

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-033



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 parents were notified by the Principal of Royal Palm Beach Community High School that the Respondent was being recommended for expulsion on November 12, 2004. The Recommendation for Expulsion is incorporated by reference and made a part hereof as (Exhibit A).
2. Respondent's parents were notified by the Superintendent of the School District of Palm Beach County, Florida ("School District") on January 12, 2005, 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 parents 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 January 12, 2005, to wit:

Possession of marijuana with the intent to sell and/or distribute and possession of other potentially dangerous item (brass knuckles) while on the campus of Royal Palm Beach Community High School on October 29, 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 November 13, 2004. Your son may choose to continue educational services during his expulsion period at

the ACS site. However, if your son 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 February, 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 ____ day of _____, 2005.

Alicia Palmer, Clerk



Royal Palm Beach Community High School

CERTIFIED AND REGULAR MAIL
RETURN RECEIPT REQUESTED
70000520001666015269

November 12, 2004

Office of the Principal

RECEIVED

NOV 12 2004

[REDACTED]

RE: Recommendation for Expulsion, Student [REDACTED]

BY LEGAL SERVICES

Dear Mr. & Mrs. [REDACTED]

On 10/29/04, your son, 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 [REDACTED] from the public schools of Palm Beach County, Florida. My recommendation is based on substantial evidence available to me supporting the following serious misconduct:

Police Case #04-3342 in possession of 23 grams of marijuana with intent to sell also in possession of a weapon (brass knuckles)

Pursuant to Florida Statue §230.33(8), the Superintendent may extend the ten (10) day suspension until the date of the School Board meeting at which time the School Board will act on the expulsion. As of 11/13/04 [REDACTED] is assigned to the Department of Alternative Education.

Sincerely,

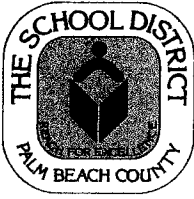
Sheila Henry, Principal

cc: Janis Andrews, Area 3 Superintendent
John Hayes, Chief Academic Officer
Mary Vreeland, Director of Alternative Education
School Police

EXHIBIT

A





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

~~December 20, 2004~~

Jan. 12, 2005

CERTIFIED AND REGULAR MAIL
RETURN RECEIPT REQUESTED



NOTICE OF RECOMMENDATION FOR EXPULSION



Dear Mr. and Mrs. Vidal:

Based upon the recommendation of Sheila Henry, Principal of Royal Palm Beach 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 son, [REDACTED] from the Palm Beach County School District. This decision is based upon the following action:

Possession of marijuana with the intent to sell and/or distribute and possession of other potentially dangerous item (brass knuckles) while on the campus of Royal Palm Beach Community High School on October 29, 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 son 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, Royal Palm Beach Community High School
West Area Superintendent
Chief Academic Officer
Director of Alternative Education

EXHIBIT

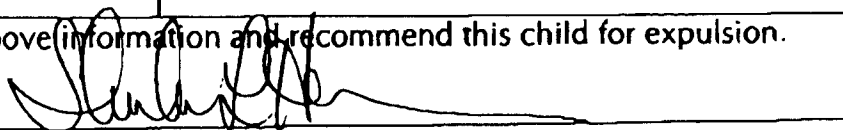
B

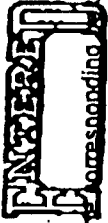
SUMMARY OF INCIDENT

| | | |
|--|---|------------|
| Student Name | [REDACTED] | DOI- 10/29 |
| Student # | [REDACTED] | |
| Violation and Code | Possession of 23 grams of Marijuana with intent to sell (93) Possession of other potentially dangerous item (87) | |
| School | Royal Palm Beach High School | |
| Principal | Mrs. Shiela Henry | |
| Area Superintendent | Janis Andrews | |
| Grade | 11 | |
| Sex | Male | |
| Age | 16 years 7 months | |
| Language | English | |
| ESE? | N/A | |
| 504? | N/A | |
| Police Report Charge, if known | Case #04-3342 Possession of marijuana with intent to sell and also a weapon | |
| Persons Involved And Witnesses to Testify | Mr. Dan Girard Officer Wells | |
| Additional Information (use additional page, if necessary) | <p>RECEIVED NOV 12 2004 BY LEGAL SERVICES</p> | |

I have reviewed the above information and recommend this child for expulsion.

Principal's Signature





THE SCHOOL DISTRICT OF PALM BEACH COUNTY

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

Student Discipline Referral

| | | | | | |
|---|--|---|--|------------------|---------------|
| STUDENT NAME [Redacted] | STUDENT NUMBER [Redacted] | GRADE 11 | ESE / 504 <input type="checkbox"/> Yes <input type="checkbox"/> No | DATE 10/29/04 | TIME 12:45 |
| 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 TO - Field Trip/Activity TR - To School | REPORTED BY Givard | SCHOOL RFB HS | INTERVENTIONS BY TEACHER BEFORE REFERRAL <input type="checkbox"/> Letter to parent <input type="checkbox"/> Referral to CORE team <input type="checkbox"/> Parent Conference <input type="checkbox"/> Conference with counselor <input type="checkbox"/> Telephone call to parent <input type="checkbox"/> Conference with counselor <input type="checkbox"/> Other | DATE | TIME |
| STAFF ID NUMBER 118 | REPORTED BY (CODE) (Use number below for those persons without a staff ID.) 975 - Para/Professional 976 - Bus Driver 977 - Clerical 978 - Crossing Guard 979 - Custodian 980 - Food Service Staff 981 - Law Enforcement Officer 982 - Parent/Guardian 983 - Student 984 - Substitute Teacher 985 - School Volunteer 999 - Other | NATURE OF PROBLEM (Be Specific) I searched [Redacted] backpack, and found 23 grams of Marijuana w/ intent to sell [Redacted] also had brass knuckles-weapon. [Redacted] was arrested by officer Wells. | INTERVENTIONS BY TEACHER BEFORE REFERRAL <input type="checkbox"/> De-escalation techniques <input type="checkbox"/> Problem solving techniques <input type="checkbox"/> Mediation <input type="checkbox"/> Teacher detention | DATE | TIME |

