

**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.

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**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. [REDACTED] is hereby expelled from the School District for one calendar year from October 26, 2004. Your daughter may choose to continue educational services during his



# 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.

Case #04-3008

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.

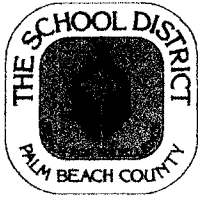
As of 10/26/2004, your son/daughter/ward is assigned to the Department of Alternative Education.

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

EXHIBIT



THE SCHOOL DISTRICT OF  
PALM BEACH COUNTY, FLORIDA

**ANN KILLETS**  
CHIEF ACADEMIC OFFICER

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

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](http://www.PalmBeachSchool.org)

November 18, 2005

CERTIFIED AND REGULAR MAIL  
RETURN RECEIPT REQUESTED

[REDACTED]

**NOTICE OF RECOMMENDATION FOR EXPULSION**

[REDACTED]

Dear [REDACTED]:

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,



Arthur C. Johnson, Ph.D.  
Superintendent

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

**EXHIBIT**

B

## Student Discipline

DIRECTIONS: Write in the appropriate code number or letter in the corresponding boxes.

STUDENT NAME [REDACTED]	STUDENT NUMBER [REDACTED]	GRADE 9	ESSE/504 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DATE 10/11/04	TIME 8:00
LOCATION 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 - Field Trip/Activity Off Campus To School	REPORTED BY [REDACTED]	STAFF ID NUMBER 105	INTERVENTIONS BY TEACHER BEFORE REFERRAL <input type="checkbox"/> Conference with student <input type="checkbox"/> Referral to CORE team <input checked="" type="checkbox"/> Telephone call to parent <input type="checkbox"/> Conference with counselor <input type="checkbox"/> Other		
NATURE OF PROBLEM (Be Specific)			NATURE OF PROBLEM (Be Specific)		
Student had trouble with a bus.			Student brought a Box cutter to School found in purse. "I brought it for protection" "I forgot I had it in there"		
Student went through Mediation on Friday of last week for similar incident					

## ADMINISTRATIVE USE ONLY BELOW THIS LINE

DISTRICT NUMBER DISTRICT 50 If not District 50, provide District number	WHEN EVENT OCCURRED (circle one) 1 - DURING SCHOOL HOURS 2 - Outside school hours, school sponsored activity 3 - Outside school hours, non-school sponsored activity 4 - Unrelated event or unknown	WHERE EVENT OCCURRED (circle one) 1 - SCHOOL GROUNDS / ON CAMPUS 2 - School sponsored activity / off campus 3 - School sponsored transportation (includes bus stops)	INVOLVEMENT TYPE (circle one) S - STUDENT N - Non-student B - Both student and non-student U - Unknown	RELATED ISSUES (circle all that apply) G - Gang related W - Weapon related A - Alcohol related H - Hate related D - Drug related
SCHOOL NO. HOME SCHOOL If not Home School, provide School Number.	ADMINISTRATOR'S NAME [REDACTED]	ADMINISTRATION ID 105	EVENT NUMBER [REDACTED]	DATE 10/11/04
WHAT KIND OF WEAPON USED (If appropriate) K - Knife H - Handgun F - Firearm/Explosive device R - Rifle/Shotgun O - Other Weapon U - Unknown	INCIDENT CODES (see code sheets) [REDACTED]	COMMENTS EX Case # 04-3008 Student Spiked the weapon She brought the "Shark" (Knife) was to defend herself against another student at school on the bus stop. Called Mom - parent		
DURATION How many days 10 Begin Date 10/11/04 Return Date 10/25/04	ACTION CODE (see code sheets) 44 86 EX RL	CROSSING 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.		
CASE NUMBER/AGENCY	CRT / TEAM INTERVENTION <input type="checkbox"/> Yes <input type="checkbox"/> No	SIGNATURE OF STUDENT [REDACTED] DATE 10-11-04		

PBSD 0279 (REV. 7/26/2001)

