

BEFORE THE SCHOOL BOARD OF PALM BEACH COUNTY, FLORIDA

ARTHUR C. JOHNSON, Ph.D.,
as Superintendent of Schools,

Petitioner,

vs.

Case No. 04/05-X-015


Respondent.

FINAL ORDER

THIS MATTER came to be heard by the School Board of Palm Beach County, Florida, ("School Board") for the purpose of entering a Final Order in the above-styled cause. In consideration of the Recommendation of the Superintendent and the attached exhibits, the School Board makes the following Findings of Fact and Conclusions of Law.


FINDINGS OF FACT

1. Respondent's parent was notified by the Principal of W. T. Dwyer Community High School that the Respondent was being recommended for expulsion on October 14, 2004. The Recommendation for Expulsion is incorporated by reference and made a part hereof as (Exhibit A).
2. Respondent's parent was notified by the Superintendent of the School District of Palm Beach County, Florida ("School District") on November 18, 2004, via certified and regular mail, that the Respondent would be recommended to the School Board to be expelled from the School District. The Notice of Recommendation for Expulsion is incorporated by reference and made a part hereof as (Exhibit B).
3. Said notice advised Respondent's parent of their right to an administrative hearing to contest the charges contained therein provided they requested a hearing within ten (10) days of receipt of same.
4. No hearing request has been received in the Office of the Chief Academic Officer.

CONCLUSIONS OF LAW

1. The School Board has jurisdiction over the subject matter and the parties hereto.
2. The School Board finds that the Respondent is guilty of the acts alleged by the Superintendent in the letter dated November 18, 2004, to wit:

Possession of a box cutter while on the campus of W. T. Dwyer Community High School on October 11, 2004.

ORDERED AND ADJUDGED by the School Board in regular session that the recommendation of the Superintendent be accepted and confirmed.  is hereby expelled from the School District for one calendar year from October 26, 2004. Respondent may choose to continue educational services during his expulsion

period at the ACS site. However, if Respondent is dismissed from that program by ACS, no further educational services will be offered by the District until the expulsion period is ended.

This Order may be appealed within thirty (30) days by filing a notice of appeal with the District Court of Appeal. Except in cases of indigence, the Court will require a filing fee and payment for preparing the record on appeal. For further explanation of the right to appeal, refer to § 120.68, Fla. Stat., and the Florida Rules of Appellate Procedure.

Dated this 16th day of March, 2005.

SCHOOL BOARD OF PALM BEACH COUNTY, FLORIDA

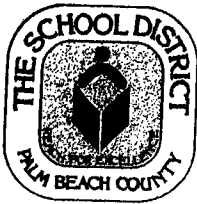
BY: _____
Thomas Lynch, Chairman

Attest: _____
Arthur C. Johnson, Ph.D., Secretary

(SEAL)

Filed with the Clerk of the School Board this 16th day of March, 2005.

Alicia Palmer, Clerk



THE SCHOOL DISTRICT OF
PALM BEACH COUNTY, FLORIDA

CHIEF ACADEMIC OFFICE
3300 FOREST HILL BLVD., C-316
WEST PALM BEACH, FL 33406-5813

Ph: 561-649-6888 Fx: 561-649-6837

www.PalmBeachSchool.org

ANN KILLETS
CHIEF ACADEMIC OFFICER

ARTHUR C. JOHNSON, Ph.D.
SUPERINTENDENT OF SCHOOLS

November 18, 2004

CERTIFIED AND REGULAR MAIL
RETURN RECEIPT REQUESTED

[REDACTED]

NOTICE OF RECOMMENDATION FOR EXPULSION

[REDACTED]

Dear Ms. Simpson:

Based upon the recommendation of David Culp, Principal of W. T. Dwyer Community High School, and in accordance with Florida Statute § 1006.07, and Palm Beach County School Board Policy 5.1813, I will request that the School Board of Palm Beach County, Florida, expel your daughter [REDACTED] from the Palm Beach County School District. This decision is based upon the following action:

Possession of a box cutter while on the campus of W.T. Dwyer Community High School on October 11, 2004.

Pursuant to Florida Statute § 120.569, you have the right to an administrative hearing. Your request must be received by the Office of the Chief Academic Officer within ten (10) days of the date of this letter. If you request a hearing, a hearing officer will be appointed pursuant to Florida Statute § 120.81(1)(e). If you do not request a hearing, this recommendation will become final.

Your daughter may receive educational services at the ACS Transition Program during this expulsion due process. If you have any questions regarding the expulsion due process or the educational services available at the ACS Intensive Site, please contact the Office of the Chief Academic Officer at 561-649-6888.

Sincerely,

A handwritten signature in black ink, appearing to read "Arthur C. Johnson", with a long horizontal line extending to the right.

Arthur C. Johnson, Ph.D.
Superintendent

ACJ:AK:JRA:LEP:ci

cc: Principal, W.T. Dwyer Community High School
North Area Superintendent
Chief Academic Officer
Director of Alternative Education



W T Dwyer COMMUNITY HIGH SCHOOL EST. 1991

13601 N. Military Trail
Palm Beach Gardens, Florida 33418
561-625-7800

David Culp
Principal

Regular and Certified Mail
Return Receipt Requested 7004 0750 0000 4739 8019
Date 10/14/2004
Student Number 21046222

[Redacted]

Custodial Parent/Guardian of:

[Redacted]

Dear Custodial Parent/Guardian:

On 10/11/2004 your son/daughter/ward was rendered a ten (10) day suspension as documented by my letter to you, a copy of which is attached.

Pursuant to Florida Statute § 230.23(6)(c), which authorizes the School Board to decide cases recommended for expulsion, I have this date recommended to the Expulsion Screening Committee that the School Board expel your son/daughter/ward from the public schools of Palm Beach County. My recommendation is based on substantial evidence available to me supporting the following serious misconduct.

[Redacted] was found to have a concealed weapon in her purse while on the campus of Dwyer High School. The student stated she brought the box cutter for protection against students at this school.

[Redacted]

Pursuant to Florida Statute § 230.33(8), the Superintendent may extend the ten (10) day suspension until the date the School Board Meeting at which time the School Board will act on the Expulsion.

As of 10/26/2004, your son/daughter/ward is assigned to the Department of Alternative Education.

Sincerely,

David Culp
Principal
William T. Dwyer High School
13601 N. Military Trail
Palm Beach Gardens, FL 33418
561-625-7800

cc: Area Superintendent
Chief Academic Officer
Director of Alternative Education
School Police

THE SCHOOL DISTRICT OF PALM BEACH COUNTY
 DIRECTIONS: Write in the appropriate code number or letter in the corresponding boxes.
 Student Discipline

STUDENT NAME	STUDENT NUMBER	GRADE	ESE / 504	DATE	TIME
[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	10/11/04	8:00
LOCATION	REPORTED BY	SCHOOL	INTERVENTIONS BY TEACHER BEFORE REFERRAL	BUS CODE	
BK - Bookstore BS - Bus Stop BU - School Bus/Transportation CA - Cafeteria CL - Clinic CS - Regular Classroom GR - School Grounds GY - Gymnasium HA - Hallway IS - Alternative to Suspension Room LA - Laboratory LI - Library/Media Center OF - Office OG - Off School Grounds OT - Other PG - Playground/Track PK - Parking Lot RE - Restroom RT - Returning Home TR - To School	[REDACTED]	Dwyer	<input type="checkbox"/> Conference with student <input checked="" type="checkbox"/> Telephone call to parent <input type="checkbox"/> Referral to CORE team <input type="checkbox"/> Conference with counselor <input type="checkbox"/> Letter to parent <input type="checkbox"/> De-escalation techniques <input type="checkbox"/> Parent Conference <input type="checkbox"/> Problem solving techniques <input type="checkbox"/> Other		
STAFF ID NUMBER	REPORTED BY (CODE)	NATURE OF PROBLEM (Be Specific)			
105	105	Student had trouble 'd a bus. Student brought a box cutter to school found in purse. "I brought it for protection" Student went through Mediation on Fri day of last week for similar incident			