| | | | | |
|---|---|---|---|---|
| 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) | INVOLEMENT 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 Givard | ADMINISTRATION ID 118 | EVENT NUMBER 111104 | DATE 11/1/04 |
| 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) 750 87 | ADMINISTRATOR'S COMMENTS 10 days OSS Spoke w/ mother Student arrested | SIGNATURE OF PARENT [Redacted] | DATE |
| DURATION How many days 10 Begin Date 11/1/04 Return Date 11/11/04 | ACTION CODE (see code sheets) 01 09 810 | CRT / TEAM INTERVENTION <input type="checkbox"/> Yes <input type="checkbox"/> No | TRESPASSING 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 | ORIGINAL - Administration | COPY - Parent | COPY - Originator | COPY - Guidance Counselor / ESE Contact |

OFFENSE-INCIDENT REPORT

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

ADM: Date of Supplement Agency Report Number **043342**

PALM BEACH COUNTY SCHOOL BOARD

Original Day Reported **FRI 10/29/2004** Time (mil) **1245** Time Dispatched (mil) Time Arrived (mil) Time Completed (mil)

Incident Type 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 9. Other Incident: Day **FRI 10/29/2004** Time (mil) **1250** To **FRI 10/29/2004** Time (mil) **1250**

OFF/INC # **1** Type **1** Description **DRUG** A-Attempted C-Committed Statute Violation Number **893** NCIC/UCR Code **350A**

OFF/INC # **2** Type **1** Description **DRUG** C **893** **13** **1** **350A**

Incident Location (Street, Apt. Number) **2331** City **ROYAL PALM BEACH** Zip **33411** District Grid Area Zone

Business Name/Area Identifier **ROYAL PALM HS** Forced Entry 0. N/A 2. No. 1. Yes Occupancy 0. N/A 2. Unoccupied 1. Occupied 3. Abandoned

Location Type 01. Residence Single 06. Gas Station 11. Specialty Store 16. Storage 21. Airport 26. Highway/Roadway 99. Other
02. Apartment/Condo 07. Liquor Sales 12. Drug Store/Hospital 17. Gov't/Public Bldg. 22. Bus/Rail Terminal 27. Park/Woodlands/Field
03. Residence-Other 08. Bar/Nightclub 13. Bank/Financial Inst. 18. School/University 23. Construction Site 28. Lake/Waterway
04. Hotel/Motel 09. Supermarket 14. Commercial/Office Bldg. 19. Jail/Prison 24. Other Structure 29. Motor Vehicle
05. Convenience Store 10. Dept/Discount Store 15. Industrial/Mfg. 20. Religious Bldg. 25. Parking Lot/Garage 30. Other Mobile

OFF/INC. **03** # Victims **01** # Offenders **01** # 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/Incendiary 11. Threat/Intimidation 12. Simulated Weapon 13. Drugs 88. Unknown 99. Other **00**

V/W Code V-Victim P-Proprietor Z-Other 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 N-N/A M-Male F-Female U-Unknown Residence Type 0. N/A 1. City 2. County 3. Florida 4. Out-of-State Residence Status 0. N/A 1. Full Year 2. Part Year 3. Non-Resident Extent of Injury 0. None 1. Minor 2. Serious 3. Fatal

Injury Type 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 14. Teacher 15. Child of Boy/Girl Friend 16. Boy/Girl Friend 17. Friend 18. Neighbor 19. Sitter/Day Care 20. Employee 21. Employer 22. Landlord/Tenant 23. Acquaintance 99. Other Known

OFF/INC Indicator 1. #1 2. #2 3. Both **1** V/W Code **V** # **01** V.Type **9** Name (Last, First, Middle or Business) **STATE OF FLORIDA** Residence Phone

Address (Street, Apt. Number) City **WEST PALM BEACH** State **FL** Zip **33406** Business Phone

Other Contact Info. (Time Available, Interpreter, ect.) Synopsis of Involvement

IF V/W Code V, W or P **N** Race **N** Sex **N** Date of Birth or Age Res. Type Res. Status Extent of Injury **00** Injury Type(s) **00** Relationship **00** Ethnicity Will Victim prefer charge? Yes No

OFF/INC Indicator 1. #1 2. #2 3. Both **1** V/W Code **W** # **01** V.Type **3** Name (Last, First, Middle or Business) **GIRARD, DANIEL** Residence Phone

Address (Street, Apt. Number) **10600 OKEECHOBEE BLVD** City **ROYAL PALM BCH** State **FL** Zip **33411** Business Phone

Other Contact Info. (Time Available, Interpreter, ect.) Synopsis of Involvement

IF V/W Code V, W or P **W** Race **M** Sex **M** Date of Birth or Age **11/16/1966** Res. Type **37** Res. Status **2** Extent of Injury **1** Injury Type(s) **00** Relationship **00** Ethnicity **14** Will Victim prefer charge? Yes No

OFF/INC Indicator 1. #1 2. #2 3. Both Suspect Code S-Suspect A-Arrestee E-Escapee Z-Other Code # Juvenile Name (Last, First, Middle)

Maiden Name Nickname/Street Name Place of Birth Residence Phone

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

Clothing (Describe) Scars/Marks/Tattoos (Location/Describe)

Race Sex Date of Birth or Age Height Weight Eye Color Hair Color Hair Length Hair Style

