

J# 0355827

P# 1165 1501 661

| ARREST / NOTICE TO APPEAR<br>Juvenile Referral Report  |                               | 1. Arrest<br>2. N.T.A.   |   | 3. Request for Warrant<br>4. Request for Capias  |   | 1<br>Juvenile  |                            |
|--|-------------------------------|--|---|--|---|--|----------------------------|
| OBTS Number  |                               | Agency ORI Number<br><b>FLO 500000</b>   |   | Agency Name<br><b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>   |   | Agency Report Number (N.T.A.'s only)<br><b>06-15-025972</b>                          |                            |
| Charge Type:<br>Check as many as apply.<br><input checked="" type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other               |                               | Weapon Seized / Type<br>1. Yes<br>2. No  |   | Multiple Clearance Indicator   |   |  |                            |
| Location of Arrest (Including Name of Business)<br>1633 WEST CLASSICAL BLVD DELRAY BEACH FL 33426  |                               | Location of Offense (Business Name, Address)<br>12750 S MILITARY TRL DELRAY BEACH FL 33484 |   |  |   |  |                            |
| Date of Arrest<br><b>01-19-15</b>  | Time of Arrest<br><b>0835</b> | Booking Date   | Booking Time  | Jail Date  | Jail Time   | Location of Vehicle  |                            |
| Name (Last, First, Middle)<br><b>FOSTOFF, STEVEN, GREG</b>   |                               | Alias (Name, DOB, Soc. Sec. #, Etc.)   |   |  |   |  |                            |
| Race<br>W - White I - American Indian<br>B - Black O - Oriental/Asian<br><b>W</b>  | Sex<br><b>M</b>               | Date of Birth<br><b>08-27-82</b>   | Height<br><b>5-10</b>   | Weight<br><b>180</b>   | Eye Color<br><b>GREEN</b>   | Hair Color<br><b>BROWN</b>   | Complexion<br><b>WHITE</b> |
| Build<br><b>MEDIUM</b>   |                               | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)              |   | Marital Status<br><b>SINGLE</b>  |   | Religion<br><b>NONE</b>  |                            |
| Local Address (Street, Apt. Number)<br><b>1633 WEST CLASSICAL BLVD FL</b>  |                               | (City)<br><b>DELRAY BEACH</b>  | (State)<br><b>FL</b>  | (Zip)<br><b>33445</b>  | Phone<br><b>(561) 215-7437</b>  | Residence Type:<br>1. City<br>2. County<br>3. Florida<br>4. Out of State<br><b>2</b> |                            |
| Permanent Address (Street, Apt. Number)  |                               | (City)   | (State)   | (Zip)  | Phone   | Address Source<br><b>VERBAL</b>  |                            |
| Business Address (Name, Street)  |                               | (City)   | (State)   | (Zip)  | Phone   | Occupation<br><b>NONE</b>  |                            |
| D/L Number, State<br><b>F-231-787-82-307-0</b>   |                               | INS Number   |   | Place of Birth (City, State)<br><b>WHITE PLAINS NY</b>   |   | Citizenship<br><b>US</b>   |                            |
| Co-Defendant Name (Last, First, Middle)  |                               | Race   | Sex   | Date of Birth  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large<br><input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |  |                            |
| Co-Defendant Name (Last, First, Middle)  |                               | Race   | Sex   | Date of Birth  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large<br><input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |  |                            |
| <input type="checkbox"/> Parent<br><input type="checkbox"/> Legal Custodian<br><input type="checkbox"/> Other:   |                               | Name (Last)  |   | (First)  | (Middle)  | Residence Phone  |                            |
| Address (Street, Apt. Number)  |                               | (City)   | (State)   | (Zip)  | Business Phone  |  |                            |
| Notified by: (Name)  |                               | Date<br><b>01-19-15</b>  | Time  | Juvenile Disposition<br>1. Handled/processed within Dept. and Released.<br>2. TOT HRS / DYS<br>3. Incarcerated |   |  |                            |
| Released To: (Name)  |                               | Relationship   |   | Date   | Time  |  |                            |
| The above address 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 (Phone 355-2526) informed of any change of address.<br><input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason) |                               |  |   | School Attended  |   | Grade  |                            |
| Property Crime?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |                               | Description of Property  |   | Value of Property  |   |  |                            |
| CODE   |                               | S. Sell<br>T. Traffic  |   | R. Smuggle<br>D. Deliver<br>E. Use   |   | K. Dispense/<br>Distribute   |                            |
| M. Manufacture/<br>Produce/<br>Cultivate   |                               | Z. Other   |   | Drug Type<br>N. N/A<br>A. Amphetamine  |   | B. Barbiturate<br>C. Cocaine<br>E. Heroin  |                            |