DISTRICT NUMBER	WHEN EVENT OCCURRED (circle one)	WHERE EVENT OCCURRED (circle one)	INVOLVEMENT TYPE (circle one)	RELATED ISSUES (circle all that apply)
56	1 - DURING SCHOOL HOURS	1 - SCHOOL GROUNDS / ON CAMPUS	S - STUDENT	G - Gang related
	2 - Outside school hours, school sponsored activity	2 - School sponsored activity / off campus	N - Non-student	W - Weapon related
	3 - Outside school hours, non-school sponsored activity	3 - School sponsored transportation (includes bus stops)	B - Both student and non-student	A - Alcohol related
	4 - Unrelated event or unknown		U - Unknown	H - Hate related
				D - Drug related
DISTRICT 50	ADMINISTRATIVE USE ONLY BELOW THIS LINE	ADMINISTRATOR'S NAME		
56		[REDACTED]		
SCHOOL NO.		COMMENTS		
2201		Student spiked the reason she brought the "Shark" (knife) was to defend herself against another student at school on at the bus stop. Called Aunt. Cant come to get them. Called Aunt. Cant come to get them.		
WHAT KIND OF WEAPON USED (# appropriate)	INCIDENT CODES (see code sheets)	ADMINISTRATION ID	EVENT NUMBER	DATE
K - Knife H - Handgun F - Firearm/Explosive device R - Rifle/Shotgun O - Other Weapon U - Unknown	51	105		10/11/04
DURATION	ACTION CODE (see code sheets)	SIGNATURE OF PARENT		
10	44	[REDACTED]		
Begin Date 10/11/04	86	PRESSPASSING NOTICE: I, the student, am aware that I may not be on school grounds and may not attend any school functions or school activities on or off school grounds of any Palm Beach County School District facility during the dates of my suspension.		
Return Date 10/25/04	XL	DATE		
CASE NUMBER/AGENCY	CRT / TEAM INTERVENTION	DATE		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	10-11-04		

COPI - Parent
 COPI - Originator
 COPI - Guidance Counselor / ESE Contact

PRASD 0279 (REV. 7/26/2001)

FENSE-INCIDENT REPORT

Juvenile in Report [] Juvenile Warn/Dismiss [] 1. Original [] 2. Supplement [] 1

PALM BEACH COUNTY SCHOOL BOARD

Agency Report Number 043008

ADM. Date of Supplement MON 10/11/2004 Date 10/11/2004 Time Dispatched (mil) 10815 Time Arrived (mil) Time Completed (mil)

OFF/INC # 1 1 WEAPON A-Attempted C-Committed 790 Statute Violation Number 115 NCIC/UCR Code 5200

EVENT DATA Incident Location (Street, Apt. Number) 2201 City PALM BEACH GARDENS Zip 33418 District Grid Area Zone

Business Name/Area Identifier WT DWYER HS Location Type 01. Residence Single 06. Gas Station 11. Specialty Store 16. Storage 21. Airport 26. Highway/Roadway 99. Other

CODES # OFF/INC. 01 # Victims 01 # Offenders 03 # Prem. Ent. 00 # Veh. Stolen 00 Type of Weapon 00. N/A 01. Handgun 02. Rifle 03. Shotgun 04. Firearm 05. Knife/Cutting Instrument 06. Blunt Object 07. Hands/Fist/Feet 08. Poison 09. Explosives 10. Fire/Inflammatory 11. Threat/Intimidation 12. Simulated Weapon 13. Drugs 14. Unknown 15. Other 18

VICTIM/WITNESS OFF/INC Indicator 1.#1 3.Both 2.#2 1 V # 01 9 V.Type Name (Last, First, Middle or Business) STATE OF FLA Address (Street, Apt. Number) City WEST PALM BEACH State FL Zip 33406

VICTIM/WITNESS If V/W Code V, W or P Race N Sex N Date of Birth or Age Res. Type Res. Status Extent of Injury Injury Type(s) Relationship Ethnicity Will Victim prefer charge? Yes No

SUSPECT OFF/INC Indicator 1.#1 3.Both 2.#2 Suspect Code S-Suspect E-Escape A-Arrestee Z-Other Code # Juvenile Name (Last, First, Middle) Maiden Name Nickname/Street Name Place of Birth Residence Phone

SUSPECT Last Known Address (Street, Apt. Number) City State Zip Business Phone Occupation Employer/School Address Social Security Number Driver's License State/Number Immigration and Naturalization Number Other I.D. Number OBTS Number (Arrested) FCIC/NCIC

NARRATIVE SEE ATTACHED NARRATIVE JUVENILE CONFIDENTIAL

ADMINISTRATIVE Officer(s) Reporting LOUGHNAN I.D. Number(s)/Locator Code 932 Officer Reviewing (If Applicable) Routed To Referred Assigned To By Date Date Cleared 10/14/2004

COMPLAINT / ARREST AFFIDAVIT

PALM BEACH COUNTY SCHOOL BOARD

OBTS Number 043008A, Police Case No. 043008, Defendant's Name, Local Address, Permanent Address, Business Address, Student, Driver's License No.

Weapon Seized? Yes, Arrest Date 10/11/2004, Arrest Time, Arrest Location 2201 WILLIAM T DWYER HS, GRID

If Def. has Concealed Weapons Permit, No. Cases Cleared 01, Influence of Drugs, Influence of Alcohol, Citizenship US, Resid. Type City

CO-DEFENDANTS, Last, First, Middle, DOB mo/day/yr, In Custody, Felony, Misdemeanor, Juvenile

Table with columns: CODE, DRUG ACTIVITY, S. Sell, R. Smuggle, K. Dispense/Distribute, M. Manufacture/Produce/Cultivate, DRUG TYPE, B. Barbiturate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opium/Deriv., P. Paraphernalia/Equipment, S. Synthetic, U. Unknown, Z. Other

Table with columns: CHARGES, Activity, Type, Counts, STATUTE, D.V., AC, CAPIAS, BW, FW, PW, CIT, VIOLATION OF SECT.

The undersigned certifies and swears that he has just and reasonable grounds to believe, and does believe that the above named Defendant On the day of At (Time) (Location, include name of business)

committed the following violation of law: Narrative; (Be specific) SEE ATTACHED NARRATIVE

Hold for Other Agency, Agency Verified by, Page of

I swear that the above Statement is correct and true to the best of my knowledge and belief. Sworn to and subscribed before me. the undersigned authority, this day of

LOUGHNAN Officer's Name

Signature

Department Name Court ID Number/Loc.Code

HOLD FOR BOND HEARING. DO NOT BOND OUT (Officer Must Appear at Bond Hearing)

Sworn to and subscribed before me. the undersigned authority, this day of

day of

Signature

Deputy of the Court or Notary Public

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. Furthermore, I agree that notice concerning the time, date, and place of all court hearings should be sent to the above address. I agree that it is my responsibility to notify the Clerk of the Court (Juveniles notify Family Division Juvenile Section) anytime that my address changes.

You need not appear in court, but must comply with the instructions on the reverse side hereof.

JUVENILE CONFIDENTIAL

Signature of Defendant / Juvenile and Parent or Guardian

COMPLAINT / ARREST AFFIDAVIT

PALM BEACH COUNTY SCHOOL BOARD

OBTS Number 043008B, Felony, Misdemeanor, Traffic, Jail No., Police Case No. 043008

IDS No., Agency Code, Municipal P.D. Def. ID No., MDPD Records and ID No., Court Case No.

DEFENDANT'S NAME, Last, First, Middle, DOB mo/day/yr, Sex, Race, Ethnic, Height, Weight, Hair, Eyes

LOCAL ADDRESS, Street, City, State, Zip, Phone, Alias

HOME ADDRESS, City, State, Zip, Phone, Address Source, Verbal, Voter's ID

BUSINESS ADDRESS, Street, City, State, Zip, Phone, Occupation, Place of Birth

DRIVER'S LICENSE NO., State, Social Security No., Scars, Tattoos, Unique Physical Features

Weapon Seized? Type 05, Arrest Date 10/11/2004, Arrest Time, Arrest Location 2201 WILLIAM T DWYER HS, GRID

If Def. has Concealed Weapons Permit, PERMIT # W-, For Robbery, Burglary, F/A Viol: Suspected history of drug involvement?, Yes, No, Cases Cleared, Influence of Drugs, Influence of Alcoh., Citizenship, Resid. Type: City, Out of State

CO-DEFENDANTS, 1. Last, First, Middle, DOB mo/day/yr, In Custody, Felony, Misdemeanor, Juvenile

2. Last, First, Middle, DOB mo/day/yr, In Custody, Felony, Misdemeanor, Juvenile

Table with columns: CODE, DRUG ACTIVITY, S. Sell, R. Smuggle, K. Dispense/Distribute, M. Manufacture/Produce/Cultivate, DRUG TYPE, B. Barbiturate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opium/Deriv., P. Paraphernalia/Equipment, S. Synthetic, U. Unknown, Z. Other

Table with columns: CHARGES, Activity, Type, Counts, STATUTE, D.V., JAC, CAPIAS, BW, FW, PW, CIT, VIOLATION OF SECT.