Complexion Build Facial Hair Teeth Speech/Voice Special Identifiers

SEE ATTACHED NARRATIVE

Person/Unit Notified Time Related Report Number(s) **CIT7485-ASH6**

Administrative: Officer(s) Reporting **WELLS II** I.D. Number **893** Routed To Referred Assigned To **OEF** By **JW** Date

Case Status **CA** Clearance Type 1. Arrest 2. Exceptional 3. Unfounded 4. Open Pend. **1** A-Adult J-Juvenile **J** Date Cleared **11/05/2004** Jail Number Number Arrested **01**

Exception Type 1. Extradition Declined 2. Arrest on Primary Offense Secondary Offense Without Prosecution 3. Death of Offender 4. V/W Refused to Cooperate 5. Prosecution Declined 6. Juvenile Custody OBTS Number **043342** Page of

COMPLAINT / ARREST AFFIDAVIT

PALM BEACH COUNTY SCHOOL BOARD

OBTS Number 043342, Police Case No. 043342, DEFENDANT'S NAME, LOCAL ADDRESS, PERMANENT ADDRESS, BUSINESS ADDRESS, STUDENT DRIVER'S LICENSE NO.

Weapon Seized? No, Arrest Date 10/29/2004, Arrest Location 2331 ROYAL PALM HS, Influence of Drugs Yes, Influence of Alcoh. No, Citizenship US, Resid. Type City, CO-DEFENDANTS.

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/Derv., 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. Includes charges for DRUG and WEAPON.

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, Sworn to and subscribed before me, Officer's Name, Officer's Signature, Department Name, Court ID Number/Loc.Code, Deputy of the Court or Notary Public, Signature of Defendant / Juvenile and Parent or Guardian.

PROPERTY REPORT

PALM BEACH COUNTY SCHOOL BOARD

Agency Report Number 043342

| | | | | |
|-----|--------------------------------------|-----------------------------|--|------------------|
| ADM | Date of Supplement | Primary Offense Description | | Victim #1 Name |
| | Original Date Reported 10/29/2004 | NARCOTICS | | STATE OF FLORIDA |

| | | | | | | | |
|--------------------------------------|---------------------------------------|--|---|---------------------------------------|--------------------------------|-----------------------------------|---|
| 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 | Person Code # | Item # | Status | Damage | Property Type | Quantity | Name | Brand | Model Name/Number |
| A. Auto Accessory/Parts B. Bicycle C. Camera/Photo Equipment D. Drug E. Equipment/Tool | V | 01 | 01 | 8 | D | | DRUG | | |
| Serial Number _____ Owner Applied Number _____ Description (Size, Color, Caliber, Barrel Length, Etc.) 23.2 grams of green leafy substance (Marijuana) | | | | | | | | | |
| Value \$ | | Value Recovered \$ 350 | | Date Recovered 10/29/2004 | | FCIC/NCIC | | | |

| | | | | | | | | | |
|--|---------------|----------------------|--------|---------------------------|---------------|-----------|--------|-------|-------------------|
| Property Type | Person Code # | Item # | Status | Damage | Property Type | Quantity | Name | Brand | Model Name/Number |
| F. Food/Liquor/Consumable G. Gun H. Household Appliance/Goods I. Plant/Citrus J. Jewelry/Precious Metal | V | 01 | 02 | 8 | Z | | WEAPON | | |
| Serial Number _____ Owner Applied Number _____ Description (Size, Color, Caliber, Barrel Length, Etc.) brass knuckles | | | | | | | | | |
| Value \$ | | Value Recovered \$ 1 | | Date Recovered 10/29/2004 | | FCIC/NCIC | | | |

| | | | | | | | | | |
|--|---------------|--------------------|--------|----------------|---------------|-----------|------|-------|-------------------|
| Property Type | Person Code # | Item # | Status | Damage | Property Type | Quantity | Name | Brand | Model Name/Number |
| K. Clothing/Fur L. Livestock M. Musical Instrument N. Construction Machinery O. Office Equipment | | | | | | | | | |
| Serial Number _____ Owner Applied Number _____ Description (Size, Color, Caliber, Barrel Length, Etc.) | | | | | | | | | |
| Value \$ | | Value Recovered \$ | | Date Recovered | | FCIC/NCIC | | | |

| | | | | | | | | | |
|---|---------------|--------------------|--------|----------------|---------------|-----------|------|-------|-------------------|
| Property Type | Person Code # | Item # | Status | Damage | Property Type | Quantity | Name | Brand | Model Name/Number |
| P. Art/Collection Q. Computer Equipment R. Radio/Stereo S. Sports Equipment T. TV/Video/VCR | | | | | | | | | |
| Serial Number _____ Owner Applied Number _____ Description (Size, Color, Caliber, Barrel Length, Etc.) | | | | | | | | | |
| Value \$ | | Value Recovered \$ | | Date Recovered | | FCIC/NCIC | | | |

| | | | | | | | | | |
|---|---------------|--------------------|--------|----------------|---------------|-----------|------|-------|-------------------|
| Property Type | Person Code # | Item # | Status | Damage | Property Type | Quantity | Name | Brand | Model Name/Number |
| U. Currency/Negotiable V. Credit Card/Non-Negotiable W. Boat/Motor X. Structure Y. Farm Equipment | | | | | | | | | |
| Serial Number _____ Owner Applied Number _____ Description (Size, Color, Caliber, Barrel Length, Etc.) | | | | | | | | | |
| Value \$ | | Value Recovered \$ | | Date Recovered | | FCIC/NCIC | | | |

| | | | | | | | | | |
|--|---------------|--------------------|--------|----------------|---------------|-----------|------|-------|-------------------|
| Property Type | Person Code # | Item # | Status | Damage | Property Type | Quantity | Name | Brand | Model Name/Number |
| Z. Miscellaneous | | | | | | | | | |
| Serial Number _____ Owner Applied Number _____ Description (Size, Color, Caliber, Barrel Length, Etc.) | | | | | | | | | |
| Value \$ | | Value Recovered \$ | | Date Recovered | | FCIC/NCIC | | | |