ORIGINAL - Administration

COPY - Parent

COPY - Originator

COPY - Guidance Counselor / ESE Contact

Called Mom - parent

Juvenile in Report		Juvenile Warn/Dismiss		1. Original 2. Supplement	1
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ADM.		Date of Supplement		PALM BEACH COUNTY SCHOOL BOARD		Agency Report Number 043008		Juvenile In Report		Juvenile Warn/Dismiss		1. Original 2. Supplement		1	
ADM.		Original Day Reported MON 10/11/2004		Date 10/11/2004		Time (mil) 10815		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)			
ADM.		Incident Type 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		Incident: Day MON 10/11/2004		Time (mil)		Day MON		Date 10/11/2004	
ADM.		OFF/INC # 1		Type 1		Description WEAPON		A-Attempted C-Committed		C		Statute Violation Number 790		NCIC/UCR Code 5200	
ADM.		OFF/INC # 2		Type		Description		A-Attempted C-Committed		C		Statute Violation Number		NCIC/UCR Code	
ADM.		Incident Location (Street, Apt. Number)		City		Zip		District		Grid		Area		Zone	
ADM.		2201		PALM BEACH GARDENS		33418									
ADM.		Business Name/Area Identifier WT DWYER HS		Location Type		01. Residence Single 02. Apartment/Condo 03. Residence-Other 04. Hotel/Motel 05. Convenience Store		06. Gas Station 07. Liquor Sales 08. Bar/Nightclub 09. Supermarket 10. Dept/Discount Store		11. Specialty Store 12. Drug Store/Hospital 13. Bank/Financial Inst. 14. Commercial/Office Bldg. 15. Industrial/Mfg.		16. Storage 17. Gov't/Public Bldg. 18. School/University 19. Jail/Prison 20. Religious Bldg.		21. Airport 22. Bus/Rail Terminal 23. Construction Site 24. Other Structure 25. Parking Lot/Garage	
ADM.		# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon 00. N/A 01. Handgun		02. Rifle 03. Shotgun 04. Firearm	
ADM.		01		01		03		00		00		05. Knife/Cutting Instrument 06. Blunt Object		07. Hands/Fist/Feet 08. Poison 09. Explosives	
ADM.		V/W Code V-Victim W-Witness C-Reporting Person		Victim Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 7. Other		Race N-N/A W-White B-Black		I-American Indian O-Oriental/Asian U-Unknown		Sex M-Male F-Female U-Unknown		Residence Type 0. N/A 1. City 2. County	
ADM.		00. N/A 01. Gunshot 02. Stabbed		03. Laceration 04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury		07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 99. Other		Victim Relationship To Offender 00. N/A 01. Undetermined 02. Stranger		03. Spouse 04. Ex-Spouse 05. Co-Habitant		06. Parent 07. Brother/Sister 08. Child 09. Step-Parent		10. Step-Child 11. In-Law 12. Other Family 13. Student	
ADM.		OFF/INC Indicator 1. #1 2. #2		V/W Code 1 V		# V.Type 01 9		Name (Last, First, Middle or Business) STATE OF FLA		Residence Phone		Business Phone		Other Contact Info. (Time Available, Interpreter, etc.)	
ADM.		Address (Street, Apt. Number)		City		State		Zip		Business Phone		Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement	
ADM.		WEST PALM BEACH		FL		33406									
ADM.		If V/W Code V, W or P		Race N		Sex N		Date of Birth or Age		Res. Type		Res. Status		Extent of Injury	
ADM.		00		00		00		00		00		00		00	
ADM.		OFF/INC Indicator 1. #1 2. #2		V/W Code 1 V		# V.Type 01 9		Name (Last, First, Middle or Business) STATE OF FLA		Residence Phone		Business Phone		Other Contact Info. (Time Available, Interpreter, etc.)	
ADM.		Address (Street, Apt. Number)		City		State		Zip		Business Phone		Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement	
ADM.		WEST PALM BEACH		FL		33406									
ADM.		If V/W Code V, W or P		Race N		Sex N		Date of Birth or Age		Res. Type		Res. Status		Extent of Injury	
ADM.		00		00		00		00		00		00		00	
ADM.		OFF/INC Indicator 1. #1 2. #2		V/W Code 1 V		# V.Type 01 9		Name (Last, First, Middle or Business) STATE OF FLA		Residence Phone		Business Phone		Other Contact Info. (Time Available, Interpreter, etc.)	
ADM.		Address (Street, Apt. Number)		City		State		Zip		Business Phone		Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement	
ADM.		WEST PALM BEACH		FL		33406									
ADM.		If V/W Code V, W or P		Race N		Sex N		Date of Birth or Age		Res. Type		Res. Status		Extent of Injury	
ADM.		00		00		00		00		00		00		00	
ADM.		OFF/INC Indicator 1. #1 2. #2		V/W Code 1 V		# V.Type 01 9		Name (Last, First, Middle or Business) STATE OF FLA		Residence Phone		Business Phone		Other Contact Info. (Time Available, Interpreter, etc.)	
ADM.		Address (Street, Apt. Number)		City		State		Zip		Business Phone		Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement	
ADM.		WEST PALM BEACH		FL		33406									
ADM.		If V/W Code V, W or P		Race N		Sex N		Date of Birth or Age		Res. Type		Res. Status		Extent of Injury	
ADM.		00		00		00		00		00		00		00	
ADM.		OFF/INC Indicator 1. #1 2. #2		V/W Code 1 V		# V.Type 01 9		Name (Last, First, Middle or Business) STATE OF FLA		Residence Phone		Business Phone		Other Contact Info. (Time Available, Interpreter, etc.)	
ADM.		Address (Street, Apt. Number)		City		State		Zip		Business Phone		Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement	
ADM.		WEST PALM BEACH		FL		33406									
ADM.		If V/W Code V, W or P		Race N		Sex N		Date of Birth or Age		Res. Type		Res. Status			