The undersigned certifies and swears that he has just and reasonable grounds to believe, and does believe that the above named Defendant On the day of At (Time) A.M. P.M. (Location, include name of business)

committed the following violation of law: Narrative; (Be specific) SEE ATTACHED NARRATIVE

Blank lines for narrative and signature area.

Hold for Other Agency, Agency Verified by, HOLD FOR BOND HEARING. DO NOT BOND OUT (Officer Must Appear at Bond Hearing)

I swear that the above Statement is correct and true to the best of my knowledge and belief. Sworn to and subscribed before me. the undersigned authority, this day of

LOUGHNAN, Officer's Name, day of, JUVENILE

Officer's Signature, You need not appear in court, but must comply with the instructions on the reverse side hereof.

Department Name, Court ID Number/Loc.Code, Deputy of the Court or Notary Public, CONFIDENTIAL, Signature of Defendant, Juvenile and Parent or Guardian

PROPERTY REPORT

1. Original
2. Supplement

1

PALM BEACH COUNTY SCHOOL BOARD

Agency Report Number
043008

Date of Supplement	Original Date Reported	Primary Offense Description	Victim #1 Name
	10/11/2004	WEAPON	STATE OF FLA

Person code V-Victim S-Suspect	P-Proprietor A-Arrestee Z-Other	Status Code 1. Stolen 2. Recovered	3. Stolen and Recovered 4. Recovered for Other Jurisdiction	5. Lost 6. Found 7. Safekeeping	8. Evidence/Seized 9. Other	Damage Code 0. N/A 1. Arson	2. Criminal Mischief 3. During other Offense 9. Other
--------------------------------------	---------------------------------------	--	---	---------------------------------------	--------------------------------	-----------------------------------	---

Property Type A. Auto Accessory/Parts B. Bicycle C. Camera/Photo Equipment D. Drug E. Equipment/Tool	F. Food/Liquor/Consumable G. Gun H. Household Appliance/Goods I. Plant/Citrus J. Jewelry/Precious Metal	K. Clothing/Fur L. Livestock M. Musical Instrument N. Construction Machinery O. Office Equipment	P. Art/Collection Q. Computer Equipment R. Radio/Stereo S. Sports Equipment T. TV/Video/VCR	U. Currency/Negotiable V. Credit Card/Non-Negotiable W. Boat Motor X. Structure Y. Farm Equipment	Z. Miscellaneous
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Person Code #	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number
V	01	01	8	Z	3	WEAPON		
Serial Number	Owner Applied Number	Description (Size, Color, Caliber, Barrel Length, Etc.)						
		(3) PINK PLASTIC BOX RAZORS						

Value	Value Recovered	Date Recovered	FCIC/NCIC
\$	\$ 3	10/11/2004	

Person Code #	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number
Serial Number	Owner Applied Number	Description (Size, Color, Caliber, Barrel Length, Etc.)						

Value	Value Recovered	Date Recovered	FCIC/NCIC
\$	\$		

Person Code #	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number
Serial Number	Owner Applied Number	Description (Size, Color, Caliber, Barrel Length, Etc.)						

Value	Value Recovered	Date Recovered	FCIC/NCIC
\$	\$		

Property Stolen	\$	Change in Property Stolen Value	\$
Property Recovered	\$ 3	Change in Property Recovered Value	\$

Activity	Type	Description	Quantity	Unit	Estimated Street Value
					\$

Activity	Type	Description	Quantity	Unit	Estimated Street Value
					\$

SEE ATTACHED NARRATIVE

JUVENILE
CONFIDENTIAL

Officer(s) Reporting	ID. Number(s)/Locator Code	Unit	Date
LOUGHNAN	932		
Officer Reviewing (if applicable)	ID. Number	Routed To	Referred To
			Assigned To
			By
			AMK

NARRATIVE CONTINUATION

FLO 504200

PALM BEACH COUNTY SCHOOL DISTRICT POLICE

Case: 04-3008
Investigator: James Loughnan #932
Reported Date: 10/11/04 - 0815 Hours

ON 10-11-04, AFFIANT WAS ON DUTY AT DWYER HIGH SCHOOL, LOCATED IN PALM BEACH GARDENS FLORIDA. AT APPROXIMATELY 0815 HOURS, ASSISTANT PRINCIPAL AT DWYER HIGH SCHOOL, MR. BILL BASIL, THE LISTED WITNESS IN THIS CASE INFORMED ME OF THE FOLLOWING: HE RECEIVED CREDIBLE INFORMATION THAT SEVERAL FEMALE STUDENTS, THE LISTED ARRESTED PARTIES IN THIS CASE, HAD BROUGHT KNIVES TO SCHOOL TODAY AND THAT THEY WERE ANTICIPATING A FIGHT WITH SEVERAL OTHER DWYER HIGH STUDENTS. THE FIGHT THREAT DEVELOPED FROM A NEIGHBORHOOD DISPUTE IN RIVIERA BEACH, FL. WITNESS BASIL SUMMONED THE ARRESTED PARTIES FROM THEIR CLASS, AND A SEARCH OF THEIR PURSES REVEALED THAT EACH OF THE THREE STUDENTS HAD PINK BOX CUTTERS IN THEIR PURSE. EACH OF THE ARRESTED PARTIES, STUDENTS ADMITTED TO MR. BASIL THAT THEY INTENDED TO USE THE KNIVES WHEN PROVOKD. THE WITNESS, MR. BASIL, THEN TURNED THE KNIVES AND THE FEMALE STUDENTS OVER TO ME. WITNESS BASIL ACCOMPLISHED A WRITTEN WITNESS AFFIDAVIT, DESCRIBING THE AFOREMENTIONED FACTS.

BASED ON THIS INFORMATION AND EVIDENCE, ALL THREE FEMALE STUDENTS WERE ARRESTED AND CHARGED WITH POSSESSION OF A WEAPON ON SCHOOL PROPERTY, F.S.S. 790.115 SUBSECTION 2. ARRESTED #1 [REDACTED]

[REDACTED] ARRESTED PARTIES WERE TURNED OVER TO THE JUVENILE ASSESSMENT CENTER (JAC) FOR BOOKING.

THE PARENTS WERE NOTIFIED PRIOR TO THEIR DEPARTURE TO THE JAC AND THE KNIVES WERE T.O.T. EVIDENCE.

ALSO, ALL THREE ARRESTED PARTIES WERE DISCIPLINED BY SCHOOL OFFICIALS, ACCORDING TO THEIR PROTOCOL.

THIS CASE IS CLEARED BY ARREST.

JUVENILE
CONFIDENTIAL

SUPPLEMENT

Case: 04-3008
Investigator: James Loughnan #932
Reported Date: 10/11/04 - 0815 Hours

Supplement by: Robert K. Thomas #864
Supplement date: 01/11/04

On Monday, 10/11/04 at about 1040 hours, I was notified by William T. Dwyer High School Assistant Principal, Bill Basis that he had three students in his office. Each student was in possession of a box cutter. Officer Loughnan dealt with two of the girls. I met with [REDACTED] in my office at 1045 hours. She was advised of her Miranda rights via the Miranda form. She said she understood her rights and signed the form, from which I read. [REDACTED] made the following statement. She said that she and four of her friends have been having some problems with some other girls both in their neighborhood and at school. On Friday, 10/08/04 at 1545 hours, a fight occurred in the Ivy Green subdivision in Riviera Beach. Two of [REDACTED] sisters were injured during the fight. According to [REDACTED] Riviera Beach Police responded.

On Monday, 10/11/04 [REDACTED] went to the bus stop and observed the parent of one of the girls they have been having trouble with putting baseball bats into her vehicle. [REDACTED] and her friends decided to not ride the bus because the bus was late and it was raining. [REDACTED] and her friends got a ride to school. They arrived at school at about 0815 hours. They went to Student Services to talk with another Assistant Principal but found Basil instead. As they were speaking with Basil about the fight in the neighborhood, Basil asked the three girls if they had anything with them that they should not have at school. As Basil was speaking with another girl, [REDACTED] pulled out a plastic, pink-colored box cutter from her book bag and gave it to Basil. [REDACTED] admitted that she brought the box cutter to school for protection. [REDACTED] did not wish to make a written statement.

Basil continued to speak with the girls before he turned the box cutter over to Officer Loughnan.

