

0488242

2081

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

ADMINISTRATIVE	OBTS Number		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 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		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 2				
DEFENDANT	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		
CO-DEF	Name (Last, First, Middle) Freed-Smith, Susan, Ann						Alias (Name, DOB, Soc. Sec. #, Etc.)		
	Race W - White 1 - American Indian	Sex F	Date of Birth 04/21/1966	Height 5'07	Weight 130	Eye Color BRN	Hair Color BRN	Complexion med	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE SEEN			Marital Status Single	Religion NONE	Indication of: Alcohol Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
	Local Address (Street, Apt. Number) (City) (State) (Zip) 10438 BUENA VENTURA DR, BOCA RATON, FL 33498			Phone (561)		Residence Type: 1. City 2. County 3. Florida 4. Out of State 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 [REDACTED]		INS Number		Place of Birth (City, State) WEST PALM BEACH, FL		
	Citizenship YES								
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<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				
	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. 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 #		
	Drug Activity N		Drug Type N	Amount / Unit	Offense # 17081025	Warrant / Capias Number		Bond NONE OR	
CHARGE	Charge Description OBSTRUCTION/RESIST WITH OUT VIOLENCE		Counts 2	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 843.02		Violation of ORD #		
	Drug Activity N		Drug Type N	Amount / Unit	Offense # 17081025	Warrant / Capias Number		Bond OR XA	
	Charge Description		Counts	Domestic Violence <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	
	Charge Description		Counts	Domestic Violence <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	
	Charge Description		Counts	Domestic Violence <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	
	Charge Description		Counts	Domestic Violence <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	
NOTICE TO APPEAR	Location (Court, Room Number, Address) South County Courthouse, 200 W. Atlantic Avenue, Courtroom #1, Delray Beach, FL 33444								
	Court Date and Time Month JUNE Day 22 Year 2017 Time 0800 AM <input checked="" type="checkbox"/> 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 05/23/2017					
ADMIN	HOLD for other Agency Name:		Signature of Arresting Officer		Name Verification (Printed by Arrestee)				
	<input type="checkbox"/> Dangerous <input checked="" type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		(PRINT) MAY 23 PM 4:43				
	Name of Arresting Officer (Print) D/S FRAGA		I.D. # 9681		PAGE				
	Transporting Officer FUCHS		ID # 9810		Agency PBSO				
Witness here if subject signed with an "X"		1 OF 1							