

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-49


Respondent.

FINAL ORDER

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


FINDINGS OF FACT

1. Respondent's parent was notified by the Principal of John I. Leonard Community High School that the Respondent was being recommended for expulsion on December 7, 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 January 21, 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 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 January 21, 2005, to wit:

Committed physical battery to a student/person while on the campus of John I.
Leonard Community High School on December 7, 2004.

ORDERED AND ADJUDGED by the School Board in regular session that the recommendation of the Superintendent be accepted and confirmed.  is hereby expelled from the School District for one calendar year from December 9, 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



JOHN I. LEONARD COMMUNITY HIGH SCHOOL

4701 Tenth Avenue North, Greenacres, Florida 33463
 (561) 641-1200
 FAX: (561) 357-1100

REGINALD B. MYERS
 Principal
 RIGOBERTO GAMEZ
 Vice Principal

Return Receipt Requested

Assistant Principals:
 Regular and Certified Mail
 THEOMANE DORLEANS
 PATRICIA KONTTINEN
 Date 08/09/2004 RO
 Student Number [REDACTED]

[REDACTED]
 Custodial Parent/Guardian of:

[REDACTED]
 Dear Custodial Parent/Guardian:

On 11/23/2004 your son/daughter/ward was rendered a ten (10) day suspension as documented by my letter to you, a copy of which is attached

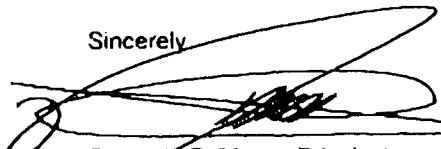
Pursuant to Florida Statute § 230.23(6)(c), which authorizes the School Board to decide cases recommended for expulsion, I have this date recommended to the Expulsion Screening Committee that the School Board expel your son/daughter/ward from the public schools of Palm Beach County. My recommendation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

On November 15, 2004, while riding home from school on bus C052 [REDACTED] and another student struck a third student. The attack was unprovoked by the third student and he did not fight back. The battery victim had to be transported by ambulance to Wellington Regional Hospital for injuries received. The victim felt the attack was related to a verbal altercation in the lunchroom of John I. Leonard High School that occurred earlier in the day. After being struck by [REDACTED], a second student struck the victim in the face. Both [REDACTED] and the other student fled off the bus after the attack. A John I. Leonard High School Student Identification book was provided to the victim, he positively identified [REDACTED] and the other student from the photographs. On 11-16-04 the Transportation Department was notified and an audio/visual copy of the bus camera system was requested. No tape could be provided as evidence due to technical difficulties. Since the incident the student [REDACTED] has been absent from school.

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.

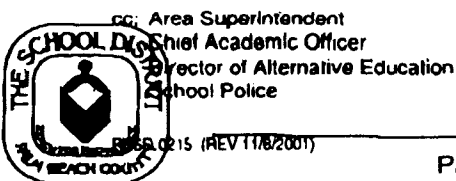
As of 12/09/2004, your son/daughter/ward is assigned to the Department of Alternative Education.

Sincerely,

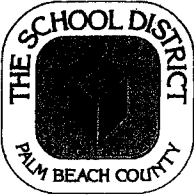

 Reginald B. Myers, Principal
 4701 Tenth Avenue North
 Greenacres, FL 33463

EXHIBIT

A



Palm Beach County Schools #3 in the Nation!



THE SCHOOL DISTRICT OF
PALM BEACH COUNTY, FLORIDA

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

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

www.PalmBeachSchool.org

ANN KILLETS
CHIEF ACADEMIC OFFICER

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

FILE COPY

January 21, 2005

CERTIFIED AND REGULAR MAIL
RETURN RECEIPT REQUESTED

7003 2260 0001 9364 2186

NOTICE OF RECOMMENDATION FOR EXPULSION

Dear Ms. Vilsant:

Based upon the recommendation of Reginald B. Myers, Principal of John I. Leonard 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:

Committed physical battery to a student/person while on the campus of John I. Leonard Community High School on December 7, 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, John I. Leonard Community High School
Central Area Superintendent
Chief Academic Officer
Director of Alternative Education

