

0482464

N/A

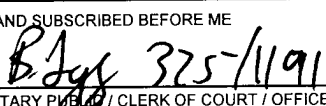
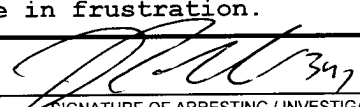
3010

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	0501700		Agency Name		Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 4 16-005308	
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		NONE		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business)				Location of Offense (Business Name, Address)				
1152 TOWN CENTER DRIVE, JUPITER FL				1152 TOWN CENTER DR 12, JUPITER, FL 33458				
Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle		
11/05/2016	17:18	11/05/2016	17:28					
Name (Last, First, Middle)				Alias (Name, DOB, Soc. Sec. #, Etc.)				
COMBS, TIMOTHY ALLEN				Alias:				
Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W - White B - Black O - Oriental/Asian	W M	09/02/1970	5'10	200	BROWN	BROWN	LIGHT	Large
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status		Religion		Indication of: Alcohol Influence Drug Influence
				2		Other		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>
Local Address (Street, Apt. Number)				(City)		(State)		(Zip)
1152 UNIVERSITY BLVD 12, JUPITER, FL 33458								(561) 633-3450
Permanent Address (Street, Apt. Number)				(City)		(State)		(Zip)
1152 UNIVERSITY BLVD 12, JUPITER, FL 33458								(561) 633-3450
Business Address (Name, Street)				(City)		(State)		(Zip)
FURNLEA FLOWERS, 1625 SE DARLING ST. STUART, FL 34997								(772) 285-2807
D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State)		Citizenship
C512801703220 / FL						St. Lauderdale FL		US
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		
Parent <input type="checkbox"/> Other: _____				Name (Last, First, Middle)				Residence Phone
Legal Custodian <input type="checkbox"/>								
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		
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. Disperses/ 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				Statute Violation Number		Violation of ORD #		
DISORDERLY CONDUCT - DISORDERLY INTOXICATION				856.011				
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		
N		/	16-005308	1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
Charge Description				Statute Violation Number		Violation of ORD #		
Charge Description				Statute Violation Number		Violation of ORD #		
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				
				Explain:				
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								
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)		No Photo available		
				North County PALM BEACH GARD				
				Court Date and Time		12/07/2016 08:30:00		
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 Arrestee)		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Officer (Print)		(PRINT)		
				COUNTS, RUSSELL L.		1150		
Intake Deputy				Transporting Officer		Agency		
				COUNTS Lopez 325		JUPITER		
Pouch #				Witness here if subject signed with an "X"				

SCANNED

NOV 06 2016

OBT Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE	
A D M I N I S T R A T I V E	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 16-005308					
	Charge Type: <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 _____					Special Notes:				
D E F E N D A N T	Name (Last, First, Middle) COMBS, TIMOTHY ALLEN					Race W		Sex M		
	Date of Birth 09/02/1970									
C H A R G E S	Charge Description 856.011 DISORDERLY CONDUCT - DISORDERLY INTOXICATION					Charge Description				
	Charge Description					Charge Description				
V I C T I M	Victim's Name (Last, First, Middle) State Of Florida					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		
<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.</p> <p>The Person taken into custody . . .</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> committed the below acts in my presence. <input checked="" type="checkbox"/> confessed to OFC. COUNTS admitting to the below facts. </div> <div> <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. </div> </div> <p>On the 5 day of November, 2016 at 17:18 (Specifically include facts constituting cause for arrest.)</p>										
P R O B A B L E	<p>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 long sleeve shirt, attempted to steal several t-shirts from a vendor tent.</p>									
	<p>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.</p>									
	<p>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).</p>									
	<p>At approximately 1700 hours, I was dispatched to 1152 Town Center Drive, regarding an intoxicated WM, wearing a long sleeve white shirt, who threw a glass beer bottle from his residence into the crowd of the Italian Festival.</p>									
S T A T E M E N T	<p>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.</p>									
	<p>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.</p>									
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 11/05/2016 DATE					 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER COUNTS, RUSSELL L (1150) NAME OF OFFICER (PLEASE PRINT) 11/05/2016 DATE				
PAGE 1 OF 2										

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

SCANNED

NOV 06 2016

A D M I N I S T R A T I V E	OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 16-005308					
	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		Special Notes:					
	Name (Last, First, Middle) COMBS, TIMOTHY ALLEN		Alias		Race W		Sex M		Date of Birth 09/02/1970	

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.

NOT A CERTIFIED COPY

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
	 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		COUNTS, RUSSELL L (1150) NAME OF OFFICER (PLEASE PRINT)	
	11/05/2016 DATE		11/05/2016 DATE	
			PAGE 2 OF 2	

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

 CRIME ANALYSIS
 SCANNED
 NOV 06 2015

P. I. O.