**JUVENILE
CONFIDENTIAL**

THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL POLICE DEPARTMENT

Miranda Rights

Case No.	04-3008
Date	October 11, 2004
Time	0815HRS

I am required to warn you before you make any statement that you have the following constitutional rights...

1. You have the right to remain silent and not answer any questions.
2. Any statement you make must be freely and voluntarily given.
3. You have the right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford an attorney, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

I have been advised of my Miranda Rights and I understand them.

Me han avisado de mis derechos Miranda y los entiendo.

Yo te ban m eksplikasyon sou dwa Miranda mwen genyen, epi mwen konprann yo.

NOT READ / NOT QUESTIONED

10-11-04

SIGNATURE
FIRMA
SIYATI

DATE
FECHA
DAT

Police Officer
Policia
Ofisye Polis

Loughran

I.D. No 932
Nº de Identidad
Nimewo Idantite

Location

Dwyer High School

Lugar de entrevista
Kote konvèsasyon an te fet

Witness
Testigo
Temwen

Witness
Testigo
Temwen

**JUVENILE
CONFIDENTIAL**

THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL POLICE DEPARTMENT

Miranda Rights

Case No.	04-3008
Date	10-11-04
Time	1050 Am

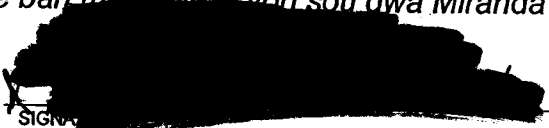
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Yo te ban m'ekenlikesyon sou dwa Miranda mwen genyen, epi mwen konprann yo.



SIGNATURE
FIRMA
SIYATI

R. Thomas

10-11-04

DATE
FECHA
DAT

Police Officer
Policia
Ofisye Polis

I.D. No 864
Nº de Identidad
Nimewo Idantite

Location

William T Dwyer High School

Lugar de entrevista
Kote konvèsasyon an te fet

Witness

Testigo

Temwen

Witness

Testigo

Temwen

JUVENILE
CONFIDENTIAL

THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL POLICE DEPARTMENT

Miranda Rights

Case No.	04-3008
Date	October 11, 2004
Time	0815HRS

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I have been advised of my Miranda Rights and I understand them.

Me han avisado de mis derechos Miranda y los entiendo

Yo te ban m eksplikasyon sou dwa Miranda mwen gen konprann yo.

NOT READ / NOT QUESTIONED
10-11-04

SIGNATURE
FIRMA
SIYATI

DATE
FECHA
DAT

Police Officer
Policia
Ofisye Polis

I.D. No. 932
Nº de Identidad
Nimewo Idantite

Location
Lugar de entrevista
Kote konvèsasyon an te fet

Owyer High School

Witness
Testigo
Temwen

Witness
Testigo
Temwen

**JUVENILE
CONFIDENTIAL**



JUVENILE
CONFIDENTIAL

PANEL: _____

A03. DEMOGRAPHICS
Monday October 18, 2004 9:13 am

YEAR: 05

STDT: [REDACTED]

LAST	APP FIRST	MIDDLE	AKA	FORMER
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

RES NBR	DR STREET	TYPE PD APT/BLDG	CITY	ST ZIP+4
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

MLG NBR	DR STREET	TYPE PD APT/BLDG	CITY	ST ZIP+4
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

SEX	RACE	DOB	BIRTH CITY	ST	VER	PHONE	PUB	SUMMER	ORIG	SAC	SCHL2
F	B	[REDACTED]	[REDACTED]	FL	1	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	087D	[REDACTED]

ENT	DATE	SCHL	GR	OD	CL	AT	W/D	DATE	PR	PF	SSN	EXTRNL	NBR	PC	PS	PD
E01	081104	2201	11		01	Y					[REDACTED]	[REDACTED]	[REDACTED]	US	FL	50

LNG	PGL	COB	SURVEY	STAT	CAT	LEP	RES	EN:DS	SCHL	C1:B-H-M-N	CH2	EHA	D/B	ST:C	M	EX
EN	EN	US	090892			ZZ	3			NNNN	Y	Y	N	NN	N	Z

PF1=HELP 3=EXIT 7=BKWD 8=FWD 12=ESCAPE

RECORD IS DISPLAYED...NEXT?

TERML: Z139



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL POLICE DEPARTMENT
Felony Filing Packet

SECTION 1: Filing Receipt

Case number _____

Agency Palm Beach County School Police

Arrest date 10-11-04

Received with reference to **DEFENDANT**

Last Name First Name MI

DOB _____

The following in the above style case (check)

- 1. Police Reports
- 2. Witness Lists
- 3. Evidence List
- 4. Probable Cause
- 5. Rough Arrest
- 6. Criminal History
- 7. _____
- 8. _____
- 9. _____
- 10. _____

Charged by Officer with

POSSESSION OF WEAPON ON SCHOOL PROPERTY

Charges filed by Assistant State Attorney _____

Officer's Name LOUGHNAN JAMES ID number 932

This _____ day of _____

**JUVENILE
CONFIDENTIAL**

By _____
ASSISTANT STATE ATTORNEY

SECTION 3: Defendant/Evidence List

Defendant [REDACTED] Circuit Court case #

Arresting/lead officer LOUGHNAN JAMES ID number 932

Filing Officer (if different from arresting)

A. Names, addresses and phone number of all persons who may have information which may be relevant to the offense charged or any defense thereto, are provided beginning on page 6.

B. Are there any victim/witness statements available? Yes No

Written Taped Oral (Check only if statement was written down when person said it)

Copy of transcript provided? Yes No

C. Written, recorded, and/or oral statements of defendant (use additional pages if necessary).

1. Person to whom made none

Date of statement / / Written Taped Oral

If oral, what did he/she say?

none

2. Person to whom made none

Date of statement / / Written Taped Oral

If oral, what did he/she say?

none

**JUVENILE
CONFIDENTIAL**

SECTION 3: Defendant/Evidence List continued

D. Written, recorded, and/or oral statements of co-defendant (use additional pages if necessary).

1. Person to whom made N/A

Date of statement / / Written Taped Oral

If oral, what did he/she say?

2. Person to whom made N/A

Date of statement / / Written Taped Oral

If oral, what did he/she say?

- E. Grand Jury Testimony Yes No
- F. Confidential Information Yes No
- G. Electronic Surveillance Yes No
- H. Search and/or Seizure Yes No
- I. Reports of Experts Yes No

Name of expert _____

Nature of testimony _____

J. Papers or objects belonging to or obtained from defendant.

ITEMS	CUSTODIAN	CHAIN OF CUSTODY
1. PINK IN COLOR RAZOR KNIFE	WILLIAMS	LOUGHNAN JAMES/WILLIAMS
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		JUVENILE
12.		CONFIDENTIAL

SECTION 3: Defendant/Evidence List continued

K. Other evidence

ITEMS	CUSTODIAN	CHAIN OF CUSTODY
1. N/A		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

L. Anything showing the defendant may not be guilty

Source N/A

Describe information

N/A

M. Information or evidence to be supplied later

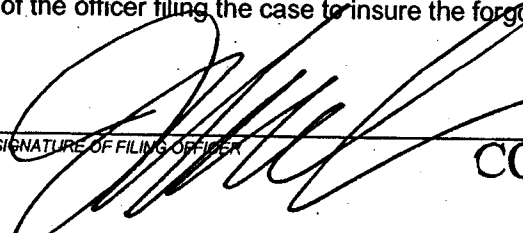
Item _____

Date will be furnished.

Why not supplied at filing

none

NOTE: It is the responsibility of the officer filing the case to insure the foregoing list is completed and correct.