EXHIBIT

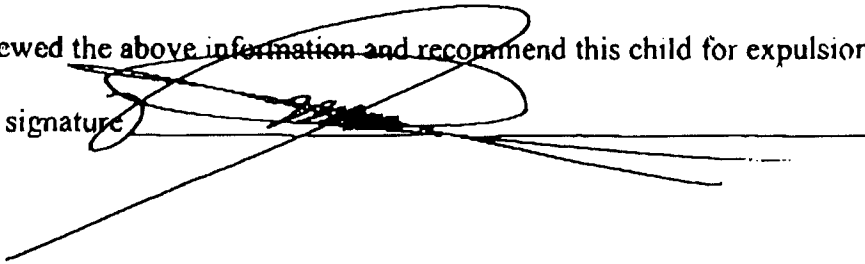
B

INCIDENT SUMMARY

Student Name	[REDACTED]
Student #	[REDACTED]
Violation and Code	Battery code #53
School	John I. Leonard High School
Principal	Reginald B. Myers
Area Superintendent	Rodney Montgomery
Grade	09
Sex	Male
Age	[REDACTED]
Language	English
ESE?	No
504?	N/A
Police Report Charge, if known	04-3600 Battery
Persons Involved And Witnesses to Testify	Officer Richard Morris
Additional Information (Use additional page, if necessary)	<p>On November 15, 2004, while riding home from school on bus C052 [REDACTED] and [REDACTED] struck [REDACTED]. The attack was unprovoked and [REDACTED] did not fight back. The battery victim, [REDACTED], had to be transported by ambulance to Wellington Regional Hospital for injuries received. [REDACTED] felt the attack was related to a verbal altercation in the lunchroom of John I. Leonard High School that occurred earlier in the day. After being struck by [REDACTED], A second student known as [REDACTED] struck [REDACTED] in the face. Both [REDACTED] and [REDACTED] fled off the bus after the attack. A John I. Leonard High School Student Identification book was provided to [REDACTED] he positively identified [REDACTED] and [REDACTED] from the photographs. On 11-16-04 the Transportation Department was notified and an audio/visual copy of the bus camera system was requested. No tape could be provided as evidence due to technical difficulties. Since the incident the student [REDACTED] has been absent from school.</p>

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

Principal's signature



Student Discipline Referral

STUDENT NAME [REDACTED]	STUDENT NUMBER [REDACTED]	GRADE [REDACTED]	DATE 11/24/2004	TIME 3:00
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 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	STAFF ID NUMBER 9776	REPORTED BY (CODE) (Use number below for those persons without a staff ID.) 975 - Paraprofessional 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	INTERVENTIONS BY TEACHER BEFORE REFERRAL <input type="checkbox"/> Conference with student <input type="checkbox"/> Telephone call to parent <input type="checkbox"/> Referral to CORE team <input type="checkbox"/> Conference with counselor <input type="checkbox"/> Other	
NATURE OF PROBLEM (Be Specific) Student was fighting on bus and that I saw when student hit other student in the head.		INTEVENTIONS BY TEACHER AFTER REFERRAL <input type="checkbox"/> Letter to parent <input type="checkbox"/> De-escalation techniques <input type="checkbox"/> Parent Conference <input type="checkbox"/> Problem solving techniques <input type="checkbox"/> Teacher detentions		

ADMINISTRATIVE USE ONLY BELOW THIS LINE			
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	DATE
ADMINISTRATOR'S NAME T. Dorleans	ADMINISTRATION ID 099	EVENT NUMBER	DATE
COMMENTS			
SIGNATURE OF PARENT			
SIGNATURE OF STUDENT			
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.			
ORIGINAL - Administration		COPY - Parent	
COPY - Guidance Counselor / ESE Contact		COPY - Originator	

