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OBTS Number			ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	Juvenile				
ADMINISTRATIVE	Agency ORI Number		Agency Name		Agency Report Number								
	FLO 5 0 0 0 0 0		PALM BEACH COUNTY SHERIFF'S OFFICE		0 6 1 1 6 1 1 2 7 2 4 8								
	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		If Weapon Seized Enter Type				
	Multiple Clearance Indicator								10,1				
	Location of Arrest (Including Name of Business)			Location of Offense (Business Name, Address)									
	3200 Belvedere Rd. PBIA WPB FL 33406			Same as Arrest									
	Date of arrest		Time of Arrest		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
	09/15/16		10:15										
	Name (Last, First, Middle)												
	KRAUSE, Vernon LORIE												
DEFENDANT	Race W - White B - Black		Sex I - American Indian O - Oriental/Asian		Date of Birth W/M 022751		Height 5'7	Weight 180	Eye Color BROWN	Hair Color GRAY	Complexion Fair	Build Med	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status Yes	Religion Catholic		Indication of: Alcohol Influence Drug Influence			
	Y/N												
	Local Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone		Residence Type:				
	225 Commodore Dr.			Jupiter, FL	33477		()	()	1. City	3. Florida			
	Permanent Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone		2. County	4. Out of State			
							()			11			
	Business Address (Name, Street)			(City)	(State)	(Zip)	Phone		Address Source				
	1575 Mansell Rd. Alpharetta, GA 30009						(678)488-2269		Verbal				
	D/L Number, State			FL	K620 872 51	0670	INS Number	Place of Birth (City, State)		Citizenship			
							Winnipeg, MB	USA					
CO-DEF.	Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth	1. Arrested 2. At Large			3. Felony 4. Misdemeanor 5. Juvenile	
	Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth	1. Arrested 2. At Large			3. Felony 4. Misdemeanor 5. Juvenile	
	Parent Name (Last) (First) (Middle)										Residence Phone		
											()		
	Legal Custodian												
	Other:												
	Address (Street, Apt. Number)					(City)	(State)	(Zip)	Business Phone				
									()				
JUVENILE	Notified by: (Name)					Date	Time	Juvenile Disposition		2. TOT HRS/DYS 3. Incarcerated			
								1. Handled/Processed within Dept. and Released.					
	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		
	<input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)												
	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property					Value of Property					
			S. Sell B. Buy P. Possess	R. Smuggle D. Deliver T. Traffic	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. Synthetic	U. Unknown Z. Other	
	CHARGE	Charge Description					Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number				Violation of ORD #
Carrying Concealed weapon					01		790101				100		
Drug Activity		Drug Type	Amount / Unit	Offense #					Warrant / Capias Number			Bond	
N/A		N/A	N/A	16-127248									
Charge Description					Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number				Violation of ORD #		
Drug Activity		Drug Type	Amount / Unit	Offense #					Warrant / Capias Number			Bond	
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NOTICE TO APPEAR	Location (Court, Room Number, Address)										SCANNED		
	Court Date and Time										SEP 16 2016		
	Month	Day	Year	Time		A.M.		P.M.					
	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 Arrestee)		
											SEP 15 PM12:52		
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal					<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:					(PRINT)		
	Intake Deputy					Name of Arresting Officer (Print) 01 Henry Swart					I.D. # 6657		
	Signature					Transporting Officer I.D. # 833408					Agency 7880		
Witness here if subject signed with an "X"										PAGE 1 OF 1			
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)													

ADMIN.	OBTS Number	PROBABLE CAUSE AFFIDAVIT			1. Arrest	3. Request for Warrant	<input checked="" type="checkbox"/>	Juvenile	
	Agency ORI Number	Agency Name	2. N.T.A.	4. Request for Capias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number	0 6 1 1 6 1 1 2 7 2 4 8 1 1 1			
DEF.	Charge Type: Check as many as apply	1. Felony	2. Traffic Felony	3. Misdemeanor	4. Traffic Misdemeanor	5. Ordinance	6. Other	Special Notes:	
CHARGES	Name (Last, First, Middle)			Alias			Race	Sex	Date of Birth
	KRAUSE, VERNON LOREE						W	M	02/27/51
	Charge Description			Charge Description					
	Carrying Concealed Firearms								
	Charge Description			Charge Description					
VICTIM	Victim's Name (Last, First, Middle)						Race	Sex	Date of Birth
	State of Florida								
	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 reasonable grounds to believe, and does believe that the above Defendant committed the following violation of law. The person taken into custody...									
<input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ <input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.									
On the 15 th day of September 2016 at 1000 A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)									
<p>On the above stated date & Time, the following events occurred at the Palm Beach International Airport (PBIA) located @ 3200 Belvedere Rd, West Palm Beach, FL 33406.</p> <p>The defendant, Vernon L. Krause, 10/02/02/51 was traveling to Atlanta, GA on Board Delta flight number 1134. As the defendant was attempting to pass through the TSA checkpoint, a revolver was seen through X-Ray in his carry-on bag. A small black leather case, TSA noted the firearm & alerted myself. A check of the bag revealed a Charter Arms .38 Special revolver SN 728233, loaded w/ 5 live rounds. Defendant admitted to ownership of the weapon. Defendant does not possess a CCW permit.</p> <p>With the above facts & evidence, I believe probable cause exists for the arrest of the defendant, Vernon L. Krause on the charge of carrying a concealed firearm pursuant to F.S. 790.01(2).</p> <p>Crime was witnessed by TSA Agent Timothy A. Silver w/n 12/20/09.</p>									
PROBABLE CAUSE STATEMENT									
ADMINISTRATIVE									
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>D/S [Signature] (Signature of Arresting/Investigative Officer)</p> <p>6655</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this _____ day of September 2016 by _____ 0/s Smiter 6655</p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____ personally Known</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p> <p>Muth - Ds TU 8995</p>									
SCANNED									
SEP 16 2016									
PAGE _____ OF 1									