

0488240

ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest
2. N.T.A.3. Request for Warrant
4. Request for Capias

1

Juvenile N

ADMINISTRATIVE	OBTS Number			ARREST / NOTICE TO APPEAR						Juvenile Referral Report													
	Agency ORI Number FLO 500000			Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number (N.T.A.'s only) 06- 17081025																
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other				Weapon Seized / Type 2		Multiple Clearance Indicator 2															
Location of Arrest (Including Name of Business) 10438 BUENA VENTURA DR, BOCA RATON FL 33428				Location of Offense (Business Name, Address) 10438 BUENA VENTURA DR, BOCA RATON FL 33428																			
Date of Arrest 05/23/2017		Time of Arrest 1330		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle											
Name (Last, First, Middle) Freed-Smith, Susan, Ann																							
Alias (Name, DOB, Soc. Sec. #, Etc.)																							
DEFENDANT	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W F		Date of Birth 04/21/1966		Height 5'07		Weight 130		Eye Color BRN		Hair Color BRN		Complexion med		Build sml						
	Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) NONE SEEN								Marital Status Single		Religion NONE		Indication of: Alcohol Influence Drug Influence		Y N <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Unk.						
Local Address (Street, Apt. Number) 10438 BUENA VENTURA DR, BOCA RATON, FL 33498								(City) (State) (Zip) (561)		Phone		Residence Type: 1. City 2. County 3. Florida 4. Out of State		1 2									
Permanent Address (Street, Apt. Number) ,								(City) (State) (Zip)		Phone ()		Address Source DEFENDANT											
Business Address (Name, Street)								(City) (State) (Zip)		Phone ()		Occupation											
D/L Number, State F632781666410, FL				Soc. Sec. Number				INS Number				Place of Birth (City, State) WEST PALM BEACH, FL				Citizenship YES							
CO-DEF	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						
JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:								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 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. <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															
CODE	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 C. Cocaine E. Heroin		B. Barbiturate M. Marijuana O. Opium/Deriv.		H. Hallucinogen		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other		
	Charge Description ASSAULT ON LEO								Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 784.07(2)(a)								Violation of ORD #		
CHARGE	Drug Activity N		Drug Type N		Amount / Unit		Offense # 17081025		Warrant / Capias Number								Bond						
	Charge Description OBSTRUCTION/RESIST WITH OUT VIOLENCE								Counts 2		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 843.02								Violation of ORD #		
CHARGE	Drug Activity N		Drug Type N		Amount / Unit		Offense # 17081025		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) South County Courthouse, 200 W. Atlantic Avenue, Courtroom #1, Delray Beach, FL 33444														Date								
	Court Date and Time Month JUNE Day 22 Year 2017 Time 0800 AM X PM 5:30														Date Signed 05/23/2017 5:30								
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT IF I 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 05/23/2017 5:30									
ADMIN	HOLD for other Agency Name:				Signature of Arresting Officer X				Name Verification (Printed by Arrestee)														
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input checked="" type="checkbox"/> Suicidal <input type="checkbox"/> Other:				Name of Arresting Officer (Print) D/S FRAGA				I.D. # 9681		(PRINT) MAY 23 PM 4:43												
B/S. C. GILYARD I.D. # #7392 Pouch #				Transporting Officer FUCHS				ID # 9810		Agency PBSO		PAGE 1											
DISTRIBUTION: WHITE - COURT C/O #7392 GREEN - STATE ATTORNEY														PINK - AGENCY									
YELLOW - AGENCY														GOLD - DEFENDANT (N.T.A.'s ONLY)									