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

DEC-07-2004 15:38

JOHN I LEONARD HS

P.09/10

Student Discipline Referral

STUDENT NAME [REDACTED]		STUDENT NUMBER [REDACTED]		GRADE 09	ESE/504 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DATE 11/22/04	TIME [REDACTED]
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 Off Campus TR - To School		STAFF ID NUMBER [REDACTED]		INTERVENTIONS BY TEACHER BEFORE REFERRAL <input type="checkbox"/> Conference with student <input type="checkbox"/> Telephone call to parent <input type="checkbox"/> Referral to CORE team <input type="checkbox"/> Conference with counselor <input type="checkbox"/> Letter to parent <input type="checkbox"/> Parent Conference <input type="checkbox"/> De-escalation techniques <input type="checkbox"/> Problem solving techniques <input type="checkbox"/> Mediation <input type="checkbox"/> Teacher detention		BUS CODE JTLHS	
REPORTED BY [REDACTED]		REPORTED BY (CODE) (Use number below for those persons without a staff ID.) 975 - Paraprofessional 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) [REDACTED] was involved in a fight on bus 6052 on 11-15-04. The other student was injured & was transported to the hospital.			
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)		INVOLEMENT TYPE (circle one) S - STUDENT N - Non-student B - Both student and non-student U - Unknown	
SCHOOL NO. HOME SCHOOL If not Home School, provide School Number.		ADMINISTRATOR'S NAME T. Dorleans		ADMINISTRATION ID 099		EVENT NUMBER 11/22/04	
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) 50		RELATED ISSUES (circle all that apply) G - Gang related W - Weapon related A - Alcohol related H - Hate related D - Drug related		SIGNATURE OF PARENT [REDACTED]	
DURATION How many days 10 Begin Date 11/23/04 Return Date 12/09/04		ACTION CODE (see code sheets) 01 09 86 FA		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.		DATE	
CASE NUMBER/AGENCY		ORIGINAL - Administration		COPY - Parent		COPY - Originator	
PBSD 0279 (REV. 7/26/2001)		ORIGINAL - Administration		COPY - Parent		COPY - Guidance Counselor / ESE Contact	

Case Summary**Palm Beach County School Police Case # 04-3600 Ofc. Richard Morris #935****Date 11/24/2004 Time- 3:05 p.m.**

ON 11-16-04 AT 0700 HRS. REPORTING OFFICER WAS MET BY ASSISTANT PRINCIPAL OTTERO IN THE COURT YARD OF JOHN LEONARD HIGH SCHOOL. IN SUMMARY OTTERO REPORTED THAT ON 11-15-04 BETWEEN 1500 HRS. AND 1600 HRS. A STUDENT WAS BATTERED ON BUS #52. THE BATTERY VICTIM HAD TO BE TRANSPORTED BY AMBULANCE TO WELLINGTON REGIONAL HOSPITAL FOR INJURIES RECEIVED.

ON 11-16-04 AT 0900 HRS. THIS OFFICER MET WITH THE BATTERY VICTIM [REDACTED] AND HIS MOTHER [REDACTED] AT JOHN LEONARD HIGH SCHOOL. AFTER COMPLETING A SWORN WRITTEN STATEMENT, IN SUMMARY [REDACTED] RELATED THE FOLLOWING. WHILE RIDING HOME FROM SCHOOL ON 11-15-04 HE WAS STRUCK TO HIS HEAD AND EYE BY [REDACTED], A JOHN LEONARD HIGH SCHOOL STUDENT KNOWN TO HIM. [REDACTED] SAID THAT THE ATTACK WAS UNPROVOKED AND THAT HE DID NOT FIGHT BACK. HE FELT THE ATTACK WAS RELATED TO A VERBAL ALTERCATION IN THE LUNCH ROOM OF JOHN LEONARD HIGH SCHOOL WHICH HAD OCCURRED EARLIER IN THE DAY. AFTER BEING STRUCK BY [REDACTED], HE SAID A SECOND JOHN LEONARD STUDENT KNOWN TO HIM AS [REDACTED] HIM IN THE FACE, BOTH [REDACTED] AND [REDACTED] FLED OFF THE BUS AFTER THE ATTACK. A JOHN LEONARD HIGH SCHOOL PHOTO ALBUM WAS PROVIDED TO [REDACTED], HE POSITIVELY IDENTIFIED [REDACTED] AND [REDACTED] FROM PHOTOGRAPHS.

