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## ARREST / NOTICE TO APPEAR

OBTS Number			1. Arrest 2. N.T.A.			3. Request for Warrant 4. Request for Capias		1	JUVENILE		
Agency ORI Number <b>0501700</b>		Agency Name <b>Jupiter Police Department</b>			Agency Report Number (N.T.A.'s only) <b>5 1 4 16-005308</b>						
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			If Weapon Seized Enter Type <b>NONE</b>			Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) <b>1152 TOWN CENTER DRIVE, JUPITER FL</b>				Location of Offense (Business Name, Address) <b>1152 TOWN CENTER DR 12, JUPITER, FL 33458</b>							
Date of Arrest <b>11/05/2016</b>		Time of Arrest <b>17:18</b>		Booking Date <b>11/05/2016</b>		Booking Time <b>17:28</b>		Jail Date		Jail Time	Location of Vehicle
Name (Last, First, Middle) <b>COMBS, TIMOTHY ALLEN</b> Alias: <b></b>											
Race W - White   I - American Indian   W   Sex   M   Date of Birth B - Black   O - Oriental/Asian   W   09/02/1970   Height   5'10   Weight   200   Eye Color   BROWN   Hair Color   BROWN   Complexion   LIGHT   Build   Lax											
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b></b>											
Local Address (Street, Apt. Number) (City) (State) (Zip)      Phone <b>(561) 633-3450</b> <b>1152 UNIVERSITY BLVD 12, JUPITER, FL 33458</b>											
Permanent Address (Street, Apt. Number) (City) (State) (Zip)      Phone <b>(561) 633-3450</b> <b>1152 UNIVERSITY BLVD 12, JUPITER, FL 33458</b>											
Business Address (Name, Street) (City) (State) (Zip)      Phone <b>(772) 285-2807</b> <b>FURNLEA FLOWERS, 1625 SE DARLING ST. STUART, FL 34997</b>											
D/L Number, State <b>C512801703220 / FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>ft. Lauderdale, FL</b>		Citizenship <b>US</b>			
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth			
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth			
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle) <input type="checkbox"/> Legal Custodian											
Address (Street, Apt. Number) (City) (State) (Zip)      Business Phone											
Notified by: (Name)				Date		Time		JUVENILE DISPOSITION			
Released To: (Name) Relationship				Date		Time		1. Handled/Processed within Department and Released      2. TOT JAC 3. Incarcerated			
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			
C O D E P O S S E						Drug Activity   S. Sell   R. Smuggle   K. Disperses/ Distribute   M. Manufacture/ Produce/ Cultivate   Z. Other      Drug Type   B. Barbiturate   H. Hallucinogen   P. Paraphernalia/ Equipment   U. Unknown N. N/A   B. Buy   D. Deliver   E. Use      N. N/A   C. Cocaine   M. Marijuana   O. Opium/Deriv.   Z. Other T. Traffic					
C H A R G E						Charge Description <b>DISORDERLY CONDUCT - DISORDERLY INTOXICATION</b>					
C H A R G E						Statute Violation Number <b>856.011</b>					
C H A R G E						Violation of ORD # <b>856.011</b>					
C H A R G E						Bond					
C H A R G E						Statute Violation Number					
C H A R G E						Violation of ORD #					
C H A R G E						Bond					
C H A R G E						Statute Violation Number					
C H A R G E						Violation of ORD #					
C H A R G E						Bond					
I N T A K E						Health / Apparent Physical Condition of Defendant					
I N T A K E						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 Explain:					
I N T A K E						Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health					
I N T A K E						PROPERTY - Received By      Released By      Released To					
I N T A K E						Transported By      Date Transported      Time Transported      Other					
N O T I C E						INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.					
T O A P P E A R						Location (Court, Room) <b>North County PALM BEACH GARD</b>					
T O A P P E A R						Court Date and Time <b>12/07/2016 08:30:00</b>					
T O A P P E A R						Date Signed					
A D M I N						Signature of Defendant (or Juvenile and Parent/Custodian)					
A D M I N						Signature of Arresting Officer <b>34</b>					
A D M I N						Name of Arresting Officer (Print) <b>COUNTS, RUSSELL L.</b> I.D. # <b>1150</b>					
A D M I N						Transporting Officer      I.D. # <b>34</b> Agency <b>JUPITER</b>					
A D M I N						Hold for Other Agency					
A D M I N						Signature Verification (Printed by Arrestee) <b>34</b>					
A D M I N						(PRINT)					
A D M I N						PAGE <b>1</b> OF <b>1</b>					
A D M I N						Witness here if subject signed with an "X"					

Signature of Defendant (or Juvenile and Parent/Custodian)