 SIGNATURE OF FILING OFFICER
 JUVENILE 10/7/04
 CONFIDENTIAL

SECTION 4: Victim/Witness List

Victim State of Florida D.O.B. _____

Address (W) _____
Street/Apt. Number City State Zip Code

(H) _____
Street/Apt. Number City State Zip Code

Work phone number () - Home phone number () -

If no phone, then name, address and phone number of person who may be contacted to accept message:

Name _____ Phone number () -

Address _____
Street/Apt. Number City State Zip Code

Can testify to

Arresting officer James Loughnan ID number 932

Department Palm Beach County School Police

Address 3330 Forest Hill Boulevard, B-127 West Palm Beach FL 33406
Street/Apt. Number City State Zip Code

Phone number (561) 434 - 8300

Can testify to

Name Bill Basil D.O.B. 01101950

Address (W) 13601 N. Military Trail Palm Beach Gardens Fl 33418
Street/Apt. Number City State Zip Code

(H) _____
Street/Apt. Number City State Zip Code

Work phone number (561) 625 - 7800 Home phone number () -

Can testify to
found box cutters

JUVENILE

**NOTE: Civilian witness- give home and business address and phone numbers.
Officer - give business address and work phone only.**

SECTION 4: Victim/Witness List continued

Name Officer Robert Thomas D.O.B. _____

Address (W) 13601 N. Military Trail Palm Beach Gardens FL 33418
Street/Apt. Number City State Zip Code

(H) _____
Street/Apt. Number City State Zip Code

Work phone number (561) 625 - 7800 Home phone number (_____) _____

Can testify to

Name _____ D.O.B. _____

Address (W) _____
Street/Apt. Number City State Zip Code

(H) _____
Street/Apt. Number City State Zip Code

Work phone number (_____) _____ Home phone number (845) 813 - 9

Can testify to

Name _____ D.O.B. _____

Address (W) _____
Street/Apt. Number City State Zip Code

(H) _____
Street/Apt. Number City State Zip Code

Work phone number (_____) _____ Home phone number (_____) _____

Can testify to

**JUVENILE
CONFIDENTIAL**

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number	Agency ORI Number FLO 5 0 4 2 0 0		Agency Name PALM BEACH COUNTY SCHOOL DISTRICT POLICE		Agency Report Number 9 9 - 0 4 - 3 0 0 8	
Change 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 <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	Multiple Clearance Indicator 1	
Location of Arrest (Including Name of Business) 13601 N. Military Trail Palm Beach Gardens Fl 33418			Location of Offense (Business Name, Address) William T. Dwyer High School			
Date of Arrest 1 0 1 1 0 4	Time of Arrest 1 0 5 0	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

Name (Last, First, Middle)		Alias (Name, DOB, Social Security #, Etc.)				
Race W - White B - Black	1 - American Indian O - Oriental/Asian	Date of Birth	Height	Weight	Eye Color	Hair Color
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status single	Religion	Indication of: Unk. <input type="checkbox"/> Alcohol Influence <input type="checkbox"/>		Build
Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone (561)	Residence Type: 1. City 3. Florida 2. County 4. Out of State 1
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation student
D/L Number, State	Social Security Number	INS Number	Place of Birth	Citizenship USA		

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

<input checked="" type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:	Name (Last)	(First)	(Middle)	Residence Phone (561)
Address (Street, Apt. Number)				Business Phone ()
Notified by: (Name)		Date 10-11-2004	Time 1118	Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/CYF 3. Incarcerated 2
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 355-2526) informed of any change of address.
 Yes, by: (Name) No: (Reason)

Property Crime? Yes No Description of Property Value of Property

School Attended Grade

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. Synthetic	U. Unknown Z. Other
Charge Description Possession of weapon on campus		Counts 1	<input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number 7 9 0 - 1 1 5 ()		Violation of ORD #		Bond		
Drug Activity II	Drug Type II	Amount / Unit	Offense # 04-3008		Warrant / Capias Number		Bond			
Charge Description		Counts	<input type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number		Violation of ORD #		Bond		
Drug Activity	Drug Type	Amount / Unit	Offense #		Warrant / Capias Number		Bond			
Charge Description		Counts	<input type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number		Violation of ORD #		Bond		
Drug Activity	Drug Type	Amount / Unit	Offense #		Warrant / Capias Number		Bond			
Charge Description		Counts	<input type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number		Violation of ORD #		Bond		
Drug Activity	Drug Type	Amount / Unit	Offense #		Warrant / Capias Number		Bond			

<input type="checkbox"/> Mandatory Appearance in Court	Location (Court, Room Number, Address)
Month	Day
Year	Time <input type="checkbox"/> A.M. <input type="checkbox"/>
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNED 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)	

Hold for other Agency Name:	Signature of Arresting Officer	Name Verification (Printed by Arrested)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal Intake Deputy	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	JUVENILE CONFIDENTIAL
ID #	Name of Arresting Officer (Print) James Loughnan 932	Witness here if subject signed with an "X"
ID #	Transporting Officer W. INMAN	PAGE 1 OF 1
ID #	Agency SAME	

PROBABLE CAUSE AFFIDAVIT

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

ADMIN	OBTS Number	Agency ORI Number FLO 5 0 4 2 0 0		Agency Name PALM BEACH COUNTY SCHOOL DISTRICT POLICE	Agency Report Number 9 9 - 0 4 - 3 0 0 8
	Change 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	Special Notes none

DEL	Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
-----	----------------------------	-------	------	-----	---------------

CHARGE	Charge Description	Charge Description
	Charge Description	Charge Description

VICTIM	Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
	state of florida	Green		
	Local Address (Street, Apt. Number)	(City)	(State)	(Zip)

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. 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 my (described) investigation.

On the 11 day of October 2004 at 0815 A.M. P.M. (Specifically include facts constituting cause for arrest.)

ON 10 11 04AT APPROX 0815 HRS I WAS ON DUTY AT DWYER HIGH SCHOOL, AFFIANT WAS INFORMED BY DWYER ASST PRINCIPAL MR BILL BASIL, THAT SEVERAL B/F,S WERE IN HIS OFFICE AND THAT HE HAD RECIEVED CREDIBLE INFORMATION THAT THE GIRLS IN QUESTION MAY HAVE IN THERE POSSESION SOME TYPE OF KNIVES OR CUTTING OBJECTS. DURING MR BASILS INVESTIGATION INTO THIS HE ENCOUNTERED, THE DEFENDANT [REDACTED] CO DEFENDANT, [REDACTED] CO DEFENDANT [REDACTED] UPON SEARCHING THERE PURSES WE FOUND A PINK IN COLOR PLASTIC BOX CUTTER IN EACH ONE OF THE DEFENDANTS PURSES.MR BASIL NOW A WITNESS TO A CRIME TURNED THE KNIVES AND THE AFORE LISTED DEFENDANTS OVER TO THIS AFFIANT FOR CRIMINAL CHARGES IE POSSESION OF A WEAPON ON SCHOOL PROPERTY.WITNESS MR BASILL HAS ACCOMPLISHED A WITNESS STATEMENT OUT LINING THE AFOREMENTIONED FACTS. THE KNIVES /BOX CUTTERS WERE TURNED INTO EVIDENCE FOR TRIAL..IN CONFORMANCE WITH FSS.790 115 THE DEFENDANTS AND CODEFENDANT WERE ON SCHOOL PROPERTY AT THE TIME THE CRIME OCCURED,THE SEARCH OF THERE PERSON AND PURSES WAS CONDUCTED AS A SAFETY ISSUE BASED ON SUBJECT TO SEARCH ON SCHOOL PROPERTY LAWS BY THE SCHOOL ADMINISTRATOR AND WITNESS MR BILL BASIL. THE DEF AND CO DEFENDENTS,WERE ALL STUDENTS AT DWYER HIGH SCHOOL,PALM BEACH GARDENS FLA. AT THE TIME OF THE INCIDENT. ALL THREE DEFENDANTS CLAIM THEY WERE CARRING THE KNIVES AS PROTECTION ,DUE TO PRIOR THREATS FROM THERE NEIGHBORHOOD ,AND THEY FEARED THE THREATS WOULD CARRY OVER ONTO THE SCHOOL PROPERTY. ALL THREE DEFENDANTS WERE TOT TO THE J.A.C .. FOR BOOKING PROCEDURES.