ON 11-16-04 AT 1020 HRS. [REDACTED] WAS CALLED TO THE SCHOOL POLICE OFFICE AT JOHN LEONARD HIGH SCHOOL, AFTER BEING READ HIS RIGHTS PER MIRANDA, AND STATING HE UNDERSTOOD SAID RIGHTS, HE MADE A VOLUNTARY ADMISSION THAT HE HAD STRUCK THE VICTIM [REDACTED] IN THE FACE. [REDACTED] SAID HE HIT THE VICTIM TO PREVENT FURTHER FIGHTING AFTER HIS FRIEND [REDACTED] STRUCK THE VICTIM IN THE FACE WITH HIS FIST. HE SAID THE ATTACK WAS UNPROVOKED. HE CLAIMED HE THEN PUSHED [REDACTED] OFF THE BUS AND FLED TO PREVENT FURTHER FIGHTING. [REDACTED] WAS UNABLE TO BE INTERVIEWED ON THIS DATE AS HE WAS ABSENT FROM SCHOOL. (SEE WRITTEN STATEMENT BY [REDACTED])

ON 11-16-04 THE TRANSPORTATION DEPARTMENT OF THE PALM BEACH COUNTY SCHOOL DISTRICT WAS NOTIFIED AND A AUDIO/VISUAL COPY OF THE BUS CAMERA SYSTEM WAS REQUESTED. NO TAPE COULD BE PROVIDED AS EVIDENCE DUE TO TECHNICAL DIFFICULTIES. INVESTIGATION PENDING, NO FURTHER INFORMATION AT TIME OF REPORTING.

Ofc. Richard Morris #935



PANEL: _____

A24. STUDENT DISCIPLINE SUMMARY

YEAR: 05

Tuesday December 7, 2004 3:25 pm

STDT: [REDACTED]
SPEC: [REDACTED]

SCHL: 1361 GR: 09 ST: A

YTD-ISS: 002 OSS: 010

SY	EVENT	DATE	TIME	SCHL	LOC	CODE	X	C	TAKEN	DUR
05	_____	_____	_____	_____	_____	_____				
05	10784023	12072004	0000	1361	OF	E 099 [REDACTED]				
						I 53 PHY BATTERY	*			
						A 86 O/S 6-10 DAYS	*		11222004	010
						A 09 PAR/GRD CONTCT			11222004	
						A 01 CONF W/STDT/WRN			11222004	
						A FA FUTURE ACTION	*		11222004	
05	10754333	10202004	0000	1361	OT	E 006 [REDACTED]				
						I 41 UNSERV SAT DETE				
						I 26 DISOBED/INSUBOR				
						A 65 I/S ALT TO SUSP	*		10202004	002
						A 09 PAR/GRD CONTCT			10202004	
						A 01 CONF W/STDT/WRN			10202004	

PF1=HELP 3=EXIT 5=REFRESH 7=BKWD 8=FWD 9=NXT PAGE 12=ESCAPE
NO ADDITIONAL PAGES...NEXT?

TERML: BQ31


**THE SCHOOL DISTRICT OF PALM BEACH COUNTY
ALTERNATIVE EDUCATION**
Eligibility/Consent for Placement

- ☐ Choice Program ☐ Transition Program
☐ Teenage Parent Program ☒ Secondary Intensive Program
☐ Therapeutic Program ☐ Juvenile Justice Program

NAME (last, first, middle initial)				STUDENT NUMBER		GRADE	TODAY'S DATE
[REDACTED] H [REDACTED]				[REDACTED]		09	December 07, 2004
<input checked="" type="checkbox"/> New Enrollee	<input type="checkbox"/> Carryover Student	<input type="checkbox"/> Transfer Student	<input type="checkbox"/> 504	<input type="checkbox"/> LEP	<input type="checkbox"/> ESE	GENDER M	RACE/ETHNIC Black
SENDING SCHOOL John I. Leonard High School				PROGRAM NAME North Intensive		RECOMMENDED ENROLLMENT LENGTH Minimum of 1 year	

Indicate below the student eligibility criteria that corresponds with the program plan. Student is/has

SCHOOL OF CHOICE (Code U)
Retained in Grade (Code A)