| | | | |
|-----------------|--------------------|---------------------------------|------------------------------------|
| Property Stolen | Property Recovered | Change in Property Stolen Value | Change in Property Recovered Value |
| \$ | \$ 351 | \$ | \$ |

| | | | | | |
|---|--|-------------|----------|------|------------------------|
| Activity | Type | Description | Quantity | Unit | Estimated Street Value |
| P. Possess S. Sell B. Buy T. Traffic R. Smuggle | D. Deliver E. Use K. Dispense/Distribute M. Manufacture/Produce/ Cultivate | Z. Other | | | |

| | | | | | |
|----------|------|-------------|----------|------|------------------------|
| Activity | Type | Description | Quantity | Unit | Estimated Street Value |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |

SEE ATTACHED NARRATIVE

| | | | |
|-----------------------------------|-----------------------------------|--------------------|-------------|
| Officer(s) Reporting WELLS II | ID. Number(s)/Locator Code 893 | Unit | Date |
| Officer Reviewing (if applicable) | ID. Number | Routed To | Referred To |
| | | Assigned To OEF | By JW |
| | | | Date |

NARRATIVE CONTINUATION

FLO 504200

PALM BEACH COUNTY SCHOOL DISTRICT POLICE

Case: 04-3342
Investigator: D. Wells #893
Reported Date: 10/29/04 - 1245 Hours

ON 10-29-04, AT APPROXIMATELY 1245 HOURS WHILE WORKING MY ASSIGNED SCHOOL OF ROYAL PALM HIGH, I WAS NOTIFIED BY ASSISTANT PRINCIPAL DAN GIRARD THAT HE HAD RECEIVED AN ANONYMOUS TIP FROM A STUDENT THAT A STUDENT IDENTIFIED AS [REDACTED] WAS ON CAMPUS AND POSSESSED MARIJUANA. DAN POSITIVELY IDENTIFIED [REDACTED] INSIDE THE CAFETERIA AND ESCORTED HIM TO THE REAR OF THE CAFETERIA WHERE THE SINKS AND OVENS ARE LOCATED AND CONDUCTED A SEARCH TO WHICH I WAS PRESENT AS REQUESTED. DAN SEARCHED [REDACTED] BACKPACK AND DISCOVERED A BUNDLE OF PAPER AND INSIDE WAS A CLEAR, PLASTIC BAG OF A GREEN LEAFY SUBSTANCE, WHICH WAS CONSISTENT WITH MARIJUANA BY APPEARANCE AND SMELL. I IMMEDIATELY TOOK OVER THE INVESTIGATION AND HANDCUFFED [REDACTED] DOUBLE LOCKED AND CHECKED FOR FIT, AND ESCORTED [REDACTED] TO THE POLICE OFFICE WHERE HE WAS READ MIRANDA, WHICH HE SIGNED AND DATED.

[REDACTED] STATED TO DAN THAT IT WAS INDEED MARIJUANA. I USED A #8 DUQUENOIS FIELD REAGENT MARIJUANA TEST CAPSULE ON THE GREEN LEAFY SUBSTANCE, WHICH YIELDED A POSITIVE RESULT. I MEASURED THE GREEN LEAFY SUBSTANCE ON A SCALE AND OBSERVED THE AMOUNT TO BE 23.2 GRAMS. DUE TO THE AMOUNT OF GREEN LEAFY SUBSTANCE, I BELIEVE THAT IT WAS NOT FOR PERSONAL USE, BUT TO BE SOLD. I THEN SEARCHED [REDACTED] FOR OFFICER'S SAFETY AND SEARCH INCIDENT TO ARREST AND LOCATED 1 QUANTITY, BRASS KNUCKLES IN HIS LEFT, FRONT JEAN SHORT POCKET. I ASKED [REDACTED] WHERE HE GOT THE GREEN LEAFY SUBSTANCE AND THE BRASS KNUCKLES, AND [REDACTED] STATED THAT HE DID NOT WANT TO NAME THE INDIVIDUAL WHO ASKED HIM TO HOLD THE GREEN LEAFY SUBSTANCE AND BRASS KNUCKLES. I EXPLAINED TO [REDACTED] HE WAS UNDER ARREST FOR POSSESSION OF MARIJUANA, OVER 20 GRAMS WITH INTENT TO SELL AND POSSESSION OF A WEAPON ON SCHOOL GROUNDS. BOTH THE GREEN LEAFY SUBSTANCE AND BRASS KNUCKLES WILL PLACED INTO EVIDENCE. I COMPLETED A PROPERTY RECEIPT FOR THE BAG OF GREEN LEAFY SUBSTANCE AND THE BRASS KNUCKLES THAT I RECOVERED FROM [REDACTED] AND ASKED HIM IF HE WOULD SIGN THE PROPERTY RECEIPT. [REDACTED] STATED, "YES", AND THAT HE WOULD LIKE A COPY OF THE RECEIPT, WHICH HE WAS GIVEN. [REDACTED] ASKED IF I COULD DO ANYTHING IF HE GAVE ME THE NAME OF THE INDIVIDUAL IN THE COMMUNITY WHERE HE GOT THE GREEN LEAFY SUBSTANCE. I ADVISED HIM TO TALK TO HIS ATTORNEY AND THE STATE ATTORNEY IN REFERENCE TO THAT MATTER.

ASSISTANT PRINCIPAL DAN GIRARD COMPLETED A SWORN STATEMENT ON THE INCIDENT.

I MADE CONTACT WITH [REDACTED] MOTHER, [REDACTED] AT APPROXIMATELY 1420 HOURS AND ADVISED HER OF THE SITUATION AND THAT SHE WOULD HAVE TO GET [REDACTED] FROM THE JAC CENTER.