**34**

Dangerous    Resisted Arrest  
 Suicidal    Other

Intake Deputy   I.D. # **34**   Pouch # **34**

SCANNED

NOV 06 2016

OBTS Number
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PROBABLE CAUSE AFFIDAVIT

1. Arrest      3. Request for Warrant  
2. N.T.A.      4. Request for Capias

1

JUVENILE

Agency ORI Number <b>FL 0501700</b>	Agency Name <b>JUPITER POLICE DEPARTMENT</b>	Agency Report Number <b>5   4   16-005308</b>
Charge Type: Check as many as apply. 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other	Special Notes:	

Name (Last, First, Middle) <b>COMBS, TIMOTHY ALLEN</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>09/02/1970</b>
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Charge Description <b>856.011 DISORDERLY CONDUCT - DISORDERLY INTOXICATION</b>	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) <b>State Of Florida</b>	Race	Sex	Date of Birth
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 resonable 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 \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person commit the below acts.

confessed to **OFC. COUNTS** admitting to the below facts.       was found to have committed the below acts, resulting from my (described) investigation.

On the **5** day of **November**, **2016** at **17:18** (Specifically include facts constituting cause for arrest.)

On 11/5/15, at approximately 1430 hours, I was in full police uniform, working an off duty detail at the Italian Festival in Jupiter (Abacoa). During my routine foot patrol, I was approached by a vendor who advised an intoxicated WM, wearing a white longsleeve shirt, attempted to steal several t-shirts from a vendor tent.

Upon arrival at the vendor tent, I made contact with, WM Timothy A. Combs 9/2/70, who immediately advised "he was just being stupid". Combs was unsteady on his feet, had bloodshot glassy eyes, and smelled of an unknown alcoholic beverage. Combs advised he returned the shirts and just wanted to go home.

After speaking with the vendor, Combs was escorted off the property and advised not to return to the festival. Combs advised he lived nearby, 1152 Town Center Drive Apt. 12, and would go home and go to sleep. Combs advised he would not be a problem and return to his residence (JPD incident #16297499).

At approximately 1700 hours, I was dispatched to 1152 Town Center Drive, regarding an intoxicated WM, wearing a longsleeve white shirt, who threw a glass beer bottle from his residence into the crowd of the Italian Festival.

Upon arrival, I made contact with Combs who appeared to still be intoxicated. His eyes were bloodshot and glassy, and smelled of the strong odor of an unknown alcoholic beverage. Combs advised he threw the beer bottle from his residence because he was upset at a friend.

Combs was read Miranda Rights from a prepared sworn statement. Combs advised he wished to complete a sworn written statement regarding the incident. Combs advised he did not intend to harm anyone by throwing the beer bottle into the crowd of people. He advised he was upset over a female and threw the bottle in frustration.

SWORN AND SUBSCRIBED BEFORE ME <i>B. J. 325-1191</i>	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>R. L. COUNTS</i>
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <b>11/05/2016</b> DATE	SIGNATURE OF OFFICER (PLEASE PRINT) <b>COUNTS, RUSSELL L (1150)</b> NAME OF OFFICER (PLEASE PRINT)
<b>11/05/2016</b>	

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

SCANNED

NOV 06 2016

OBTS Number
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**PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT**

1. Arrest      3. Request for Warrant  
2. N.T.A.      4. Request for Capias

**1**

JUVENILE

A D M I N I S T R A T U R E	Agency ORI Number <b>FL 0501700</b>	Agency Name <b>JUPITER POLICE DEPARTMENT</b>	Agency Report Number <b>5   4   16-005308</b>		
N C h e c k a s m a n y a s a p p l y	Charge Type: Check as many as apply. 1. Felony 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	Special Notes:	
D E F	Name (Last, First, Middle) <b>COMBS, TIMOTHY ALLEN</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>09/02/1970</b>

I then advised Combs he was under arrest for disorderly intoxication. I placed handcuffs on him, which were double locked and checked for proper spacing, and placed him in the rear of my patrol vehicle.

Combs was transported to the Jupiter Police Department for processing. Once processing was completed, Combs was transported to the county jail without incident.

In conclusion of the incident, I find probable cause to charge Combs with Disorderly Intoxication per F.S.S. 856.011.

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**NOT A CERTIFIED COPY**

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

*R. L. 325/1191*

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

**11/05/2016**

DATE

*R. L. 341*

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

**COUNTS, RUSSELL L (1150)**

NAME OF OFFICER (PLEASE PRINT)

**11/05/2016**

DATE

PAGE  
**2 OF 2**

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS  
**SCANNED**

P. I. O.

NOV 06 2016