## COMPLAINT / ARREST AFFIDAVIT

## PALM BEACH COUNTY SCHOOL BOARD

OBTS Number <b>043008</b>	<input checked="" type="checkbox"/> Felony <input checked="" type="checkbox"/> Juvenile	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Traffic <input type="checkbox"/> Warrant	Jail No.	Police Case No. <b>043008</b>									
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 <b>F</b>	Race <b>B</b>	Ethnic	Height <b>504</b>	Weight <b>147</b>	Hair <b>BRO</b>	Eyes <b>BRO</b>				
LOCAL ADDRESS Street City State Zip		Phone		Alias										
PERMANENT ADDRESS Street City State Zip		Phone		Address Source		Verbal	Voter's ID							
BUSINESS ADDRESS Street City State Zip		Phone		Occupation		Other		Place of Birth						
STUDENT		DRIVER'S LICENSE NO.		State		Social Security No.		Scars, Tattoos, Unique Physical Features						
Weapon Seized? Type <input checked="" type="radio"/> Yes <input type="radio"/> No <b>05</b>		Arrest Date mo/day/yr <b>10/11/2004</b>		Arrest Time		Arrest Location (include name of business) <b>2201 WILLIAM T DWYER</b>				GRID				
If Def. has Concealed Weapons Permit.		For Robbery, Burglary, F/A Viol: Suspected history of drug involvement?		Yes	No. Cases Cleared <b>01</b>	Influence of Drugs <input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unk	Influence of Alcoh. <input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unk	Citizenship <b>US</b>		Resid. Type: <input checked="" type="radio"/> City <input type="radio"/> County <input type="radio"/> Florida <input type="radio"/> Out of State				
PERMIT # W-		CO-DEFENDANTS		Last First Middle	DOB mo/day/yr		In Custody	Felony	Juvenile					
1.				Last First Middle	DOB mo/day/yr		In Custody	Felony	Juvenile					
2.				Last First Middle	DOB mo/day/yr		In Custody	Felony	Juvenile					
CODE		DRUG ACTIVITY		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute Z. Other	M. Manufacture/ Produce/ Cultivate	DRUG TYPE		N. N/A A. Amphetamine	B. Barbiturate C. Cocaine F. Heroin	H. Hallucinogen M. Marijuana O. Opium/Derv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other

CHARGES	Activity	Type	Counts	STATUTE	D.V.	UAC	UAPIAS	UBW	UFW	UPW	UCIT	VIOLATION OF SECT.
1. WEAPON	N	N	01	790.115.	2							1
2.				..								1
3.				..								1
4.				..								1

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

Page \_\_\_\_\_ of \_\_\_\_\_

Hold for Other Agency

Agency \_\_\_\_\_ Verified by \_\_\_\_\_

I swear that the above Statement is correct and true to the best of my knowledge and belief.

LOUGHNAN  
Officer's Name

Officer's 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 \_\_\_\_\_

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

COURT COPY

**PALM BEACH COUNTY SCHOOL BOARD**

CHARGES	Activity	Type	Counts	STATUTE	D.V.	<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> CIT#	VIOLATION OF SECT.
1. <b>WEAPON</b>	N	N	01	790.115.	2	1	
2.				..		1	
3.				..		1	
4.				..		1	OF THE CODE OF

SEE ATTACHED NARRATIVE

COURT COPY

## COMPLAINT / ARREST AFFIDAVIT

## PALM BEACH COUNTY SCHOOL BOARD

OBTS Number <b>043008B</b>	<input checked="" type="checkbox"/> Felony <input checked="" type="checkbox"/> Juvenile	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Traffic <input type="checkbox"/> Warrant	Jail No.	Police Case No. <b>043008</b>					
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 <b>F</b>	Race <b>B</b>	Ethnic	Height	Weight	Hair	Eyes	
LOCAL ADDRESS Street City State Zip		Phone	Alias							
PERMANENT ADDRESS Street 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 <input checked="" type="radio"/> Yes <input type="radio"/> No <b>05</b>		Arrest Date mo/day/yr <b>10/11/2004</b>		Arrest Time		Arrest Location (include name of business) <b>2201 WILLIAM T DWYER HS</b>			GRID	
If Def. has Concealed Weapons Permit. PERMIT # <b>W-</b>		For Robbery, Burglary, F/A Viol: Suspected history of drug involvement?		Yes	No. Cases Cleared <b>01</b>	Influence of Drugs <input checked="" type="radio"/> No <input type="radio"/> Yes	Influence of Alcoh. <input checked="" type="radio"/> No <input type="radio"/> Yes	Citizenship <b>US</b>	Resid. Type: <input checked="" type="radio"/> City <input type="radio"/> County <input type="radio"/> Florida <input type="radio"/> Out of State	
CO-DEFENDANTS		Last First Middle	DOB mo/day/yr	In Custody	Felony	Juvenile				
1.		Last First Middle	DOB mo/day/yr	In Custody	At Large	Misdemeanor				
2.		Last First Middle	DOB mo/day/yr	In Custody	At Large	Misdemeanor				
CODE	DRUG ACTIVITY	S. Sell	R. Smuggle	K. Dispense/	M. Manufacture/	DRUG TYPE	B. Barbiturate	H. Hallucinogen	P. Paraphernalia/	U. Unknown
0	N. N/A	B. Buy	D. Deliver	Distribute	Produce/	N. N/A	C. Cocaine	M. Marijuana	Equipment	Z. Other
1	P. Possess	T. Traffic	E. Use	Z. Other	Cultivate	A. Amphetamine	E. Heroin	O. Opium/Derv.	S. Synthetic	

CHARGES	Activity	Type	Counts	STATUTE	D.V.	<input type="checkbox"/> AC	<input type="checkbox"/> CAPIAS	<input type="checkbox"/> BW	<input type="checkbox"/> FW	<input type="checkbox"/> PW	<input type="checkbox"/> CIT#	VIOLATION OF SECT.
1. WEAPON	N	N	01	790.115.	2				1			
2.				..					1			
3.				..					1			
4.				..					1			OF THE CODE OF

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 \_\_\_\_\_ ☐ A.M. ☐ P.M.  
(Time)

(Location, include name of business)

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

**SEE ATTACHED NARRATIVE**

Page \_\_\_\_\_ of \_\_\_\_\_

Hold for Other Agency

Agency \_\_\_\_\_ Verified by \_\_\_\_\_

I swear that the above Statement is correct and true to the best of my knowledge and belief.