LT. LARRY LEON #210 TRANSPORTED [REDACTED] TO THE JAC CENTER AT APPROXIMATELY 1430 HOURS. A SCHOOL NOTIFICATION FORM OF ARREST WILL BE COMPLETED AND SUPPLIED TO THE ADMINISTRATION FOR SCHOOL DISCIPLINARY ACTIONS.

Case: 04-3342
Investigator: D. Wells #893
Reported Date: 10/29/04 - 1245 Hours

BASED UPON MY ABOVE INVESTIGATION I BELIEVE P.C. EXISTS FOR THE ARREST OF [REDACTED] FOR THE FOLLOWING CHARGES, 1) POSSESSION OF MARIJUANA OVER 20 GRAMS PER FL. ST. 893.13(6) A 2) POSSESSION OF MARIJUANA WITH INTENT TO SELL WITHIN 1000FT. OF A SCHOOL PER FL. ST. 893.13(1) C 3) POSSESSION OF A WEAPON ON SCHOOL GROUND PER FL. ST. 790.115(2)



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL POLICE DEPARTMENT

Sworn/Affirmed Statement

| | |
|----------|-----------------|
| Case No. | <u>04-3342</u> |
| Date | <u>10-29-04</u> |
| Time | <u>1255</u> |

WITNESS VICTIM SUSPECT OTHER

| | | | |
|--|--------------------------|-------------------------------------|--------------------------------|
| NAME OF PERSON MAKING STATEMENT (full name) <u>Mr. Daniel Girard</u> | BIRTH DATE [REDACTED] | HOME TELEPHONE NUMBER [REDACTED] | WORK TELEPHONE NUMBER () - |
| ADDRESS (street address, city, state, zip code) <u>10600 Okeechobee Blv., Royal Palm Bch., FL 33411</u> | | | |

I voluntarily furnish this sworn/affirmed statement to: Officer Daniel Delia ID 885

VICTIM ONLY (Parent of Juvenile) :

I am requesting criminal charges. Yes No I further understand that I will be required to appear in court if subpoenaed.

SIGNATURE OF VICTIM (PARENT OF JUVENILE) DATE

STATEMENT

I am an assistant principal at Royal Palm Beach HS. On Friday, Oct 29, 2004 at approximately 12:45 pm, a student informed me that [REDACTED] was in possession of marijuana. I entered the cafeteria, where I saw [REDACTED]. I asked [REDACTED] to come with me to the cafeteria kitchen, where I searched [REDACTED] back pack. I asked Officer Wells to be present during the search, as he witnessed me look through the book bag. I found a bundle of papers ^{in the back pack} that had marijuana wrapped up in it. [REDACTED] then told me it was marijuana.

Daniel Girard 10/29/04
SIGNATURE, PERSON MAKING STATEMENT (sign every page) DATE

WITNESS SIGNATURE (sign every page) DATE

WITNESS SIGNATURE (sign every page) DATE

Sworn to and subscribed this 29th day of October, 20 04.

NOTARY PUBLIC, STATE OF FLORIDA Daniel Delia 885
LAW ENFORCEMENT OFFICER ID NO.

THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL POLICE DEPARTMENT

Miranda Rights

| | |
|----------|------------------|
| Case No. | #04-3342 |
| Date | October 29, 2004 |
| Time | 1305 |


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

10-29-04
DATE
FECHA
DAT

Police Officer 1 813
Policia
Ofisye Polis

I.D. No 873
Nº de Identidad
Nimewo Idantite

Location _____
Lugar de entrevista
Kote konvèsasyon an te fet

Witness _____
Testigo
Temwen

Witness _____
Testigo
Temwen

RECEIVED

1965



043302

PANEL: _____

A03. DEMOGRAPHICS

YEAR: 05

Friday November 12, 2004 10:41 am

STDT: [REDACTED]

LAST APP FIRST MIDDLE AKA FORMER

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

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
M H [REDACTED] FL 1 [REDACTED] N 120402 106E

ENT DATE SCHL GR OD CL AT W/D DATE PR PF SSN EXTRNL NBR PC PS PD
E01 081104 2331 11 01 N [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 120402 ZZ 3 N N N N N N N N N Z

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

RECORD IS DISPLAYED...NEXT?

TERML: Z135

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 10-29-04 Agency case number #04-3342

Arresting/lead officer: DEAN WELLS II 893 ID number: 893

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?

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. _____

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 DEAN WELLS II 893 ID number 893

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? [X] Yes [] No

[X] Written [] Taped [] Oral (Check only if statement was written down when person said it) Copy of transcript provided? [X] Yes [] No

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

1. Person to whom made DEAN WELLS II 893

Date of statement 10/29/2004 [X] Written [] Taped [X] Oral

If oral, what did he/she say?

[redacted] TOLD ME THAT HE DID NOT WANT TO SAY WHO HE GOT THE GREEN LEAFY SUBSTANCE FROM. [redacted] ASKED ME IF HE GAVE THE NAME OF THE INDIVIDUAL IN THE COMMUNITY WHERE HE GOT THE SUBSTANCE FROM COULD I DO ANYTHING. I INFORMED HIM TO TALK TO HIS ATTORNEY AND THE STATE ATTORNEY.

2. Person to whom made DANIEL GIRARD

Date of statement 10/29/2004 [] Written [] Taped [X] Oral

If oral, what did he/she say?

[redacted] TOLD MR. GIRARD THAT THE GREEN LEAFY SUBSTANCE WAS MARIJUANA.

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 _____

Date of statement / / Written Taped Oral

If oral, what did he/she say?