- ☐ Placed in grade 7, 8 or 9 (due to multiple retentions)
☐ Retained
☐ Below state or district, proficiency levels in reading, writing or math

Academically Unsuccessful (Code B)

- ☐ Low or failing grades (D's/F's) in two or more academic subjects
☐ Low achievement test scores (below level 3 in Reading or Math FCAT/Florida Writes)
☐ Placement by Area Superintendent (regular education only)
☐ Credit deficiency

Attendance

- ☐ Record of excessive absences that inhibits the student's progress (Code C)
☐ Habitually truant (15 unexcused absences within 90 calendar days) (Code N)

NOTE: ERC and PACE require a successful interview before admission.

ELEMENTARY AND SECONDARY TRANSITION SCHOOL (Code A)

- ☐ History of chronic or severe disruptive behavior (Code J)
☐ Repeated out-of-school suspensions (Code H)
☐ Requires extensive individualized behavior modification unavailable in the traditional classroom (Code J)
☐ Threatens general welfare of others (Code J)
☐ Placed in grade 7, 8, or 9 (due to multiple retentions) (Code J)
☐ ESE/Interim Alternative Education Placement (IAES) (Code J)
☐ Community control or re-entry from adjudication (Code T)
- ☐ Expulsion pending (Code J)
☐ Felony suspension (Code H)
☐ Placement by Area Superintendent (regular education only) (Code J)
☐ Incident-based (Code J)
- Grades K-5 only:**
- ☐ Expulsion pending (Code I)
☐ Expelled by school board action (Code I)

SECONDARY INTENSIVE TRANSITION SCHOOL (Code A)

- ☐ Unsuccessful in transition program (Code J)
☐ Severely threatens the welfare of others (Code J)
☐ Felony suspension (Code H)
☒ Expulsion pending (Code J)
☐ Expelled by school board action (Code I)
☐ Expulsion re-entry (Code J)
☐ Community control or re-entry from adjudication (Code T)
☐ ESE/Interim Alternative Education Placement (IAES) (Code J)
☐ Placement by Area Superintendent (regular education only) (Code J)
☐ Incident-based (Code J)

TEENAGE PARENT PROGRAM (CODE P)

- ☐ Pregnant as documented by a county public health unit or private physician's certification of pregnancy. (Code E)
☐ A parent as documented by the child's birth certificate, copy of application for birth certificate, hospital records, or a notarized affidavit of fatherhood signed by the mother and teenage father. (Code F)
☐ Child of student enrolled in teenage parent program or student who has completed program and is enrolled in courses to meet graduation requirements (Teenage Parent Consent for Placement and a copy of the child's birth certificate have been made available to this program.) (Code G)

**THERAPEUTIC PROGRAM
(Outside agencies)**

- ☐ Enrolled by parent/guardian in voluntary agency program

JUVENILE JUSTICE PROGRAM

- ☐ Under probation supervision (Code T)
☐ Committed by court order

PARENT CONSENT / NOTIFICATION (Required for Choice and Teenage Parent)

The custodial parent/guardian has the right to request an administrative review with the Area Superintendent or designee regarding this placement. The custodial parent/guardian has the right to request an evaluation to consider eligibility for exceptional student education services. If you have questions about this recommendation or would like information about the program, contact the school center or the Area office.

Sign and date this form if you agree with this recommendation to enroll your child in the Alternative Program indicated above.