**LOUGHNAN**

Officer's Name

Officer's 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 \_\_\_\_\_

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

COURT COPY



# PROPERTY REPORT

1. Original  
2. Supplement

1

## PALM BEACH COUNTY SCHOOL BOARD

Agency Report Number  
043008

ADM	Date of Supplement		Original Date Reported 10/11/2004		Primary Offense Description WEAPON		Victim #1 Name STATE OF FLA	
CODES	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	
PROPERTY	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	
PROPERTY	Person Code #		Item #		Status		Damage	
	V 01		01		8		2	
PROPERTY	Serial Number		Owner Applied Number		Quantity		Name	
					3		WEAPON	
PROPERTY	Value		Value Recovered		Date Recovered		FCIC/MCIC	
	\$		\$ 3		10/11/2004			
PROPERTY	Person Code #		Item #		Status		Damage	
PROPERTY	Serial Number		Owner Applied Number		Quantity		Name	
PROPERTY	Value		Value Recovered		Date Recovered		FCIC/MCIC	
	\$		\$					
PROPERTY	Person Code #		Item #		Status		Damage	
PROPERTY	Serial Number		Owner Applied Number		Quantity		Name	
PROPERTY	Value		Value Recovered		Date Recovered		FCIC/MCIC	
	\$		\$					
PROPERTY	Person Code #		Item #		Status		Damage	
PROPERTY	Serial Number		Owner Applied Number		Quantity		Name	
PROPERTY	Value		Value Recovered		Date Recovered		FCIC/MCIC	
	\$		\$					
PROPERTY	Person Code #		Item #		Status		Damage	
PROPERTY	Serial Number		Owner Applied Number		Quantity		Name	
PROPERTY	Value		Value Recovered		Date Recovered		FCIC/MCIC	
	\$		\$					
TOTALS	Property Stolen		\$		Change in Property Stolen Value		\$	
	Property Recovered		\$ 3		Change in Property Recovered Value		\$	
CODES	Activity P. Possess S. Sell B. Buy T. Traffic R. Smuggle		D. Deliver E. Use K. Dispense/Distribute M. Manufacture/Produce/ Cultivate		Z. Other		Type A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen	
DRUGS	Activity		Type		Description		Quantity	
DRUGS	Activity		Type		Description		Quantity	
DRUGS	Activity		Type		Description		Quantity	
PROPERTY DETAIL/NARRATIVE	SEE ATTACHED NARRATIVE							
ADMINISTRATIVE	Officer(s) Reporting LOUGHNAN		ID. Number(s)/Locator Code 932		Unit		Date	
	Officer Reviewing (If applicable)		ID. Number		Routed To		Referred To	
ADMINISTRATIVE	Assigned To OEF		By AMK		Date		Page	
							Page	

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**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 RECIEVED 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, B/F [REDACTED] DOB: [REDACTED]; ARRESTED #2, B/F [REDACTED]; ARRESTED #3, B/F [REDACTED] DOB: [REDACTED]. THE 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.

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## 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 [REDACTED] 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.

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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 son dwa Miranda mwen genyen, epi mwen konprann yo.

NOT READ / NOT QUESTIONED  
SIGNATURE  
FIRMA  
SIYATI

10-11-04  
DATE  
FECHA  
DAT

Police Officer  
Policia  
Ofisye Polis

Loughran

I.D. No 932  
Nº de Identidad  
Nimewo Idantite

Location

Lugar de entrevista

Kote konvèsasyon an te fet

Dwyer High School

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

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.*

SIGNATURE  
FIRMA  
SIYATI

*[Signature]*

DATE  
FECHA  
DAT

*10-11-04*

Police Officer  
Policia  
Ofisye Polis

I.D. No  
Nº de Identidad  
Nimewo Idantite

*864*

Location

*William T Dwyer High School*

*Lugar de entrevista*  
*Kote konvèsasyon an te fet*

Witness  
Testigo  
Temwen

Witness  
Testigo  
Temwen

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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...

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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.

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

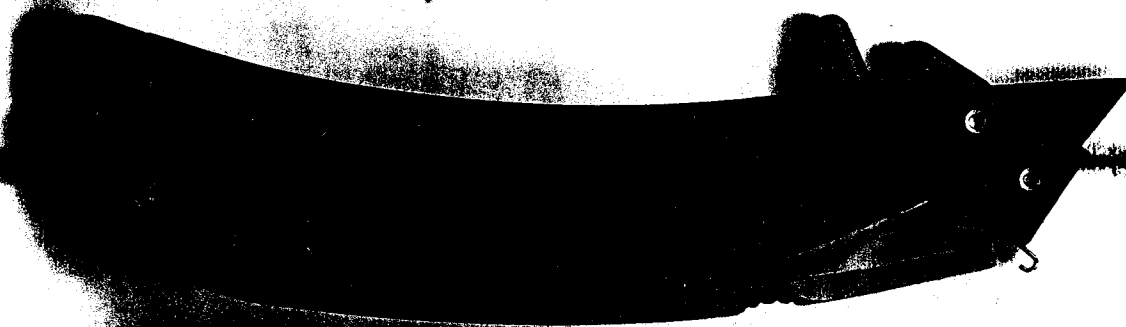
Owyo High School

Witness  
Testigo  
Temwen

Witness  
Testigo  
Temwen

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04-3008

JUVENILE  
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PANEL: \_\_\_\_\_ A23. SPECIAL PROGRAMS YEAR: 05  
Monday October 18, 2004 9:13 am  
STDT: [REDACTED] SCHL: 2201 GR: 11 ST: A  
PRIM IEP IEP DUE REEVAL MATIX MOD FUND AA SUM MC T ESY RR LSS WAV C 504 ST  
Z \_\_\_\_\_ 1 \_ Z Z \_ \_ \_  
DATE T IND  
082901 I CIS COMMUNITIES IN SCHOOLS 0  
082593 S G LANGUAGE IMPAIRED 1 I