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME	<i>[Signature]</i>	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	<i>[Signature]</i>	<i>[Signature]</i>	932
	NOTARY PUBLIC / CLERK OF COURT / POLICE OFFICER (F.S.S. 117.10)	JUVENILE	NAME OF OFFICER (PLEASE PRINT)
	10-11-04	CONFIDENTIAL	10-11-04
	DATE		DATE



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
 SCHOOL POLICE DEPARTMENT
Felony Filing Packet

SECTION 1: Filing Receipt

Case number 04-3008

Agency Palm Beach County School Police

Arrest date 10-11-2004

Received with reference to **DEFENDANT**

[REDACTED] Last Name [REDACTED] First Name [REDACTED] MI [REDACTED] DOB [REDACTED]

The following in the above style case (check)

- 1. Police Reports
- 2. Witness Lists
- 3. Evidence List
- 4. Probable Cause
- 5. Rough Arrest
- 6. Criminal History
- 7. _____
- 8. _____
- 9. _____
- 10. _____

Charged by Officer with

Possession of weapon on campus

Charges filed by Assistant State Attorney _____

Officer's Name James Loughnan ID number 932

This _____ day of _____

By _____
ASSISTANT STATE ATTORNEY

**JUVENILE
 CONFIDENTIAL**

SECTION 2: State Attorney's Office Filing Information

DEFENDANT [REDACTED]

AIKIA _____

Co-Defendants (if any) _____

Victim related/acquainted with defendant? Yes No N/A

Arrest date 10112004 Agency case number [REDACTED]

Arresting/lead officer: James Loughnan ID number: 932

Agency PALM BEACH COUNTY SCHOOL POLICE Phone Number (561) 434 - 8300

Current shift hours 0700 to 1500 Days off Saturday and Sunday

Leave/shift change information _____

Was arrest made for, or in conjunction with another agency and if so, what agency?
no Phone no. () -

Sentencing recommendations _____

Additional comments (if any) _____

Filing documents attached

- 1. Rough Arrest
- 2. P.C. Affidavit (sworn original)
- 3. Sworn Statement of Material Witnesses
- 4. Witness/Evidence List
- 5. Offense Reports (all)
- 6. Accident Reports (all)
- 7. Witness Statements (all)
- 8. FCIC/NCIC Criminal History

Other attachments Include

- 9. _____
- 10. _____
- 11. _____

**JUVENILE
CONFIDENTIAL**

**Please note requirements of sworn statement(s) of material witnesses
required by supreme court for filing (rule 3.140(9) Rcrp)**

SECTION 3: Defendant/Evidence List

Defendant [REDACTED] Circuit Court case # _____

Arresting/lead officer James Loughnan ID number 932

Filing Officer (if different from arresting) _____

A. Names, addresses and phone number of all persons who may have information which may be relevant to the offense charged or any defense thereto, are provided beginning on page 6.

B. Are there any victim/witness statements available? Yes No
 Written Taped Oral (Check only if statement was written down when person said it)
Copy of transcript provided? Yes No

C. Written, recorded, and/or oral statements of defendant (use additional pages if necessary).

1. Person to whom made Officer Robert Thomas

Date of statement 10 / 11 / 2004 Written Taped Oral

If oral, what did he/she say?

Said brought box cutter to school for protection

2. Person to whom made _____

Date of statement ___ / ___ / ___ Written Taped Oral

If oral, what did he/she say?

**JUVENILE
CONFIDENTIAL**

SECTION 3: Defendant/Evidence List continued

D. Written, recorded, and/or oral statements of co-defendant (use additional pages if necessary).

1. Person to whom made N/A

Date of statement / / Written Taped Oral

If oral, what did he/she say?

2. Person to whom made N/A

Date of statement / / Written Taped Oral

If oral, what did he/she say?

- E. Grand Jury Testimony Yes No
- F. Confidential Information Yes No
- G. Electronic Surveillance Yes No
- H. Search and/or Seizure Yes No
- I. Reports of Experts Yes No

Name of expert _____

Nature of testimony _____

J. Papers or objects belonging to or obtained from defendant.

ITEMS	CUSTODIAN	CHAIN OF CUSTODY
1. evidence bag with pink box cutter	School Police	Loughran / Williams
2. evidence bag with pink box cutter	School Police	Loughran / Williams
3. evidence bag with pink box cutter	School Police	Loughran / Williams
4.		
5.		
6.		
7.		
8.		
9.		
10.		JUVENILE
11.		CONFIDENTIAL
12.		

SECTION 3: Defendant/Evidence List continued

K. Other evidence

ITEMS	CUSTODIAN	CHAIN OF CUSTODY
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

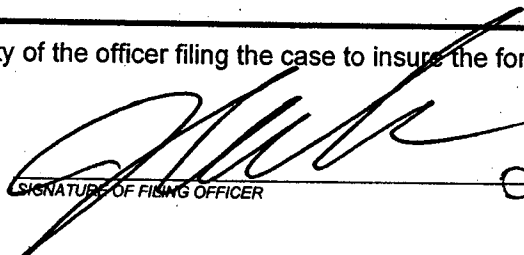
L. Anything showing the defendant may not be guilty

Source N/A
Describe information

M. Information or evidence to be supplied later

Item N/A
Date will be furnished.
Why not supplied at filing

NOTE: It is the responsibility of the officer filing the case to insure the forgoing list is completed and correct.


SIGNATURE OF FILING OFFICER

JUVENILE
CONFIDENTIAL
DATE (MM/DD/YYYY)

SECTION 4: Victim/Witness List

Victim State of Florida D.O.B. _____

Address (W) _____
Street/Apt. Number City State Zip Code

(H) _____
Street/Apt. Number City State Zip Code

Work phone number () - Home phone number () -

If no phone, then name, address and phone number of person who may be contacted to accept message:

Name _____ Phone number () -

Address _____
Street/Apt. Number City State Zip Code

Can testify to

Arresting officer James Loughnan ID number 932

Department Palm Beach County School Police

Address 3330 Forest Hill Boulevard, B-127 West Palm Beach FL 33406
Street/Apt. Number City State Zip Code

Phone number (561) 434 - 8300

Can testify to

Name Bill Basil D.O.B. 01101950

Address (W) 13601 N. Military Trail Palm Beach Gardens Fl 33418
Street/Apt. Number City State Zip Code

(H) _____
Street/Apt. Number City State Zip Code

Work phone number (561) 625 - 7800 Home phone number () -

Can testify to
found box cutters

**JUVENILE
CONFIDENTIAL**

**NOTE: Civilian witness- give home and business address and phone numbers.
Officer - give business address and work phone only.**

SECTION 4: Victim/Witness List continued

Name Officer Robert Thomas D.O.B. _____

Address (W) 13601 N. Military Trail Palm Beach Gardens Fl 33418
Street/Apt. Number City State Zip Code

(H) _____
Street/Apt. Number City State Zip Code

Work phone number (561) 625 - 7800 Home phone number (_____) _____

Can testify to

Name _____ D.O.B.

Address (W) _____
Street/Apt. Number City State Zip Code

(H) _____
Street/Apt. Number City State Zip Code

Work phone number (_____) _____ Home phone number (845) 813 - 9

Can testify to

Name _____ D.O.B. _____

Address (W) _____
Street/Apt. Number City State Zip Code

(H) _____
Street/Apt. Number City State Zip Code

Work phone number (_____) _____ Home phone number (_____) _____

Can testify to

**JUVENILE
CONFIDENTIAL**

**ARREST / NOTICE TO APPEAR
Juvenile Referral Report**

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

OBTS Number	Agency ORI Number FL0 5 0 4 2 0 0	Agency Name PALM BEACH COUNTY SCHOOL DISTRICT POLICE	Agency Report Number 9 9 - 0 4 - 3 0 0 8
Change 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
Location of Arrest (Including Name of Business) 13601 N. Military Trail Palm Beach Gardens Fl 33418		Location of Offense (Business Name, Address) William T. Dwyer High School	
Date of Arrest 1 0 1 1 0 4	Time of Arrest 1 0 5 0	Booking Date	Booking Time
Jail Date	Jail Time	Location of Vehicle	

Name (Last, First, Middle)										Alias (Name, DOB, Social Security #, Etc.)									
Race W - White B - Black		Sex		Date of Birth		Height		Weight		Eye Color		Hair Color		Complexion		Build			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status single		Religion		Indication of: Unk. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Alcohol Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Residence Type: 1. City 3. Florida 2. County 4. Out of State 1			
Local Address (Street, Apt. Number)					(City)					(State) (Zip)					Phone (561)				
Permanent Address (Street, Apt. Number)					(City)					(State) (Zip)					Phone ()				
Business Address (Name, Street)					(City)					(State) (Zip)					Phone ()				
D/L Number, State					Social Security Number					INS Number					Place of Birth				
										Citizenship USA									

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 checked="" type="checkbox"/> Parent					Name (Last)					(First)					(Middle)					Residence Phone (561)				
<input type="checkbox"/> Legal Custodian					Address (Street, Apt. Number)					(City)					(State) (Zip)					Business Phone ()				
<input type="checkbox"/> Other:					Notified by (Name)					Date 10-11-2004					Time 1118					Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/CYF 3. Incarcerated				
<input type="checkbox"/> Yes					Property Crime?					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. Synthetic		U. Unknown Z. Other			
Charge Description Possession of weapon on campus										Counts 1		<input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number 7 9 0 - 1 1 5 ()									
Drug Activity II		Drug Type II		Amount / Unit		Offense # 04-3008		Warrant / Capias Number										Bond					
Charge Description										Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number									
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number										Bond					
Charge Description										Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number									
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number										Bond					
Charge Description										Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number									
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number										Bond					

<input type="checkbox"/> Mandatory Appearance in Court		Location (Court, Room Number, Address)																			
		Month				Day				Year				Time				<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.			
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUED FOR. 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 <i>[Signature]</i> 932					Name Verification (Printed by Arrested) (PRINT)									
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal					<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other					Name of Arresting Officer (Print) James Loughnan 932					ID #				
Intake Deputy					ID #					Transporting Officer					ID #				
					W. INMAN					Agency					Witness here if subject signed with an "X"				
										PAGE 1 OF 1									

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PROBABLE CAUSE AFFIDAVIT

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

ORIS Number											
Agency ORI Number FLO 5 0 4 2 0 0	Agency Name PALM BEACH COUNTY SCHOOL DISTRICT POLICE					Agency Report Number 9 9 - 0 4 - 3 0 0 8					
Change 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						Special Notes none					

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
[REDACTED]				

Charge Description POSS OF WEAPON ON SCHOOL PROPERT	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) state of florida	Race Green	Sex	Date of Birth
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 named Defendant committed the following violation of law. The Person taken into custody...