2. Person to whom made _____

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. 1 QUANTITY SILVER BRASS KNUCKLES | DEAN WELLS II 893 | LT. LEON 210 |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |
| 11. | | |
| 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 _____

Describe information

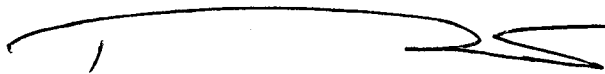
M. Information or evidence to be supplied later

Item _____

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 893 10/24/04
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 DEAN WELLS II 893 ID number 893

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

RECOVERING 23.2 GRAMS OF GREEN LEAFY SUBSTANCE, AND 1 BRASS KNUCKLES FROM USING #8 DUQUENOIS REAGENT CAPSULE TO FIELD TEST THE GREEN LEAFY SUBSTANCE, WHICH YEILDED A POSITIVE RESULT FOR MARIJUANA. PLACING BOTH ITEMS INTO EVIDENCE.

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

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 _____ 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 _____

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 _____

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 _____

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

| | | | | | | | | |
|----------------|--|---|--------------|--|---|--|---------------------|--|
| 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 3 4 2 | | |
| | 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) 10600 OKEECHOBEE BLVD. R.P.B. FL. 33411 | | | | Location of Offense (Business Name, Address) 10600 OKEECHOBEE BLVD. R.P.B. FL. 33411 | | | |
| | Date of Arrest 1 0 2 9 0 4 | Time of Arrest 1 2 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 I - American Indian B - Black O - Oriental/Asian | Sex W M | Date of Birth | Height | Weight | Eye Color | Hair Color | Complexion | Build | |
| | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | | | | | | Marital Status S | Religion | 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 (561) | Address Source VERBAL | | |
| | Business Address (Name, Street) | | | (City) | (State) | (Zip) | Phone () | Occupation STUDENT / CHILD | | |
| | D/L Number, State | Social Security Number | | INS Number | | Place of Birth | | Citizenship USA | | |

| | | | | | | |
|--------|---|------|-----|---------------|--|---|
| CO-DEF | 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 |

| | | | | | | | |
|----------|--|-------------|---------|------------------|----------------------------|---|--------------|
| 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) | | | | (City) | (State) | (Zip) |
| | Notified by: (Name) DEAN WELLS II 893 | | | Date 10-29-04 | Time 1420 | Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/CYF 3. Incarcerated | |
| | Released To: (Name) JAC | | | Relationship | | Date 10-29-04 | Time 1430 |
| | 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 ROYAL PALM BEACH HIGH | |

| | | | | | | | | | | | | |
|--------|--------------------|---|------------------------------------|----------------------------|---|---|--------------------|--------------------------|---|--|--|------------------------|
| CHARGE | Drug Activity | S. Sell N. N/A P. Possess | 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 MARIJUANA OVER 20 GRAMS | | Counts 1 | <input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD | Statute Violation Number 8 9 3 - 1 3 6 A () | Violation of ORD # | | | | | |
| | Drug Activity | YES | Drug Type | MARIJ | Amount / Unit | 23.2 GRAMS | Offense # | #04-3342 | | Warrant / Capias Number | | |
| | Charge Description | POSS OF MARIJUANA W/I TO SELL ON SCHOOL | | Counts 1 | <input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD | Statute Violation Number 8 9 3 - 1 3 1 C () | Violation of ORD # | | | | | |
| | Drug Activity | YES | Drug Type | MARIJ | Amount / Unit | 23.2 GRAMS | Offense # | #04-3342 | | Warrant / Capias Number | | |

| | | | |
|---|--|--|------|
| NTA | <input type="checkbox"/> Mandatory Appearance in Court | Location (Court, Room Number, Address) | |
| | Month | | Day |
| | Year | | Time |
| 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 | |

| | | | |
|----------------|---|--|---|
| ADMINISTRATIVE | Hold for other Agency Name: | Signature of Arresting Officer X / [Signature] 893 | Name Verification (Printed by Arrested) (PRINT) |
| | <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal | Name of Arresting Officer (Print) DEAN WELLS II 893 | Witness here if subject signed with an "X" |
| | Intake Deputy ID # | Transporting Officer ID # LT. LARRY LEON 210 | Agency |

PROBABLE CAUSE AFFIDAVIT

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

| | | | | | | | | | | | | | | | |
|-------|------------------------|---|-------------|---|--|---------------------------------------|--|---------------|--|--|--|----------------------|---------------------|--|--|
| 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 3 4 2 | | |
| DEF | Change Type | <input checked="" type="checkbox"/> 1. Felony | | <input type="checkbox"/> 3. Misdemeanor | | <input type="checkbox"/> 5. Ordinance | | Special Notes | | | | | | | |
| | Check as many as apply | <input type="checkbox"/> 2. Traffic Felony | | <input type="checkbox"/> 4. Traffic Misdemeanor | | <input type="checkbox"/> 6. Other | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|-----|----------------------------|------------|--|--|--|-------|--|--|------|---|-----|---|---------------|------------|--|
| DEF | Name (Last, First, Middle) | [REDACTED] | | | | Alias | | | Race | W | Sex | M | Date of Birth | [REDACTED] | |
|-----|----------------------------|------------|--|--|--|-------|--|--|------|---|-----|---|---------------|------------|--|

| | | | | | | | | | | |
|--------|--------------------|---|--|--|--|--------------------|--------------------------|--|--|--|
| CHARGE | Charge Description | POSS OF MARIJUANA OVER 20 GRAMS | | | | Charge Description | POSS OF WEAPON ON SCHOOL | | | |
| | Charge Description | POSS OF MARIJUANA WITH INTENT TO SELL ON SCHOOL | | | | Charge Description | | | | |

| | | | | | | | | | | | | | | |
|--------|-------------------------------------|------------------|---------|-------|-------|-----------|----------------|--|-----|--|--|---------------|--|--|
| VICTIM | Victim's Name (Last, First, Middle) | STATE OF FLORIDA | | | | Race | | | 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...