	FNRT	HSCT	FCAT	FW
MATHEMATICS	_____	_____	_____	
COMMUNICATIONS	_____	_____	_____	_____

PF1=HELP 3=EXIT 7=BKWD 8=FWD 9=NXT PAGE 12=ESCAPE  
NO ADDITIONAL PAGES...NEXT?

TERML: Z139

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PANEL: \_\_\_\_\_

A03. DEMOGRAPHICS

YEAR: 05

Monday October 18, 2004 9:13 am

STDT: [REDACTED]

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

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

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

SEX	RACE	DOB	BIRTH CITY	ST	VER	PHONE	PUB	SUMMER	ORIG	SAC	SCHL2
F	B	[REDACTED]	[REDACTED]	FL	1	[REDACTED]	N		090892	087D	

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]		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	Z

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

RECORD IS DISPLAYED...NEXT?

TERML: Z139

PANEL:

## A05. CONTACT INFORMATION SUMMARY

YEAR: 05

Monday October 18, 2004 9:13 am

STDT: [REDACTED]

SCHL: 2201 GR: 11 ST: A

[illegible]

HEALTH CONDITIONS:

PF1=HELP 3=EXIT 9=ADD 12=ESCAPE  
RECORDS ARE DISPLAYED

TERML: Z139



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 10-11-04

Received with reference to **DEFENDANT**

[REDACTED]  
Last Name First Name MI

DOB 12 / 29 / 1987

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 2: State Attorney's Office Filing Information

**DEFENDANT** [REDACTED]

**AIKIA**

Co-Defendants (if any) [REDACTED]

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

Arrest date 101104 Agency case number 04-3008

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.

~~JUVENILE~~

**Please note requirements of sworn statements 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	<u>LOUGHNAN JAMES</u>	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 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 932Department Palm Beach County School PoliceAddress 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. [REDACTED]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 interviewed [REDACTED]

Name \_\_\_\_\_ D.O.B. 10181987

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 \_\_\_\_\_

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		ARREST / NOTICE TO APPEAR Juvenile Referral Report										1. Arrest <input checked="" type="checkbox"/> 3. Request for Warrant <input type="checkbox"/> N.T.A. 4. Request for Capias <input type="checkbox"/>		1 Juvenile <input checked="" type="checkbox"/>																																														
ADMINISTRATIVE	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"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <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																													
DEFENDANT	Name (Last, First, Middle)																				Alias (Name, DOB, Social Security #, Etc.)																																							
	Race W - White B - Black					Sex b					Date of Birth 1 2 2 9 8 7					Height 5'4					Weight 147					Eye Color BRO					Hair Color blk					Complexion MED					Build MED																			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)																				Marital Status single					Religion					Indication of: Unk. <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Alcohol Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>																													
	Local Address (Street, Apt. Number)										(City)										(State)					(Zip)					Phone					Residence Type: 1. City 3. Florida 2. County 4. Out of State																								
	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 Pahokee					Citizenship USA																																							
CO-DEF	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																																		
JUVENILE	<input checked="" type="checkbox"/> Parent Name (Last) (First) (Middle)										Residence Phone																																																	
	<input type="checkbox"/> Legal Custodian																																																											
	<input type="checkbox"/> Other:																																																											
	Address (Street, Apt. Number)										(City)										(State)					(Zip)					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																																		
CHARGE	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 checked="" type="checkbox"/> No					Description of Property										Value of Property																																												
CODE	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 #																													
	Drug Activity n					Drug Type n					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 #																													
	Drug Activity					Drug Type					Amount / Unit					Offense #					Warrant / Capias Number										Bond																													
NTA	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 #																													
ADMINISTRATIVE	Hold for other Agency Name:										Signature of Arresting Officer										Name Verification (Printed by Arrested)										PAGE																													
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:										Name of Arresting Officer (Print) James Loughnan 932										Witness here if subject signed with an "X"										1 OF 1																													
Intake Deputy ID #										Transporting Officer ID # W. INMAN										Agency SAME																																								

OBTS Number PROBABLE CAUSE AFFIDAVIT Arrest 3. Request for Warrant 1 Juvenile N.T.A. 4. Request for Capias 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 Special Notes none

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

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

Victim's Name (Last, First, Middle) 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 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 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 .CO DEFENDANT, ,CO DEFENDANT ,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.

