

0485799

577

ARREST / NOTICE TO APPEAR

OBTS Number		Agency ORI Number		Agency Name		Arrest / Notice to Appear		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1 JUVENILE			
5000400		Delray Beach Police Department				4 0 17-003446				Agency Report Number: N.T.A. (only)					
Charge Type: Check as many as apply		<input checked="" type="checkbox"/> 1. Felony <input 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 Served		Enter Type		None/not Applicable			
Location of Arrest (Including Name of Business)		1350 W LINTON BLVD, DELRAY BEACH		Location of Offense (Business Name, Address)		1350 W LINTON BLVD, DELRAY BEACH, FL 33484									
Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle			
03/02/2017		16:26		03/02/2017		16:36									
Name (Last, First, Middle) KARPOVA, YANA															
Alias: _____															
Race W - White B - Black		Sex W - American Indian O - Oriental/Asian		Date of Birth 01/09/1976		Height 5'07		Weight 140		Eye Color BROWN		Hair Color BLOND OR		Complexion LIGHT	
Build MEDIUM															
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)															
Marital Status D		Religion NOT INDICA													
Local Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone (305) 927-9507		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		Residence Type: 1. City 3. Florida 2. County 4. Out of State			
3429 NE 169 ST, NORTH MIAMI BEACH, FL 33160												2			
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone (305) 927-9507		Address Source		VERBAL			
3429 NE 169 ST, NORTH MIAMI BEACH, FL 33160															
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		Occupation					
D/L Number, State K611960765090 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) RUSSIA, Russian		Citizen-ship US							
Co-Defendant Name (Last, First, Middle)															
Race		Sex		Date of Birth				<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <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"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor		<input type="checkbox"/> 5. Juvenile			
Name (Last, First, Middle)															
Residence Phone															
Address (Street, Apt. Number) (City) (State) (Zip) Business Phone															
Notified by: (Name) Date Time JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. Incarcerated															
Released To: (Name) Relationship Date Time Grade															
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. School Attended															
The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.															
Property Crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Description of Property MISC HOUSEHOLD GOODS Value of Property															
Yes, by: <input type="checkbox"/> No:															
Drug Activity S. Sell R. Smuggle K. Dispenses/ M. Manufacture/ Z. Other Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown N. N/A B. Buy D. Deliver Distribute Produce/ Cultivate N. N/A C. Cocaine M. Marijuana Equipment Z. Other P. Possess T. Traffic E. Use A. Amphetamine E. Heroin S. Synthetic															
Charge Description AGGRAVATED GRAND RETAIL THEFT Statute Violation Number 812.015(1)(b) AND (8)(A) Violation of ORD #															
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond															
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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 checked="" 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) South County 200 W Atlantic Ave Delray Beach, FL 33444															
Court Date and Time															
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 COMTEMPT 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)															
HOLD for Other Agency <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest Name of Arresting Officer (Print) I.D. # <input type="checkbox"/> Suicidal <input type="checkbox"/> Other WARNE, MATTHEW 0958 Intake/Deputy I.D. # Pouch # Transporting Officer I.D. # Agency DENNENET #8349 958 DELRA															
(PRINT) 5 3 3 1 OF 1															
Witness here if subject signed with an "X".															

PROBABLE CAUSE AFFIDAVIT			
OBTS Number		1 Arrest 2 N.T.A.	
Agency ORI Number FL 0500400		3 Request for Warrant 4 Request for Capias	
Agency Name DELRAY BEACH POLICE DEPARTMENT		1 1 JUVENILE	
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		Agency Report Number 4 0 17-003446	
Name (Last, First, Middle) KARPOVA, YANA		Special Notes	
Alias		Race	Sex
		W	F
Date of Birth 01/09/1976			
Charge Description 812.015(1)(D)AND(8) AGGRAVATED GRAND RETAIL THEFT		Charge Description	
Charge Description		Charge Description	
Victim's Name (Last, First, Middle) HOMEGOODS		Race	Sex
Local Address (Street, Apt. Number) 1350 W LINTON BLVD, DELRAY BEACH, FL 33444		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> <p><input type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input checked="" type="checkbox"/> was observed by LPO CHRISTIAN MOLLINEDO who told OEC WARNE that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>2</u> day of <u>March</u>, <u>2017</u> at <u>16:26</u> (Specifically include facts constituting cause for arrest.)</p>			
<p>This incident occurred within the City of Delray Beach, Palm Beach County FL;</p> <p>On 03/02/2017 at 1603 hours, I was dispatched to Homegoods (1350 W. Linton Blvd) in regards to a W/F in custody for shoplifting. I met with Loss Prevention Officer Christian Mollinedo who told me that he observed a W/F, later identified by her FLDL as Yana Karpova enter the store and place several household items inside of her shopping cart. Mollinedo watched as Karpova walked towards the front of the store and pass all points of sales without attempting to pay for the merchandise. Mollinedo made contact with Karpova in front of the store and escorted her into his office. While in the office, she refused to cooperate with him and refused to provide Mollinedo with her name and her license. Mollinedo gave me a register receipt which showed the merchandise valued at \$499.97.</p> <p>It should be noted that Karpova had (3) Homegoods giftcards in her purse. She also had multiple different credit and debit cards in her possession.</p> <p>Based on the above stated facts, Yana Karpova did unlawfully take possession of or carry away merchandise, property, money, or negotiable documents of a value of \$300.00 or more per <i>me</i> F.S.S 812.015(1)(D) & (8)</p>			

A SWORN AND SUBSCRIBED BEFORE ME

~~47044785~~
NOTARY PUBLIC / CLE

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

3

03/02/2017

DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

WARNE, MATTHEW (0958)

NAME OF OFFICER (PLEASE PRINT)

03/02/2017

DATE

PAGE
1 OF **1**

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.