SIGNATURE OF CUSTODIAL PARENT/GUARDIAN

DATE

SIGNATURE OF PRINCIPAL OR AREA SUPERINTENDENT

DATE

OFFENSE-INCIDENT REPORT

Juv. in Report ☐ Juvenile Warn/Dismiss ☐ 1. Original ☐ 2. Supplement ☒ 1

ADM.	Date of Supplement	PALM BEACH COUNTY SCHOOL BOARD		Agency Report Number																
		043600																		
	Original Date Reported	Date	Time (mil)	Time Dispatched (mil)	Time Arrived (mil)	Time Completed (mil)														
		TUE 11/16/2004	0800																	
	Incident Type	3. Misdemeanor	5. Ordinance	Date	Time (mil)	Day	Date	Time (mil)												
	1. Felony	4. Traffic Misdemeanor	9. Other	From	TUE 11/16/2004	To	TUE 11/16/2004													
	2. Traffic Felony																			
	OFF/INC # 1	Type 3	Description BATTERY	A-Attempted C-Committed	C	Statute Violation Number	784	NCIC/UCR Code	130B											
	OFF/INC # 2																			
	Incident Location (Street, Apt. Number)	City	Zip	District	Grid	Area	Zone													
	1361	WEST PALM BEACH	33406																	
	Business Name/Area Identifier	JI LEONARD			Forced Entry	0. N/A 2. No.	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.	# Victims	# Offenders	# Prem. Ent.	# Veh. Stolen	Type of Weapon	02. Rifle 03. Shotgun 04. Firearm	05. Knife/Cutting Instrument 06. Blunt Object	07. Hands/Fist/Feet 08. Poison 09. Explosives	10. Fire/Incendary 11. Threat/Intimidation 12. Simulated Weapon	13. Drugs 88. Unknown 99. Other									
	01	01	02	00	00	00. N/A 01. Handgun						07								
	V/W Code	P-Proprietor	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 3. Florida 1. City 4. Out-of-State 2. County	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				
	0. 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 3. Both 2. #2	V/W Code	#	V. Type	Name (Last, First, Middle or Business)	[REDACTED]					Residence Phone	[REDACTED]							
	Address (Street, Apt. Number)	[REDACTED]										City	State	Zip	Business Phone	[REDACTED]				
	Other Contact Info. (Time Available, Interpreter, ect.)	[REDACTED]																		
	Synopsis of Involvement	[REDACTED]																		
	If V/W Code	Race	Sex	Date of Birth or Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will Victim prefer charge?	Yes <input type="radio"/> No <input type="radio"/>								
	V, W or P	W	M	15	2	1	1	03 00	00											
	OFF/INC Indicator	1. #1 3. Both 2. #2	V/W Code	#	V. Type	Name (Last, First, Middle or Business)	[REDACTED]					Residence Phone	[REDACTED]							
	Address (Street, Apt. Number)	[REDACTED]										City	State	Zip	Business Phone	[REDACTED]				
	Other Contact Info. (Time Available, Interpreter, ect.)	[REDACTED]																		
	Synopsis of Involvement	[REDACTED]																		
	If V/W Code	Race	Sex	Date of Birth or Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will Victim prefer charge?	Yes <input type="radio"/> No <input type="radio"/>								
	V, W or P																			
	OFF/INC Indicator	1. #1 3. Both 2. #2	Suspect Code	S-Suspect A-Arrestee	E-Escapee Z-Other	Code #	Juvenile	Name (Last, First, Middle)	[REDACTED]					Residence Phone	[REDACTED]					
	Maiden Name	[REDACTED]					Nickname/Street Name	[REDACTED]					Place of Birth	[REDACTED]						
	Last Known Address (Street, Apt. Number)	[REDACTED]					City	State	Zip	[REDACTED]					Business Phone	[REDACTED]				
	Occupation	[REDACTED]					Employer/School	[REDACTED]					Address	[REDACTED]						
	Driver's License State/Number	[REDACTED]					Immigration and Naturalization Number	[REDACTED]					Other I.D. Number	[REDACTED]						
	OBTS Number (Arrested)	[REDACTED]					FCIC/NCIC	[REDACTED]												
	Clothing (Describe)	[REDACTED]																		
	Scars/Marks/Tattoos (Location/Describe)	[REDACTED]																		
	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)													
	Officer(s) Reporting	R MORRIS					I.D. Number(s)/Locator Code					Unit								
	Officer Reviewing (If Applicable)	I.D. Number					Routed To					Referred								
	Assigned To	AF/JF					By					AMK								
	Date																			
	Case Status	CA					Clearance Type	1. Arrest 2. Exceptional 3. Unfounded 4. Open Pend. 1	A-Adult J-Juvenile	Date Cleared	11/22/2004					Jail Number	02			
	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	043600	
	Page	1 of 1																		