SWORN AND SUBSCRIBED BEFORE ME Robert H Thomas Robert H Thomas NOTARY PUBLIC / CLERK OF COURT / POLICE OFFICER (F.S.S. 117.10) 10-11-04 DATE SIGNATURE OF ARRESTING / INVESTIGATING OFFICER JUVENILE NAME OF OFFICER (PLEASE PRINT) 10-11-04 DATE

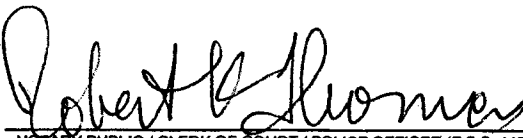

ADMIN	OBTS Number	PROBABLE CAUSE AFFIDAVIT										Arrest N.T.A.	3. Request for Warrant	4. Request for Capias	1	Juvenile	<input checked="" type="checkbox"/>		
	Agency ORI Number	PALM BEACH COUNTY SCHOOL DISTRICT POLICE										Agency Report Number	99-004-3008						
	Change Type Check as many as apply	<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							

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

CHARGE	Charge Description	Charge Description
	POSS OF WEAPON ON SCHOOL PROPERT	

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

PROBABLE CAUSE STATEMENT	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...	
	<input type="checkbox"/> committed the below acts in my presence.	<input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
	<input type="checkbox"/> confessed to _____ admitting to the below facts.	<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.
	On the 11 day of October 20 04 at 0815 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> 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 ENCOUNTED, THE DEFENDANT [REDACTED] I.CO DEFENDANT, [REDACTED] MCDANIELS, 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.	

ADMINISTRATIVE	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)	
	DATE 10-11-04	DATE 10-11-04	
		PAGE 1 OF 1	

PANEL: \_\_\_\_\_ A23. SPECIAL PROGRAMS YEAR: 05  
Monday October 18, 2004 9:12 am  
STDT: [REDACTED] SCHL: 2201 GR: 09 ST: A  
PRIM IEP IEP DUE REEVAL MATIX MOD FUND AA SUM MC T ESY RR LSS WAV C 504 ST  
Z  
DATE T IND \_\_\_\_\_  
\_\_\_\_\_

	FNRT	HSCT	FCAT	FW
MATHEMATICS	_____	_____	_____	
COMMUNICATIONS	_____	_____	_____	_____

PF1=HELP 3=EXIT 7=BKWD 8=FWD 9=NXT PAGE 12=ESCAPE  
NO RECORDS FOUND...NEXT?

TERML: Z139

PANEL: \_\_\_\_\_

A03. DEMOGRAPHICS  
Monday October 18, 2004 9:12 am

YEAR: 05

STDT: [REDACTED]

LAST	APP FIRST	MIDDLE	AKA	FORMER
------	-----------	--------	-----	--------

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

MLG NBR	DR STREET	TYPE PD	APT/BLDG	CITY	ST	ZIP+4
---------	-----------	---------	----------	------	----	-------

SEX	RACE	DOB	BIRTH	CITY	ST	VER	PHONE	PUB	SUMMER	ORIG	SAC	SCHL2
F	B	[REDACTED]	[REDACTED]	[REDACTED]	FL	1	[REDACTED]	N	[REDACTED]	100995	087D	[REDACTED]

ENT	DATE	SCHL	GR	OD	CL	AT	W/D	DATE	PR	PF	SSN	EXTRNL	NBR	PC	PS	PD
E01	081104	2201	09	[REDACTED]	01	Y	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[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	100995	[REDACTED]	[REDACTED]	ZZ	3	[REDACTED]	[REDACTED]	NNNN	Y	N	N	[REDACTED]	[REDACTED]	NNZ

PF1=HELP 3=EXIT 7=BKWD 8=FWD 12=ESCAPE  
RECORD IS DISPLAYED...NEXT?

TERML: Z139

PANEL:

## A05. CONTACT INFORMATION SUMMARY

YEAR: 05

Monday October 18, 2004 9:12 am

STDT: [REDACTED] [REDACTED]

SCHL: 2201 GR: 09 ST: A

[illegible]

HEALTH CONDITIONS:

PF1=HELP 3=EXIT 9=ADD 12=ESCAPE  
RECORDS ARE DISPLAYED

TERML: Z139





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**

DOB 08 / 01 / 1990

[REDACTED]  
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 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 10112004Agency case number 04-3008Arresting/lead officer: James LoughnanID number: 932Agency **PALM BEACH COUNTY SCHOOL POLICE**Phone Number ( 561 ) 434 - 8300Current shift hours 0700 to 1500Days off Saturday and Sunday

Leave/shift change information \_\_\_\_\_

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

noPhone 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?

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2. Person to whom made N/A

Date of statement / /

☐ Written☐ Taped☐ Oral

If oral, what did he/she say?

---



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E. Grand Jury Testimony ☐ Yes ☒ NoF. Confidential Information ☐ Yes ☒ NoG. Electronic Surveillance ☐ Yes ☒ NoH. Search and/or Seizure ☐ Yes ☒ NoI. 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/ADescribe 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 OFFICERJUVENILE  
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 932Department Palm Beach County School PoliceAddress 3330 Forest Hill Boulevard, B-127 West Palm Beach FL 33406  
*Street/Apt. Number City State Zip Code*Phone number (561) 434 - 8300Can testify to  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Name Bill Basil D.O.B. [REDACTED]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

interviewed [REDACTED]

