0483784 1839

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number

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

Agency ORI Number	Agency Name	Agency Report Number
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERRIF'S OFFICE	06 16-167332

Charge Type: Check as many as apply — [ ] 1. Felony [ ] 2. Traffic Felony [X] 3. Misdemeanor [ ] 4. Traffic Misdemeanor [ ] 5. Ordinance [ ] 6. Other ____ | If Weapon Seized — Enter Type ____ | Multiple Clearance Indicator: 0 1

Location of Arrest (Including Name of Business)		Location of Offense (Including Name of Business)	
10331 MARLIN DR	BOCA RATON FL 33428	22184 US-441	BOCA RATON FL 33428

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
Dec 20, 2016	2130					

Name (Last, First, Middle)			Alias (Name, DOB, Soc. Sec. #, Etc.)
JORDAN	WEASNA	CHAN	

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	4/15/60	5'6	160	BRN	BRN	TAN	LIGHT

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)	Marital Status	Religion	Indication of:	Y	N	Unk
	MARRIED	UNK	Alcohol Influence	[ ]	[ ]	[X]
			Drug Influence	[ ]	[ ]	[X]

Local Address (Street, Apt. Number)	City	State	Zip	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
10331 MARLIN DR	BOCA RATON	FL	33428	561-860-3182	

Permanent Address (Street, Apt. Number)	City	State	Zip	Phone	Address Source
SAME					FL-DL

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

D/L Number, State	Social Security Number	INS Number	Place of Birth	Citizenship
J-635-883-60-635-0	[redacted]		Thailand Cambodia	USA

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 [ ] Legal Guardian [ ] Other	Name (Last, First, Middle)	Phone

Address (Street, Apt. No.)	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
	OR		

Released To (Name)	Relationship	Date	Time

The above address was provided by [ ] defendant and/or [ ] defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561 355-2526) informed of any address change [ ] Yes, by: (Name) [ ] No: (Reason)

School Attended	Grade

Property Crime? [ ] Yes [ ] No	Description of Property	Value of Property

Drug Activity: N. N/A, P. Possess, S. Sell, T. Traffic, B. Buy, 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, P. Paraphernalia/Equipment, U. Unknown, Z. Other

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation or ORD. #
LEAVING THE SCENE OF ACCIDENT WITH PROPERTY DAM	1	[ ]Y [ ]N	316.061(1)	

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
			16-167332		OR

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation or ORD. #
		[ ]Y [ ]N		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation or ORD. #
		[ ]Y [ ]N		DEC 21 AM 1:20

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation or ORD. #
		[ ]Y [ ]N		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond

2016 DEC 21 PM 5:

Location (Court, Address, Room Number): SOUTH COUNTY COURTHOUSE 200 W. ATLANTIC AVE DELRAY BEACH FL 33444

Court Date and Time: Month JANUARY Day 20TH Year 2017 Time 0800 AM [X] PM [ ]

I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS **NOTICE TO APPEAR**, THAT I MAY HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian) ____ Date Signed ____

#38

HOLD for Other Agency Name	Signature of Arresting Officer	Name Verification (Printed by Arrestee)
[ ] Dangerous [ ] Suicidal [ ] Resisted Arrest [ ] Other	Name of Arresting Officer: R. ORAGENE ID#: 7760	(PRINT)
Intake Deputy ID# Pouch #	Transporting Officer ID# Agency	Witness hearing subject signed/refusal to sign

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