| H. Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv.   |                               | P. Paraphernalia/<br>Equipment<br>S. Synthetics  |   | U. Unknown<br>Z. Other   |   |  |                            |
| Charge Description<br><b>fraudulent use of a credit card,</b>  |                               | Counts<br><b>1</b>   | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Statute Violation Number<br><b>817.61</b>  |   | Violation of ORD #   |                            |
| Drug Activity<br>N/A   | Drug Type<br>N/A              | Amount / Unit  | Offense #<br><b>15-025972</b>   | Warrant / Capias Number  |   | Bond   |                            |
| Charge Description<br><b>unlawful possession of a credit /debit card,</b>  |                               | Counts<br><b>1</b>   | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Statute Violation Number<br><b>817.568(2a)</b>   |   | Violation of ORD #<br><b>(3981)</b>  |                            |
| Drug Activity<br>N/A   | Drug Type<br>N/A              | Amount / Unit  | Offense #<br><b>15-025972</b>   | Warrant / Capias Number  |   | Bond   |                            |
| Charge Description<br><b>theft of a credit card and fraudulent use of personal I. D.</b>   |                               | Counts<br><b>1</b>   | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Statute Violation Number<br><b>812.014(2c1)</b>  |   | Violation of ORD #   |                            |
| Drug Activity<br>N/A   | Drug Type<br>N/A              | Amount / Unit  | Offense #<br><b>15-025972</b>   | Warrant / Capias Number  |   | Bond   |                            |
| Charge Description   |                               | Counts   | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> 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<br>Month      Day      Year      Time      AM      PM  |                               |  |   |  |   |  |                            |
| 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<br>Name  |                               | Signature of Arresting Officer<br><b>FELIX ABRAMS #7030</b>                                |   | Name Verification (Printed by Arresting Officer)   |   | PAGE   |                            |
| <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Suicidal<br><input type="checkbox"/> Other  |                               | I.D. #   |   | (PRINT)  |   | OF 1   |                            |
| Intake Deputy  |                               | Transporting Officer   |   | Agency   |   | Witness here if subject signed with me   |                            |

| OBTS Number  |  | PROBABLE CAUSE AFFIDAVIT |  | 1. Arrest<br>2. N.T.A. |   | 3. Request for Warrant<br>4. Request for Capias |                                       | 1                       |                                  | Juvenile                       |                                 |
|--|--|--------------------------|--|------------------------|---|---|---------------------------------------|-------------------------|----------------------------------|--------------------------------|---------------------------------|
| ADMIN  | Agency ORI Number<br><b>FLO 500000</b>   |                          | Agency Name<br><b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>                                   |                        | Agency Report Number<br><b>06-15-025972</b>   |   |                                       |                         |                                  |                                |                                 |
|  | Charge Type:<br>Check as many as apply.<br><input checked="" type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony   |                          | <input type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 4. Traffic Misdemeanor |                        | <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other            |   | Special Notes:                        |                         |                                  |                                |                                 |
| DEF  | Name (Last, First, Middle)<br><b>FOSTOFF, STEVEN, GREG</b>   |                          |  |                        | Alias   |   | Race<br><b>W</b>                      | Sex<br><b>M</b>         | Date of Birth<br><b>08-27-82</b> |                                |                                 |
| CHARGES  | Charge Description<br><b>fraudulent use of a credit card, 817.61</b>   |                          |  |                        | Charge Description<br><b>unlawful possession of a credit /debit card, 817.568(2a)</b> |   |                                       |                         |                                  |                                |                                 |
|  | Charge Description<br><b>theft of a credit card and fraudulent use of personal I. D. 812.014(2c1)</b>  |                          |  |                        | Charge Description  |   |                                       |                         |                                  |                                |                                 |