PALM BEACH COUNTY SCHOOL BOARD

OBTS Number 043600		<input type="checkbox"/> Felony <input checked="" type="checkbox"/> Juvenile		<input checked="" type="checkbox"/> Misdemeanor		<input type="checkbox"/> Traffic <input type="checkbox"/> Warrant		Jail No.		Police Case No. 043600						
IDS No.		Agency Code		Municipal P.D. Def. ID No.			MDPD Records and ID No.				Court Case No.					
DEFENDANT'S NAME		Last	First	Middle	DOB mo/day/yr		Sex	Race	Ethnic	Height	Weight	Hair	Eyes			
							M	B				BLK	BRO			
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		Driver's License		Other						
								Occupation		Place of Birth						
DRIVER'S LICENSE NO.		State	Social Security No.		Scars,Tattoos,Unique Physical Features											
Weapon Seized?		Type	Arrest Date mo/day/yr		Arrest Time		Arrest Location (include name of business)					GRID				
<input type="radio"/> Yes <input checked="" type="radio"/> No		00	11/16/2004				1361 JI LEONARD HS									
If Def. has Concealed Weapons Permit.		For Robbery, Burglary, F/A Viol: Suspected history of drug involvement?		Yes	No.Cases Cleared	Influence of Drugs	Influence of Alcoh.		Citizenship	Resid. Type:		<input checked="" type="radio"/> City <input type="radio"/> County				
PERMIT # W-				Unk	01	<input type="radio"/> No <input checked="" type="radio"/> Unk	<input type="radio"/> No <input checked="" type="radio"/> Unk		US	<input type="radio"/> Florida <input type="radio"/> Out of State						
CO-DEFENDANTS		Last	First	Middle	DOB mo/day/yr		In Custody		Felony	Juvenile						
							At Large		Misdemeanor							
2.		Last	First	Middle	DOB mo/day/yr		In Custody		Felony	Juvenile						
							At Large		Misdemeanor							
CODE	DRUG ACTIVITY	S. Sell	R. Smuggle	K. Dispense/Distribute	M. Manufacture/Produce/Cultivate	DRUG TYPE		B. Barbiturate	H. Hallucinogen	P. Paraphernalia/Equipment	U. Unknown					
	N. N/A	D. Buy	D. Deliver	Z. Other		N. N/A		C. Cocaine	M. Marijuana	S. Synthetic	Z. Other					
	P. Possess	T. Traffic	E. Use			A. Amphetamine		E. Heroin	O. Opium/Derv.							

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. BATTERY	N	N	01	784.03.	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 _____ (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.

R MORRIS

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 wilfully 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.

Signature of Defendant / Juvenile and Parent or Guardian

COURT COPY

COMPLAINT / ARREST AFFIDAVIT

PALM BEACH COUNTY SCHOOLS BOARD

OBTS Number 043600A	<input type="checkbox"/> Felony <input checked="" type="checkbox"/> Juvenile	<input checked="" type="checkbox"/> Misdemeanor	<input type="checkbox"/> Traffic <input type="checkbox"/> Warrant	Jail No.	Police Case No. 043600
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 M	Race B	Ethnic
LOCAL ADDRESS Street City State Zip		Phone	Alias	Height 602	Weight 150
PERMANENT ADDRESS Street City State Zip		Phone	Address Source	Verbal	Voter's ID
BUSINESS ADDRESS Street City State Zip		Phone	Occupation	Driver's License	Other
DRIVER'S LICENSE NO.		State	Social Security No.	Scars, Tattoos, Unique Physical Features	
Weapon Seized? <input type="radio"/> Yes <input checked="" type="radio"/> No	Type 00	Arrest Date mo/day/yr 11/16/2004	Arrest Time	Arrest Location (include name of business) 1361 JOHN I LEONARD HS	
If Def. has Concealed Weapons Permit. PERMIT # W-		For Robbery, Burglary, F/A Viol: Suspected history of drug involvement?	Yes <input type="radio"/> No <input type="radio"/> Unk	No. Cases Cleared 01	Influence of Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unk
CO-DEFENDANTS 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 N. N/A P. Possess	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 E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Derv.
				P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other

CHARGES	Activity	Type	Counts	STATUTE	D.V.	AC	CAPIAS	BW	FW	PW	UCIT	VIOLATION OF SECT.
1. BATTERY	N	N	01	784.03.	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 _____ (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.