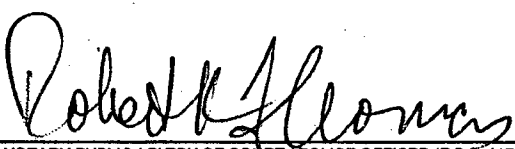
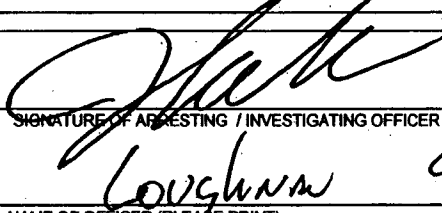
committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

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

On the 11 day of October 20 04 at 0815 A.M. P.M. (Specifically include facts constituting cause for arrest.)

ON 10 11 04AT APPROX 0815 HRS I WAS ON DUTY AT DWYER HIGH SCHOOL, AFFIANT WAS INFORMED BY DWYER ASST PRINCIPAL MR BILL BASIL, THAT SEVERAL B/F,S WERE IN HIS OFFICE AND THAT HE HAD RECIEVED CREDIBLE INFORMATION T THAT THE GIRLS IN QUESTION MAY HAVE IN THERE POSSESSION SOME TYPE OF KNIVES OR CUTTING OBJECTS. DURING MR BASILS INVESTIGATION INTO THIS HE ENCOUNTERED, THE DEFENDANT [REDACTED] CO DEFENDANT [REDACTED] S, CO DEFENDANT [REDACTED] UPON SEARHING THERE PURSES HE FOUND A PINK IN COLOR PLASTIC BOX CUTTER IN EACH ONE OF THE DEFENDANTS PURSES.MR BASIL NOW A WITNESS TO A CRIME TURNED THE KNIVES AND THE AFORE LISTED DEFENDANTS OVER TO THIS AFFIANT FOR CRIMINAL CHARGES IE POSSESION OF A WEAPON ON SCHOOL PROPERTY. WITNESS MR BASILL HAS ACCOMPLISHED A WITNESS STATEMENT OUT LINING THE AFOREMENTIONED FACTS. THE KNIVES /BOX CUTTERS WERE TURNED INTO EVIDENCE FOR TRIAL..IN CONFORMANCE WITH FSS.790 115 THE DEFENDANTS AND CODEFENDANT WERE ON SCHOOL PROPERTY AT THE TIME THE CRIME OCCURED,THE SEARCH OF THERE PERSON AND PURSES WAS CONDUCTED AS A SAFETY ISSUE BASED ON SUBJECT TO SEARCH ON SCHOOL PROPERTY LAWS BY THE SCHOOL ADMINISTRATOR AND WITNESS MR BILL BASIL. THE DEF AND CO DEFENDENTS,WERE ALL STUDENTS AT DWYER HIGH SCHOOL,PALM BEACH GARDENS FLA. AT THE TIME OF THE INCIDENT. ALL THREE DEFENDANTS CLAIM THEY WERE CARRING THE KNIVES AS PROTECTION ,DUE TO PRIOR THREATS FROM THERE NEIGHBORHOOD ,AND THEY FEARED THE THREATS WOULD CARRY OVER ONTO THE SCHOOL PROPERTY. ALL THREE DEFENDANTS WERE TOT TO THE J.A.C. .. FOR BOOKING PROCEDURES.

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SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	
NOTARY PUBLIC / CLERK OF COURT / POLICE OFFICER (F.S.S. 117.10)	NAME OF OFFICER (PLEASE PRINT)
<u>10-11-04</u>	<u>Loughran 937</u>
DATE	DATE
	<u>10-11-04</u>
	PAGE 1 OF 1



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL POLICE DEPARTMENT

Felony Filing Packet

SECTION 1: Filing Receipt

Case number _____

Agency Palm Beach County School Police

Arrest date 10-11-04

Received with reference to **DEFENDANT**

DOB _____

Last Name _____ First Name _____ MI _____

The following in the above style case (check)

- 1. Police Reports
- 2. Witness Lists
- 3. Evidence List
- 4. Probable Cause
- 5. Rough Arrest
- 6. Criminal History
- 7. _____
- 8. _____
- 9. _____
- 10. _____

Charged by Officer with

POSSESSION OF WEAPON ON SCHOOL PROPERTY

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Charges filed by Assistant State Attorney _____

Officer's Name LOUGHNAN JAMES

ID number 932

This _____ day of _____,

By _____
ASSISTANT STATE ATTORNEY

SECTION 2: State Attorney's Office Filing Information

DEFENDANT _____

AIKIA _____

Co-Defendants (if any) _____

Victim related/acquainted with defendant? Yes No N/A

Arrest date 101104 Agency case number _____

Arresting/lead officer: LOUGHNAN JAMES ID number: 932

Agency PALM BEACH COUNTY SCHOOL POLICE Phone Number (561) 434 - 8300

Current shift hours 0730 to 1530 Days off Saturday and Sunday

Leave/shift change information none

Was arrest made for, or in conjunction with another agency and if so, what agency?

none Phone no. (000) 000 - 0000

Sentencing recommendations PROBATION, TIME SERVED, COMMUNITY SERVICE

Additional comments (if any)

none

Filing documents attached

- 1. Rough Arrest
- 2. P.C. Affidavit (sworn original)
- 3. Sworn Statement of Material Witnesses
- 4. Witness/Evidence List
- 5. Offense Reports (all)
- 6. Accident Reports (all)
- 7. Witness Statements (all)
- 8. FCIC/NCIC Criminal History

Other attachments Include

9. PHOTO OF WEAPONS

10. _____

11. _____

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**Please note requirements of sworn statement(s) of material witnesses
required by supreme court for filing (rule 3.140(9) Rcrp)**

SECTION 3: Defendant/Evidence List

Defendant [REDACTED] Circuit Court case #

Arresting/lead officer LOUGHNAN JAMES ID number 932

Filing Officer (if different from arresting)

A. Names, addresses and phone number of all persons who may have information which may be relevant to the offense charged or any defense thereto, are provided beginning on page 6.

B. Are there any victim/witness statements available? Yes No

Written Taped Oral (Check only if statement was written down when person said it)

Copy of transcript provided? Yes No

C. Written, recorded, and/or oral statements of defendant (use additional pages if necessary).

1. Person to whom made none

Date of statement / / Written Taped Oral

If oral, what did he/she say?

none

2. Person to whom made none

Date of statement / / Written Taped Oral

If oral, what did he/she say?

none

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SECTION 3: Defendant/Evidence List continued

D. Written, recorded, and/or oral statements of co-defendant (use additional pages if necessary).

1. Person to whom made N/A

Date of statement / / Written Taped Oral

If oral, what did he/she say?

2. Person to whom made N/A

Date of statement / / Written Taped Oral

If oral, what did he/she say?

- E. Grand Jury Testimony Yes No
- F. Confidential Information Yes No
- G. Electronic Surveillance Yes No
- H. Search and/or Seizure Yes No
- I. Reports of Experts Yes No

Name of expert _____

Nature of testimony _____

J. Papers or objects belonging to or obtained from defendant.

ITEMS	CUSTODIAN	CHAIN OF CUSTODY
1. PINK IN COLOR RAZOR KNIFE	WILLIAMS	LOUGHNAN JAMES/WILLIAMS
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

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SECTION 3: Defendant/Evidence List continued

K. Other evidence

ITEMS	CUSTODIAN	CHAIN OF CUSTODY
1. N/A		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

L. Anything showing the defendant may not be guilty

Source N/A

Describe information

N/A

M. Information or evidence to be supplied later

Item

Date will be furnished.