| VICTIM   | Victim's Name (Last, First, Middle)<br><b>FOSTOFF, CLIFFORD</b>  |                          |  |                        |   |   | Race<br><b>W</b>                      | Sex<br><b>M</b>         | Date of Birth<br><b>06-06-52</b> |                                |                                 |
|  | Local Address (Street, Apt. Number)<br><b>1633 WEST CLASSICAL BLVD</b>   |                          |  |                        |   |   | (City)<br><b>DELRAY BEACH FLORIDA</b> | (State)<br><b>33445</b> | (zip)                            | Phone<br><b>(561) 302-6652</b> | Address Source<br><b>VERBAL</b> |
|  | Business Address (Name, Street)  |                          |  |                        |   |   | (City)                                | (State)                 | (zip)                            | Phone<br><b>( )</b>            | 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.<br/>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.<br/><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 <b>19</b> day of <b>JANUARY</b> 20 <b>15</b> at <b>0835</b> <input checked="" type="checkbox"/> A. M. <input type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)</p> <p>On 01-14-15 at approximately 1220 hours I arrived at 345 South Congress Ave (District 4) in Delray Beach Florida 33484 reference a theft. Upon my arrival I made contact with Victim Fostoff Clifford dob 06-06-52. Fostoff stated he received notification from his credit card (American Express gold) reference several suspicious transactions. After further investigation Victim Fostoff discovered there were a total of five transactions conducted in two local CVS stores(12750 South Military Trail- City of Delray Beach/1895 North Congress Ave- City of Boynton Beach) totaling \$779.33. Transaction 1through5 conducted at 1895 North Congress Ave CVS location. 1st conducted 12/28/14- \$105.95, 2nd conducted 1/2/15 - \$104.95, 3rd conducted 1/4/15 - 132.53, 4th conducted 1/8/15- \$129.95. I then made contact with CVS store located on 12750 south Military Trail obtaining video of final 5th fraudulent transaction conducted on 01-13-15/ 0826 hours/ for a total of \$305.95. Victim Fostoff met with me at district 4 detective bureau and viewed video identifying his son Steven Fostoff dob 08-27-82 as individual conducting transaction on surveillance video. Victim Fostoff Clifford provided me with victim statement and given a case information form reference incident. To be noted a criminal history check of Steven revealed a past of drug possession, theft, and shop lifting. Clifford believes son Steven has resumed using drugs and has committed the above described incident to support his drug addiction. Based on above investigation and evidence PC exists for the arrest of Steven Fostoff for fraudulent use of a credit card- pursuant to Florida State Statute 817.568(2a), unlawful possession of a credit-pursuant Florida State Statute 817.61 /debit card, theft of a credit card and fraudulent use of personal I. D- pursuant to Florida State Statute 812.014(2c1). On 01-19-15 at approximately 0835 hours Myself and DS McCoy #8482 attempted to make contact with Steven at his above listed address. Steven was asleep inside his bedroom located on the second floor of residence. Steven was advised of his charges and was totally cooperative. I placed my handcuffs on Steven checked for tightness and double locked them. Steven was transported to District 4 detective bureau where he was Mirandised and questioned reference above incident/'s (Audio recorded). Steven confessed to all five fraudulent transactions of parents credit cards. Steven further stated he has a drug addiction and that is the reason for him committing the above listed crimes. Steven transported to Palm Beach County Jail without further incident.</p> |  |                          |  |                        |   |   |                                       |                         |                                  |                                |                                 |
| ADMINISTRATIVE   | STATE OF FLORIDA<br>COUNTY OF PALM BEACH<br><b>FELIX ABRAMS #7030</b>  |                          |  |                        |   |   |                                       |                         |                                  |                                |                                 |
|  | (Signature of Arresting/Investigative Officer)<br><b>19</b> day of <b>JANUARY</b> 20 <b>15</b> by <b>FELIX ABRAMS #7030</b>  |                          |  |                        |   |   |                                       |                         |                                  |                                |                                 |
|  | The foregoing instrument was sworn to or affirmed and subscribed before me this _____ day of _____ by _____<br>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced Identification. Type of Identification produced _____<br><b>Notary Public, Clerk of Court, Officer (F.S.S. 111.10)</b> |                          |  |                        |   |   |                                       |                         |                                  |                                |                                 |