAR

2658

OBTS Number	Agency ORI Number 0500800		Agency Name West Palm Beach Police Department		Agency Report Number (N.T.A.'s only) 9 4 2017-0007706		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1		JUVENILE		
Charge Type: Check as many as apply: <input 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: NOT APPLICABLE		Multiple Clearance Indicator								
Location of Arrest (Including Name of Business) 799 OKEECHOBEE BLVD					Location of Offense (Business Name, Address) 799 OKEECHOBEE BLVD, WEST PALM BEACH, FL 33401						
Date of Arrest 04/21/2017	Time of Arrest 16:45	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
Name (Last, First, Middle) WINTERS, STEVEN AARON					Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:						
Race W - White B - Black I - American Indian O - Oriental/Asian W	Sex M	Date of Birth 06/17/1975	Height 5'07	Weight 150	Eye Color BLUE	Hair Color BROWN	Complexion FAIR	Build M			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status S	Religion	Indication of: Alcohol Influence Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>				
Local Address (Street, Apt. Number) (City) (State) (Zip) 270 SE MIZNER BLVD UNIT 702, BOCA RATON, FL 33432					Phone (917) 566-9878		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2				
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 270 SE MIZNER BLVD UNIT 702, BOCA RATON, FL 33432					Phone (917) 566-9878		Address Source FLORIDA DL				
Business Address (Name, Street) (City) (State) (Zip)					Phone		Occupation				
D/L Number, State W536781752170 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) PARAMOUS, NC,		Citizenship US			
Co-Defendant Name (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		
Co-Defendant Name (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		
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian 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 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.					School Attended		Grade				
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:					Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property		
Drug Activity S. Sell N. N/A P. Possess R. Smuggle D. Deliver E. Use K. Disperse/ 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 DRIVING WHILE UNDER INFLUENCE					Statute Violation Number 316.193(1)		Violation of ORD #				
Drug Activity	Drug Type N	Amount / Unit /	Offense # 2017-0007706	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond			
Charge Description					Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit /	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond			
Charge Description					Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond			
Health / Apparent Physical Condition of Defendant					Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape 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		Released To		
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health					Date Transported		Time Transported		Other		
Transported By					Date Transported		Time Transported		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) Criminal Justice CRIMINAL JUSTICE COMPLEX		Court Date and Time 05/25/2017 08:30:00		3228 GUN CLUB ROAD 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 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		Name Verification (Printed by Arresting Officer)				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other					Name of Arresting Officer (Print) EVRLLEY, ERIC		I.D. # 01645				
Intake Agency 7136					Pouch #		Transporting Officer 1943 WPBPD		I.D. # WPBPD		
									PAGE 1 OF 1		

☐ COURT
 ☐ STATE ATTORNEY
 ☐ AGENCY
 ☐ CENTRAL RECORDS
 ☐ JAIL
 ☐ CRIME ANALYSIS
 ☐ P. I. O.
 ☐ DEFENDANT

APR 25 2017

APR 21 PM 8:00