Name \_\_\_\_\_ D.O.B. 10181987

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**

ADMINISTRATIVE		ARREST / NOTICE TO APPEAR Juvenile Referral Report										Arrest 3. Request for Warrant 1 Juvenile <input checked="" type="checkbox"/>																																																																															
		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										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																																																																															
DEFENDANT		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) [REDACTED]										Alias (Name, DOB, Social Security #, Etc.)																																																																															
		Race W - White I - American Indian b B - Black O - Oriental/Asian										Sex F										Date of Birth [REDACTED]										Height 5'2										Weight 165										Eye Color BRO										Hair Color blk										Complexion DRK										Build HVV									
		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status single										Religion										Indication of: Unk. <input type="checkbox"/> Alcohol Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>																																																											
CO-DEF		Local Address (Street, Apt. Number) (City) (State) (Zip)										Phone [REDACTED]										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/I Number, State										Social Security Number [REDACTED]										INS Number										Place of Birth [REDACTED]										Citizenship USA																																																	
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																																																	
		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 <input type="checkbox"/> Legal Custodian [REDACTED] <input type="checkbox"/> Other: [REDACTED]										Address (Street, Apt. Number) (City) (State) (Zip)										Business Phone ( ) -																																																																					
		Notified by: (Name) [REDACTED] Date 10-11-2004 Time 1118										Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/CYF 3. Incarcerated 2																																																																															
CHARGE		Released To: (Name) [REDACTED] 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. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)										School Attended										Grade																																																																					
		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Description of Property										Value of Property																																																																															
		Drug Activity S. Sell R. Smuggle K. Dispense/ M. Manufacture/ Z. Other N. N/A B. Buy D. Deliver Distribute Produce/ Cultivate										Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown N. N/A C. Cocaine M. Marijuana Equipment Z. Other A. Amphetamine E. Heroin O. Opium/Deriv. S. Synthetic																																																																															
NTA		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 #																																																											
		Drug Activity n Drug Type n 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 #																																																											
		Drug Activity Drug Type Amount / Unit										Offense #										Warrant / Capias Number										Bond																																																											
ADMINISTRATIVE		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																																																											
ADMINISTRATIVE		Location (Court, Room Number, Address)										Mandatory Appearance in Court <input type="checkbox"/>										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 SUBS. 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 [Signature] 932										Name Verification (Printed by Arrested) (PRINT)																																																																					
		<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:										Name of Arresting Officer (Print) ID # James Loughnan 932										Witness here if subject signed with an "X"										PAGE 1 OF 1																																																											
ADMINISTRATIVE		Intake Deputy ID #										Transporting Officer ID # W. INMAN										Agency																																																																					
		PBSD 1671 (REV 5/10/2000)										WHITE - Court Copy										GREEN - State Attorney										YELLOW - Agency										PINK - Jail										GOLDENROD - Defendant																																							



# PROBABLE CAUSE AFFIDAVIT

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

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

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

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

VICTIM 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 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 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.

JUVENILE  
CONFIDENTIAL

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME  [Signature] NOTARY PUBLIC / CLERK OF COURT / POLICE OFFICER (F.S.S. 117.10) 10-11-04 DATE	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER [Signature] NAME OF OFFICER (PLEASE PRINT) Loughnan 932 10-11-04 DATE	PAGE 1 OF 1
----------------	--	---	----------------

PANEL: \_\_\_\_\_

A23. SPECIAL PROGRAMS

YEAR: 05

Monday October 18, 2004 9:11 am

STDT: [REDACTED] SCHL: 2201 GR: 09 ST: A  
PRIM IEP IEP DUE REEVAL MATIX MOD FUND AA SUM MC T ESY RR LSS WAV C 504 ST  
Z Z  
DATE T IND

	FNRT	HSCT	FCAT	FW
MATHEMATICS	_____	_____	_____	
COMMUNICATIONS	_____	_____	_____	_____

PF1=HELP 3=EXIT 7=BKWD 8=FWD 9=NXT PAGE 12=ESCAPE  
NO RECORDS FOUND...NEXT?

TERML: Z139

PANEL: \_\_\_\_\_ A03. DEMOGRAPHICS YEAR: 05  
Monday October 18, 2004 9:10 am  
STDT: [REDACTED]

LAST	APP FIRST	MIDDLE	AKA	FORMER
SIMPSON	TIFFANY	L		

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

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

SEX	RACE	DOB	BIRTH CITY	ST	VER	PHONE	PUB	SUMMER	ORIG	SAC	SCHL2
F	B	[REDACTED]	PALM BCH COUNTY	FL	1	[REDACTED]	Y		082294	087D	

ENT	DATE	SCHL	GR	OD	CL	AT	W/D	DATE	PR	PF	SSN	EXTRNL	NBR	PC	PS	PD
E01	081104	2201	09		01	Y					[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	070194			ZZ	3			NNNN	Y	N	N	NN	N	Z

PF1=HELP 3=EXIT 7=BKWD 8=FWD 12=ESCAPE  
RECORD IS DISPLAYED...NEXT?

