

0291188

17CF9660

P-2311

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

| | | | | | | | | | | | |
|---|---|--|---|---|--|---|--|---|--|---|------------------------|
| ADMINISTRATIVE | OBTS Number | | Agency ORI Number FLO 500000 | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | | Agency Report Number 06-17-1207 | | | | |
| | Charge Type: Check as many as apply: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other | | | | Weapon Seized / Type 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> | | Multiple Clearance Indicator 01 | | | | |
| | Location of Arrest (Including Name of Business) 383 Ellamar Rd. West Palm Beach | | | | | Location of Offense (Business Name, Address) same | | | | | |
| DEFENDANT | Date of Arrest 10-02-17 | Time of Arrest 0630 | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle | | | | |
| | Name (Last, First, Middle) Rivers Tricia d | | | | Alias (Name, DOB, Soc. Sec. #, Etc.) | | | | | | |
| | Race W - White 1 - American Indian | Sex f | Date of Birth 12-28-82 | Height 5-10 | Weight 120 | Eye Color blue | Hair Color blonde | Complexion light | Build thin | | |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Rt ankle rose | | | | | Marital Status single | Religion none | Indication of Alcohol Influence Drug Intoxication Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/> | | | | |
| Local Address (Street, Apt. Number) 383 Ellamar Rd. | | | (City) West Palm Beach | (State) | (Zip) | Phone (561) 584-2498 | | Residence Type: 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input type="checkbox"/> | | | |
| Permanent Address (Street, Apt. Number) | | | (City) | (State) | (Zip) | Phone | | Address Source verbal | | | |
| Business Address (Name, Street) | | | (City) | (State) | (Zip) | Phone | | Occupation | | | |
| DL Number, State R162804829680 | | Soc. Sec. No. | | INS Number | | Place of Birth (City, State) West Palm Beach | | Citizenship US | | | |
| Co-Defendant Name (Last, First, Middle) | | | | Race | Sex | Date of Birth | <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile | | | | |
| <input type="checkbox"/> Parent Legal Custodian | | Name (Last) | | (First) | (Middle) | Residence Phone | | | | | |
| <input type="checkbox"/> Other: | | Address (Street, Apt. Number) | | (City) | (State) | (Zip) | Business Phone | | | | |
| Notified by: (Name) | | | | Date | Time | Juvenile Disposition 1. Handled/processed within Dept. and Released. <input type="checkbox"/> 2. TOT HRS / DYS <input type="checkbox"/> 3. Incarcerated <input type="checkbox"/> | | | | | |
| 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 possession of cocaine | | Counts 1 | Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Statute Violation Number 893.13(1)(a)(6)(a) | | Violation of ORD # | | Warrant / Capias Number | | Bond | |
| Drug Activity p | Drug Type c | Amount / Unit 1 gram | Offense # 17-1207 | Statute Violation Number 893.13(1)(a)(6)(a) | | Violation of ORD # | | Warrant / Capias Number | | Bond | |
| Charge Description POSSESSION MARIJUANA HAND | | Counts 1 | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Statute Violation Number 893.13(1)(a)(6)(a) | | Violation of ORD # | | Warrant / Capias Number | | Bond | |
| Drug Activity p | Drug Type m | Amount / Unit P.P.S | Offense # 17-1207 | Statute Violation Number | | Violation of ORD # | | Warrant / Capias Number | | Bond | |
| Charge Description | | Counts | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Statute Violation Number | | Violation of ORD # | | Warrant / Capias Number | | Bond | |
| Drug Activity | Drug Type | Amount / Unit | Offense # | Statute Violation Number | | Violation of ORD # | | Warrant / Capias Number | | Bond | |
| Charge Description | | Counts | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Statute Violation Number | | Violation of ORD # | | Warrant / Capias Number | | Bond | |
| Drug Activity | Drug Type | Amount / Unit | Offense # | Statute Violation Number | | Violation of ORD # | | Warrant / Capias Number | | Bond | |
| Charge Description | | Counts | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Statute Violation Number | | Violation of ORD # | | Warrant / Capias Number | | Bond | |
| Drug Activity | Drug Type | Amount / Unit | Offense # | Statute Violation Number | | Violation of ORD # | | Warrant / Capias Number | | Bond | |
| Location (Court, Room Number, Address) | | SCANNED | | | | | | | | | |
| Court Date and Time | | OCT 03 2017 | | | | | | | | | |
| Month | | Day | Year | Time | <input type="checkbox"/> 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 | | | | |
| HOLD for other Agency Name: | | Signature of Arresting Officer | | | Name Verification (Printed by Arresting Officer) | | | | | | |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other: | | Name of Arresting Officer (Print) Thomas D> Kabis | | | I.D. # 5844 | | (PRINT) | | | | |
| Intake Deputy | | I.D. # | Pouch # | Transporting Officer ID # | | Agency | | Witness here if subject signed with an -X- | | | |
| D/S T. BURNSIDE #5406 | | MANAK 2286 | | PBSO | | | | | | | |

OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

Juvenile n 1

Agency ORI Number FLO 50000 Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number 06 17-1207

Charge Type: Check as many as apply 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other Special Notes

Defendant Name (Last, First, Middle) Rivers Tricia d Race w Sex f Date of Birth 12-28-82

Charge possession of cocaine 893.13(1a) Charge

Charge Charge

Victim Name (Last, First, Middle) Florida Race Sex Date of Birth

Local Address (Street, Apt. Number) City State Zip Phone Address Source

Business Address (Street, Apt. Number) City State Zip Phone Occupation

The undersign 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. 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 admitting to the below facts. _____ was found to have committed the below acts, resulting from (described) investigation.

On the 02 day of October 20 17 at 0630 AM PM

On 10-2-17 at approximately 0630 Members of the Palm Beach County Sheriff's Office narcotics unit and the West Palm Beach SWAT executed a search warrant at 383 Ellamar Rd. in West Palm Beach. Upon entry a female that was known to me Rivers was found in the north east bedroom. All of the occupants of the house were provided Miranda Warnings. After Miranda Warnings, Rivers stated that she smokes a little bit of marijuana and that she had a lot of paraphernalia in an upper cabinet in the bedroom. She stated that there were some pipes, a bong and a scale. I looked in the cabinet that she described and found on an upper shelf that it was completely covered with drug paraphernalia. This included a bong a scale and many pipes. When the scale was opened, I saw a small baggie that contained a small amount of a white powder. I suspected this was cocaine. This was tested with a scott field test kit. This had a positive reaction indicating that this was cocaine. Additionally there was a electric pipe that I suspected was marijuana hash. This was tested with a duquinois test kit and a positive reaction. Based on this I found there to be probable cause for the arrest of Rivers for the charge of possession of cocaine and possession of marijuana hash oil pursuant to FSS 893.13(1a)

NOT A CERTIFIED COPY

SCANNED OCT 03 2017

The foregoing instrument was sworn to and affirmed before me this 02 day of October 20 17, by:

Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

Thomas D Kabis Name of Arresting/Investigating Officer

Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

Signature of Arresting/Investigating Officer