Why not supplied at filing

none

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NOTE: It is the responsibility of the officer filing the case to insure the forgoing list is completed and correct.

James Rayburn
SIGNATURE OF FILING OFFICER

10-11-04
DATE (MM/DD/YYYY)

SECTION 4: Victim/Witness List

Victim State of Florida D.O.B. _____

Address (W) _____
Street/Apt. Number City State Zip Code

(H) _____
Street/Apt. Number City State Zip Code

Work phone number () - Home phone number () -

If no phone, then name, address and phone number of person who may be contacted to accept message:

Name _____ Phone number () -

Address _____
Street/Apt. Number City State Zip Code

Can testify to

Arresting officer James Loughnan ID number 932

Department Palm Beach County School Police

Address 3330 Forest Hill Boulevard, B-127 West Palm Beach FL 33406
Street/Apt. Number City State Zip Code

Phone number (561) 434 - 8300

Can testify to

Name Bill Basil D.O.B. 01101950

Address (W) 13601 N. Military Trail Palm Beach Gardens Fl 33418
Street/Apt. Number City State Zip Code

(H) _____
Street/Apt. Number City State Zip Code

Work phone number (561) 625 - 7800 Home phone number _____

Can testify to
found box cutters

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**NOTE: Civilian witness- give home and business address and phone numbers.
Officer - give business address and work phone only.**

SECTION 4: Victim/Witness List continued

Name Officer Robert Thomas D.O.B. _____

Address (W) 13601 N. Military Trail Palm Beach Gardens Fl 33418
Street/Apt. Number City State Zip Code

(H) _____
Street/Apt. Number City State Zip Code

Work phone number (561) 625 - 7800 Home phone number (_____) _____

Can testify to interviewed [REDACTED]

Name _____ D.O.B. [REDACTED]

Address (W) _____
Street/Apt. Number City State Zip Code

(H) _____
Street/Apt. Number City State Zip Code

Work phone number (_____) _____ Home phone number (845) [REDACTED]

Can testify to _____

Name _____ D.O.B. _____

Address (W) _____
Street/Apt. Number City State Zip Code

(H) _____
Street/Apt. Number City State Zip Code

Work phone number (_____) _____ Home phone number (_____) _____

Can testify to _____

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ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number	Agency ORI Number FLO 5 0 4 2 0 0		Agency Name PALM BEACH COUNTY SCHOOL DISTRICT POLICE		Agency Report Number 9 9 - 0 4 -	
Change 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	
Location of Arrest (Including Name of Business) 13601 N. Military Trail N. Military Trail P.B.G FL. 33410			Location of Offense (Business Name, Address) 13601 N. Military Trail N. Military Trail P.B.G FL. 33410			
Date of Arrest 1 0 1 1 0 4	Time of Arrest 1 0 3 0	Booking Date 101104	Booking Time	Jail Date 101104	Jail Time	Location of Vehicle n/a

Name (Last, First, Middle)		Alias (Name, DOB, Social Security #, Etc.) RED				
Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex	Date of Birth	Height	Weight	Eye Color
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) none observed			Marital Status S	Religion CHRISTIAN	Indication of: Alcohol Influence Drug Influence	
Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone (561)	Residence Type: 1. City 3. Florida 2. County 4. Out of State
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source FL/ID
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation student
D/L Number, State none	Social Security Number		INS Number none		Place of Birth wpb florida	Citizenship USA

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input checked="" 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

<input checked="" type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:	Name (Last)	(First)	(Middle)	Residence Phone (561)
Address (Street, Apt. Number)				Business Phone (561)
Notified by: (Name) Ofc Loughnan		Date 101104	Time 1130	Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/CYF 3. Incarcerated
Released To: (Name) TOT JAC		Relationship N/A		Date
The above address was provided by <input checked="" 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 Dwyer High School	
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property N/A		Value of Property 00	

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. Synthetic	U. Unknown Z. Other
Charge Description POSS OF WEAPON ON SCHOOL PROPERTY			Counts 1	<input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number 7 9 0 - 1 1 5 (2)	Violation of ORD #				
Drug Activity N/A	Drug Type N/A	Amount / Unit N/A	Offense # 04-3008	Warrant / Capias Number		Bond				
Charge Description			Counts	<input type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number	Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Charge Description			Counts	<input type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number	Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Charge Description			Counts	<input type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number	Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				

<input type="checkbox"/> Mandatory Appearance in Court	Location (Court, Room Number, Address)				
Month	Day	Year	Time	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNED 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 X	Name Verification (Printed by Arrested) (PRINT)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	Name of Arresting Officer (Print) Loughnan	Witness here if subject signed with an "X"
Intake Deputy ID #	Transporting Officer ID # 798	PAGE OF

PROBABLE CAUSE AFFIDAVIT

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

OBTS Number	Agency ORI Number FLO 5 0 2 0 0		Agency Name PALM BEACH COUNTY SCHOOL DISTRICT POLICE	Agency Report Number 9 9 - 0 4 - 3 0 0 8
Change To 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	Special Notes none	

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
----------------------------	-------	------	-----	---------------

Charge Description POSS OF WEAPON ON SCHOOL PROPERTY	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) state of florida	City	(State)	(Zip)	Phone	Date of Birth
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 named Defendant committed the following violation of law.

The Person taken into custody...

committed the below acts in my presence.

confessed to admitting to the below facts.

was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

was found to have committed the below acts, resulting from my (described) investigation.

On the 11 day of October 2004 at 0815

ON 10 11 04AT APPROX 0815 HRS I WAS ON DUTY AT DWYER HIGH SCHOOL, AFFIANT WAS INFORMED BY DWYER ASST PRINCIPAL MR BILL BASIL, THAT SEVERAL B/F,S WERE IN HIS OFFICE AND THAT HE HAD RECIEVED CREDIBLE INFORMATION THAT THE GIRLS IN QUESTION MAY HAVE IN THERE POSSESSION SOME TYPE OF KNIVES OR CUTTING OBJECTS. DURING MR BASILS INVESTIGATION INTO THIS HE ENCOUNTERED, THE DEFENDANT _____ CO DEFENDANT _____, CO DEFENDANT _____, UPON SEARCHING THERE PURSES HE FOUND A PINK IN COLOR PLASTIC BOX CUTTER IN EACH ONE OF THE DEFENDANTS PURSES. MR BASIL NOW A WITNESS TO A CRIME TURNED THE KNIVES AND THE AFORE LISTED DEFENDANTS OVER TO THIS AFFIANT FOR CRIMINAL CHARGES IE POSSESSION OF A WEAPON ON SCHOOL PROPERTY. WITNESS MR BASILL HAS ACCOMPLISHED A WITNESS STATEMENT OUT LINING THE AFOREMENTIONED FACTS. THE KNIVES /BOX CUTTERS WERE TURNED INTO EVIDENCE FOR TRIAL..IN CONFORMANCE WITH FSS.790 115 THE DEFENDANTS AND CODEFENDANT WERE ON SCHOOL PROPERTY AT THE TIME THE CRIME OCCURED, THE SEARCH OF THERE PERSON AND PURSES WAS CONDUCTED AS A SAFETY ISSUE BASED ON SUBJECT TO SEARCH ON SCHOOL PROPERTY LAWS BY THE SCHOOL ADMINISTRATOR AND WITNESS MR BILL BASIL. THE DEF AND CO DEFENDENTS, WERE ALL STUDENTS AT DWYER HIGH SCHOOL, PALM BEACH GARDENS FLA. AT THE TIME OF THE INCIDENT. ALL THREE DEFENDANTS CLAIM THEY WERE CARRING THE KNIVES AS PROTECTION ,DUE TO PRIOR THREATS FROM THERE NEIGHBORHOOD ,AND THEY FEARED THE THREATS WOULD CARRY OVER ONTO THE SCHOOL PROPERTY. ALL THREE DEFENDANTS WERE TOT TO THE J.A.C ... FOR BOOKING PROCEDURES.

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SWORN AND SUBSCRIBED BEFORE ME

Robert Thomas

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

DATE 10/11/04

James Loughran

SIGNATURE OF ARRESTING INVESTIGATING OFFICER

JAMES LOUGHRAN

NAME OF OFFICER (PLEASE PRINT)

DATE 10-11-04