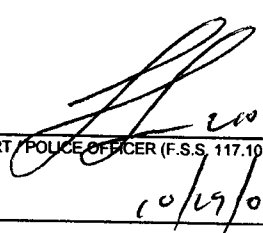

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

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

On the 29 day of OCTOBER 2004 at 1250 A.M. P.M. (Specifically include facts constituting cause for arrest.)

ON 10-29-04 AT APPROXIMATELY 1245 HOURS WHILE WORKING MY ASSIGNED SCHOOL OF ROYAL PALM HIGH I WAS NOTIFIED BY ASSISTANT PRINCIPAL DAN GIRARD THAT HE HAD RECEIVED AN ANONYMOUS TIP FROM A STUDENT THAT A STUDENT IDENTIFIED AS [REDACTED] WAS ON CAMPUS AND POSSESSED MARIJUANA. DAN POSITIVELY IDENTIFIED [REDACTED] INSIDE THE CAFETERIA AND ESCORTED HIM TO THE REAR OF THE CAFETERIA WHERE THE SINKS AND OVENS ARE LOCATED AND CONDUCTED A SEARCH TO WHICH I WAS PRESENT AS REQUESTED. DAN SEARCHED [REDACTED] BACKPACK AND DISCOVERED A BUNDLE OF PAPER AND INSIDE WAS A CLEAR PLASTIC BAG OF A GREEN LEAFY SUBSTANCE WHICH WAS CONSISTENT WITH MARIJUANA BY APPEARANCE AND SMELL. I IMMEDIATELY TOOK OVER THE INVESTIGATION AND HANDCUFFED [REDACTED] (DOUBLE LOCKED AND CHECKED FOR FIT) AND ESCORTED [REDACTED] TO THE POLICE OFFICE WHERE HE WAS READ MIRANDA WHICH HE SIGNED AND DATED.

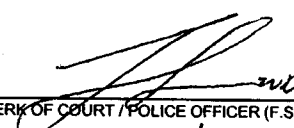
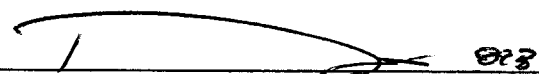
[REDACTED] STATED TO DAN THAT IT WAS INDEED MARIJUANA. I USED A # 8 DUQUENOIS FIELD REAGENT MARIJUANA TEST CAPSULE ON THE GREEN LEAFY SUBSTANCE WHICH YIELDED A POSITIVE RESULT. I MEASURED THE GREEN LEAFY SUBSTANCE ON A SCALE AND OBSERVED THE AMOUNT TO BE 23.2 GRAMS. DUE TO THE AMOUNT OF GREEN LEAFY SUBSTANCE I BELIEVE THAT IT WAS NOT FOR PERSONAL USE, BUT TO BE SOLD. I THEN SEARCHED [REDACTED] FOR OFFICERS SAFETY AND SEARCH INCIDENT TO ARREST AND LOCATED 1 QUANTITY, BRASS KNUCKLES IN HIS LEFT FRONT JEAN SHORT POCKET. I ASKED [REDACTED] WHERE GOT THE GREEN LEAFY SUBSTANCE AND THE BRASS KNUCKLES FROM AND [REDACTED] STATED THAT HE DID NOT WANT TO NAME THE INDIVIDUAL WHO ASKED HIM TO HOLD THE GREEN LEAFY SUBSTANCE AND BRASS KNUCKLES. I EXPLAINED TO [REDACTED] HE WAS UNDER ARREST FOR POSSESSION OF MARIJUANA OVER 20 GRAMS WITH INTENT TO SELL AND POSSESSION OF A WEAPON ON SCHOOL GROUNDS. BOTH THE GREEN LEAFY SUBSTANCE AND BRASS KNUCKLES WILL PLACED INTO EVIDENCE.

| | | | |
|----------------|--|---|----------------|
| ADMINISTRATIVE | SWORN AND SUBSCRIBED BEFORE ME | | |
| |  NOTARY PUBLIC / CLERK OF COURT / POLICE OFFICER (F.S.S. 117.10) DATE <u>10/29/04</u> |  SIGNATURE OF ARRESTING / INVESTIGATING OFFICER DEAN WELLS II 893 NAME OF OFFICER (PLEASE PRINT) October 29, 2002 DATE | PAGE 1 OF 2 |

| | | | | | | |
|-----|--|--|---|---|--|-------------------------|
| ADM | Agency ORI Number FLO 5 0 4 2 0 0 | THE SCHOOL DISTRICT OF PALM BEACH COUNTY SCHOOL POLICE Probable Cause Narrative Continuation | <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Adult | <input checked="" type="checkbox"/> 1 - Original <input type="checkbox"/> 2 - Suppl. | <input type="checkbox"/> 1 - Offense <input checked="" type="checkbox"/> 2 - Arrest | Case Number #04-3342 |
| | Original Date Reported 10 29 2004 | Offense POSSESSION OF MARIJUANA OVER 20 GRAMS W/I TO SELL AND POSSESSION OF WEAPON | | | | |

ASSISTANT PRINCIPAL DAN GIRARD COMPLETED A SWORN STATEMENT ON THE INCIDENT. I MADE CONTACT WITH [REDACTED] MOTHER, [REDACTED] AT APPROXIMATELY 1420 HOURS AND ADVISED HER OF THE SITUATION AND THAT SHE WOULD HAVE TO GET [REDACTED] FROM THE JAC CENTER. [REDACTED] WAS TRANSPORTED TO THE JAC CENTER BY LT. LEO N #210 AT APPROXIMATELY 1430 HOURS. A SCHOOL NOTIFICATION FORM OF ARREST WILL BE COMPLETED AND SUPPLIED TO THE ADMINISTRATION FOR SCHOOL DISCIPLINARY ACTIONS.

