

0487268

ARREST / NOTICE TO APPEAR

Juvenile Referral Report

1913

OBTS Number

Agency ORI Number
FLO 503700

Agency Name

FLORIDA ATLANTIC UNIVERSITY POLICE DEPT.

Charge Type:
Check as many as apply:
1. Felony
2. Traffic Felony3. Misdemeanor
4. Traffic Misdemeanor5. Ordinance
6. Other1. Arrest
2. N.T.A.3. Request for Warrant
4. Request for Capias

Juvenile

1

Agency Report Number (N.T.A.'s only)
17-0358Weapon Seized / Type
2
1. Yes
2. No

Multiple Clearance Indicator

ADMINISTRATIVE

Location of Arrest (Including Name of Business)
777 Glades RD, Boca Raton, FL, 33431. Heritage Park Tower (HPT) (Bldg. 89)Location of Offense (Business Name, Address)
777 Glades RD, Boca Raton, FL, 33431. Heritage Park Tower (HPT) (Bldg. 89)Date of Arrest
4/21/17Time of Arrest
20:24

Booking Date

Booking Time

Jail Date

Jail Time

Location of Vehicle

Name (Last, First, Middle)
Lintner, Zachary, James

Alias (Name, DOB, Soc. Sec. #, Etc.)

Race
W- White I-American Indian
B - Black O-Oriental/Asian
Sex
W M Date of Birth
03/02/98 Height
6'1 Weight
225 Eye Color
Green Hair Color
Brown Complexion
Light Build
HeavyScars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)
NoneLocal Address (Street, Apt. Number)
8925 SW 172nd Ter
(City) Palmetto Bay
(State) FL
(Zip) 33157 Phone
(305) 4968535 Residence Type:
1. City 2. County 3. Florida 4. Out of State 3Permanent Address (Street, Apt. Number)
8925 SW 172nd Ter
(City) Palmetto Bay
(State) FL
(Zip) 33157 Phone
(305) 4968535 Address Source
Drivers LicenseBusiness Address (Name, Street)
(City) (State) (Zip) Phone
() Occupation
StudentDL Number, State
L535990980820 Soc. Sec. Number
INS Number Place of Birth (City, State)
Miami, Florida Citizenship
USACo-Defendant Name (Last, First, Middle)
Co-Defendant Name (Last, First, Middle)Race Sex Date of Birth
□ 1. Arrested
□ 2. At Large
□ 3. Felony
□ 4. Misdemeanor
□ 5. JuvenileParent Name (Last) (First) (Middle)
Legal Custodian
Other:
Address (Street, Apt. Number)
(City) (State) (Zip) Residence Phone
() Business Phone
()Notified by: (Name)
Date Time Juvenile Disposition
1. Handled/ processed within
Dept. and Released
2. TOT HRS / DYS
3. IncarceratedReleased To: (Name)
Relationship Date TimeThe above address provided by defendant and / or 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.
□ Yes, by: (Name) No: (Reason) School Attended GradeProperty Crime?
□ Yes No Description of Property Value of PropertyDrug Activity S. Sell R. Smuggle K. Dispense/ M. Manufacture/ Z. Other
N. N/A B. Buy D. Deliver Produce/ Cultivate
P. Possess T. Traffic E. Use Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown
N. A/H C. Cocaine M. Marijuana S. Equipment Z. Other
A. Amphetamine E. Heroin O. Opium/Derv. S. SyntheticsCharge Description Counts Domestic Violence Statute Violation Number Violation of ORD #
Possession of Hashish wax/ controlled substance 1 Y N F.F.S 893.13(6)(a)Drug Activity Drug Type Amount / Unit Offense # Warrant / Capias Number Bond
P M 17-0358Charge Description Counts Domestic Violence Statute Violation Number Violation of ORD #
Possession of paraphernalia 1 Y N F.F.S 893.147(1)(b)Drug Activity Drug Type Amount / Unit Offense # Warrant / Capias Number Bond
P M 17-0358Charge Description Counts Domestic Violence Statute Violation Number Violation of ORD #
17-0358Drug Activity Drug Type Amount / Unit Offense # Warrant / Capias Number Bond
P M 17-0358Charge Description Counts Domestic Violence Statute Violation Number Violation of ORD #
17-0358Drug Activity Drug Type Amount / Unit Offense # Warrant / Capias Number Bond
P M 17-0358Location (Court, Room Number, Address)
SCANNED

Court Date and Time

Month Day Year Time APR 26 2017 AM 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 IF I 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: *Zachary Lintner*Signature of Arresting Officer
Name of Arresting Officer (Print) I.D. #
Jennifer Ponce 358 FAUPD 358Dangerous Resisted Arrest
Suicidal Other: Intake Deputy I.D. # Pouch # Transporting Officer ID # Agency
Spenn S. 358 Jennifer Ponce 358 FAUPD

Witness here if subject signed with an -X" OF

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

1

OBTS Number

AGENCY ORI NUMBER

Agency Name

FLORIDA ATLANTIC UNIVERSITY

Agency Report Number

1 7 - 0 3 5 8

ADMIN

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

Special Notes:

DEF

CHARGES

VICTIM

PROBABLE CAUSE STATEMENT

ADMINISTRATIVE

Alias

Race

W

Sex

M

Date of Birth

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