TERML: Z139

PANEL: \_\_\_\_\_

A05. CONTACT INFORMATION SUMMARY

YEAR: 05

Monday October 18, 2004 9:11 am

STDT: [REDACTED] [REDACTED]

SCHL: 2201 GR: 09 ST: A

NAME

HOME PHONE

WORK PHONE

EXT PS P C E

OTHER

MOTHER

Y N

Y Y

PF1=HELP 3=EXIT 9=ADD 12=ESCAPE  
RECORDS ARE DISPLAYED

HEALTH CONDITIONS:

TERML: Z139

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 10-11-04

Received with reference to **DEFENDANT**

DOB 07 / 21 / 1989

***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

**JUVENILE  
CONFIDENTIAL**

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

04-3008

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. \_\_\_\_\_

**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 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 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 932Department Palm Beach County School PoliceAddress 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. [REDACTED]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  
interviewed \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. 10181987

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 2. N.T.A. 4. Request for Capias				1 Juvenile		<input checked="" type="checkbox"/>	
ADMINISTRATIVE	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 - ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )											
DEFENDANT	Change Type	<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											
	Weapon Seized/Type	<input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No											
	Multiple Clearance Indicator	0 1											
	Location of Arrest (Including Name of Business)	13601 N. Military Trail N. Military Trail P.B.G FL. 33410											
CO-DEF	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	101104		
	Jail Date	101104		Jail Time			Location of Vehicle	n/a					
	Name (Last, First, Middle)	[REDACTED]											
JUVENILE	Alias (Name, DOB, Social Security #, Etc.)	RED											
	Race	W - White B - Black		Sex	B F		Date of Birth	[REDACTED]		Height	5 8		
	Weight	140		Eye Color	BRN		Hair Color	BRN		Complexion	LGT		
	Build	MED		Scars, Marks, Tattoos; Unique Physical Features (Location, Type, Description)	none observed								
CHARGE	Local Address (Street, Apt. Number)	(City) (State) (Zip)											
	Permanent Address (Street, Apt. Number)	(City) (State) (Zip)											
	Business Address (Name, Street)	(City) (State) (Zip)											
	D/L Number, State	none		Social Security Number	[REDACTED]		INS Number	none		Place of Birth	wpb florida		
CODE	Co-Defendant Name (Last, First, Middle)	[REDACTED]											
	Co-Defendant Name (Last, First, Middle)	[REDACTED]											
	Race	B F		Sex	B F		Date of Birth	[REDACTED]		1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <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 type="checkbox"/>												
JUVENILE	Parent	Name (Last) (First) (Middle)											
	Legal Custodian	[REDACTED]											
	Other:	[REDACTED]											
	Address (Street, Apt. Number)	(City) (State) (Zip)											
CHARGE	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											
CHARGE	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.											
	Yes, by: (Name)	[REDACTED]											
	No: (Reason)	[REDACTED]											
	School Attended	Dwyer High School											
CHARGE	Property Crime?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
	Description of Property	N/A											
	Value of Property	00											
	Drug Activity	S. Sell B. Buy P. Possess T. Traffic											
CHARGE	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 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )		Violation of ORD #				
	Warrant / Capias Number	Bond											
CHARGE	Drug Activity	N/A											
	Drug Type	N/A											
	Amount / Unit	N/A											
	Offense #	04-3008											
CHARGE	Charge Description												
	Counts			<input type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number				Violation of ORD #				
	Warrant / Capias Number	Bond											
	Charge Description												
CHARGE	Counts			<input type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number				Violation of ORD #				
	Warrant / Capias Number	Bond											
	Charge Description												
	Counts			<input type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number				Violation of ORD #				
CHARGE	Warrant / Capias Number	Bond											
	Charge Description												
	Counts			<input type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number				Violation of ORD #				
	Warrant / Capias Number	Bond											
NTA	Mandatory Appearance in Court	<input type="checkbox"/>											
	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.												
ADMINISTRATIVE	Signature of Defendant (or Juvenile and Parent/Custodian)	[Signature]											
	Date Signed												
	Hold for other Agency Name:	[Signature]											
	Signature of Arresting Officer	[Signature]											
ADMINISTRATIVE	Name of Arresting Officer (Print)	[Signature]											
	ID #	932											
	Witness here if subject signed with an "X"	[Signature]											
	PAGE	OF											

# PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile ☒

OBTS Number	Agency OR# 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) simpson tiffany	Alias	Race B	Sex F	Date of Birth 0 7 2 1 8 9
---	-------	-----------	----------	------------------------------

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

Victim's Name (Last, First, Middle) state of florida	Age	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.

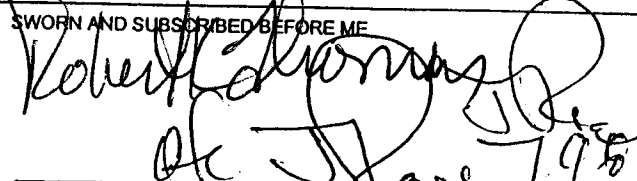
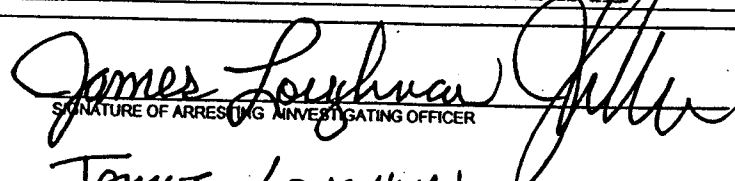
☐ confessed to \_\_\_\_\_ admitting to the below facts.

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

On the 11 day of October 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 POSSESION SOME TYPE OF KNIVES OR CUTTING OBJECTS. DURING MR BASILS INVESTIGATION INTO THIS HE ENCOUNTERED, THE DEFENDANT .CO DEFENDANT .CO DEFENDANT ,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.

JUVENILE  
CONFIDENTIAL

SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / POLICE OFFICER (F.S.S. 117.10) DATE 10/11/04	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  NAME OF OFFICER (PLEASE PRINT) JAMES LOUGHNAN DATE 10-11-04
--	--