BASED UPON MY ABOVE INVESTIGATION I BELIEVE P.C. EXISTS FOR THE ARREST OF [REDACTED] FOR THE FOLLOWING CHARGES, 1) POSSESSION OF MARIJUANA OVER 20 GRAMS PER FL. ST. 893.13(6)A 2) POSSESSION OF MARIJUANA WITH INTENT TO SELL WITHIN 1000FT. OF A SCHOOL PER FL. ST. 893.13(1)C 3) POSSESSION OF A WEAPON ON SCHOOL GROUND PER FL. ST. 790.115(2)

| | | |
|----------------|--|---|
| ADMINISTRATIVE | SWORN AND SUBSCRIBED BEFORE ME | |
| |  NOTARY PUBLIC / CLERK OF COURT / POLICE OFFICER (F.S.S. 117.10) DATE <u>10/29/04</u> |  SIGNATURE OF ARRESTING / INVESTIGATING OFFICER DEAN WELLS II 893 NAME OF OFFICER (PLEASE PRINT) DATE <u>October 29, 2004</u> |
| | | PAGE 2 OF 2 |



FLORIDA UNIFORM TRAFFIC CITATION **7485-ASH** CHECK DIGIT **6**

COUNTY OF Polk (1) F.H.P. (2) P.D. (3) S.O. (4) OTHER

AGENCY Polk Sheriff's Office

COMPLAINT (RETAINED BY COURT)

DATE OF OFFENSE 29TH OCT. 2004 YEAR 2004 MONTH 10 DAY 29

NAME [REDACTED] LAST [REDACTED] FIRST [REDACTED] MIDDLE [REDACTED]

DATE OF BIRTH [REDACTED] SEX [REDACTED] HAIR [REDACTED] EYES [REDACTED]

DRIVER LICENSE NUMBER [REDACTED] CLASS [REDACTED] STATE [REDACTED] CDL LICENSE YR. LICENSE EXP. [REDACTED] F. COMMERCIAL MTR. VEN. YR. HERE [REDACTED]

VEHICLE LICENSE NO. [REDACTED] STATE [REDACTED] YEAR TAG EXPIRES [REDACTED] F. COMPANION CITATION(S) [REDACTED]

UNLAWFUL SPEED _____ MPH SPEED APPLICABLE _____

UNLAWFUL SPEED _____ MPH SPEED APPLICABLE _____

- INTERSTATE 4-LANE HWY WITH 20 FT. MEDIAN OUTSIDE BUS. OR RES. DIST.
- CARELESS DRIVING SAFETY BELT VIOLATION EXPIRED DRIVER LICENSE
- VIOLATION OF TRAFFIC CONTROL DEVICE IMPROPER OR UNSAFE EQUIPMENT FOUR (4) MONTHS OR LESS
- VIOLATION OF RIGHT-OF-WAY EXPIRED TAG MORE THAN FOUR (4) MONTHS
- IMPROPER CHANGE OF LANE OR COURSE SIX (6) MONTHS OR LESS NO VALID DRIVER LICENSE
- IMPROPER PASSING MORE THAN SIX (6) MONTHS DRIVING WHILE LICENSE SUSPENDED OR REVOKED
- CHILD RESTRAINT NO PROOF OF INSURANCE
- DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES, DRUGS/ACTUAL PHYSICAL CONTROL WHILE IMPAIRED, OR DRIVING/ACTUAL PHYSICAL CONTROL WITH UNLAWFUL BLOOD/URINE ALCOHOL LEVEL, BAL.

OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE: POSSESSION OF MARIJUANA OVER 20 GRAMS

IN VIOLATION OF STATE STATUTE 818.13(6) A SECTION 1 SUB-SECTION 1

CASH YES NO YES \$ _____ NO YES NO YES NO YES NO

CRIMINAL VIOLATION COURT APPEARANCE REQUIRED, AS INDICATED BELOW: YES NO

INFRACTION COURT APPEARANCE REQUIRED, AS INDICATED BELOW: YES NO

INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT: YES NO

COURT INFORMATION DATE _____ TIME _____ COURT _____ LOCATION _____

ARREST DELIVERED TO _____ DATE _____

TABLE AND PHOTOS TO COMPLY AND INSTRUCTIONS SPECIFIED IN THIS CITATION. UNLAWFUL INFRACTION TO ACCEPT AND SIGN THIS CITATION. UNDERSTANDING MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS, IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

X SIGNATURE OF OFFICER [Signature] B. NO. 023 TROOP NO. 6802A(P.D.)

PLATE NO. 7485-ASH CHECK DIGIT 6

WELLS 073

#04-3342

PANEL: _____

A03. DEMOGRAPHICS

YEAR: 05

Thursday November 18, 2004 2:51 pm

STDT: [REDACTED]

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

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

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

| SEA | RACE | DOB | BIRTH CITY | ST | VER | PHONE | PUB | SUMMER | ORIG | SAC | SCHL2 |
|-----|------|------------|------------|----|-----|----------------|-----|--------|--------|------|-------|
| M | H | [REDACTED] | [REDACTED] | FL | 1 | 561 [REDACTED] | N | | 120402 | 106E | |

| ENT | DATE | SCHL | GR | OD | CL | AT | W/D | DATE | PR | PF | SSN | EXTRNL | NBR | PC | PS | PD |
|-----|--------|------|----|----|----|----|-----|------|----|----|------------|------------|-----|----|----|----|
| E01 | 081104 | 2331 | 11 | | 01 | N | | | | | [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 | 120402 | | | ZZ | 3 | | | NNNN | NN | NN | NN | | NN | Z |

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

RECORD IS DISPLAYED...NEXT?

TERML: Z32B