R. MORRIS

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.

Signature of Defendant / Juvenile and Parent or Guardian

COURT COPY

NARRATIVE CONTINUATION

FLO 504200

PALM BEACH COUNTY SCHOOL DISTRICT POLICE

Case: 04-3600
Investigator: MORRIS
Reported Date: 11/16/04 - 0700 Hours

ON 11-16-04I AT 0700 HRS. REPORTING OFFICER WAS MET BY ASSISTANT PRINCIPAL OTTERO IN THE COURT YARD OF JOHN LEONARD HIGH SCHOOL. IN SUMMARY OTTERO REPORTED THAT ON 11-15-04 BETWEEN 1500 HRS. AND 1600 HRS. A STUDENT WAS BATTERED ON BUS #52. THE BATTERY VICTIM HAD TO BE TRANSPORTED BY AMBULANCE TO WELLINGTON REGIONAL HOSPITAL FOR INJURIES RECEIVED.

ON 11-16-04 AT 0900 HRS. THIS OFFICER MET WITH THE BATTERY VICTIM [REDACTED] AND HIS MOTHER [REDACTED] AT JOHN LEONARD HIGH SCHOOL. AFTER COMPLETING A SWORN WRITTEN STATEMENT, IN SUMMARY [REDACTED] RELATED THE FOLLOWING. WHILE RIDING HOME FROM SCHOOL ON 11-15-04 HE WAS STRUCK TO HIS HEAD AND EYE BY [REDACTED], A JOHN LEONARD HIGH SCHOOL STUDENT KNOWN TO HIM. [REDACTED] SAID THAT THE ATTACK WAS UNPROVOKED AND THAT HE DID NOT FIGHT BACK. HE FELT THE ATTACK WAS RELATED TO A VERBAL ALTERCATION IN THE LUNCH ROOM OF JOHN LEONARD HIGH SCHOOL WHICH HAD OCCURRED EARLIER IN THE DAY. AFTER BEING STRUCK BY [REDACTED], HE SAID A SECOND JOHN LEONARD STUDENT KNOWN TO HIM AS [REDACTED] STRUCK HIM IN THE FACE, BOTH [REDACTED] AND [REDACTED] FLED OFF THE BUS AFTER THE ATTACK. A JOHN LEONARD HIGH SCHOOL PHOTO ALBUM WAS PROVIDED TO [REDACTED], HE POSITIVELY IDENTIFIED [REDACTED] AND [REDACTED] FROM PHOTOGRAPHS.

ON 11-16-04 AT 1020 HRS. [REDACTED] WAS CALLED TO THE SCHOOL POLICE OFFICE AT JOHN LEONARD HIGH SCHOOL, AFTER BEING READ HIS RIGHTS PER MIRANDA, AND STATING HE UNDERSTOOD SAID RIGHTS, HE MADE A VOLUNTARY ADMISION THAT HE HAD STRUCK THE VICTIM [REDACTED] IN THE FACE. [REDACTED] SAID HE HIT THE VICTIM TO PREVENT FURTHER FIGHTING AFTER HIS FRIEND [REDACTED] STRUCK THE VICTIM IN THE FACE WITH HIS FIST. HE SAID THE ATTACK WAS UNPROVOKED. HE CLAIMED HE THEN PUSHED [REDACTED] OFF THE BUS AND FLED TO PREVENT FURTHER FIGHTING. [REDACTED] WAS UNABLE TO BE INTERVIEWED ON THIS DATE AS HE WAS ABSENT FROM SCHOOL. (SEE WRITTEN STATEMENT BY [REDACTED])

ON 11-16-04 THE TRANSPORTATION DEPARTMENT OF THE PALM BEACH COUNTY SCHOOL DISTRICT WAS NOTIFIED AND A AUDIO/VISUAL COPY OF THE BUS CAMERA SYSTEM WAS REQUESTED. NO TAPE COULD BE PROVIDED AS EVIDENCE DUE TO TECHNICAL DIFFICULTIES. INVESTIGATION PENDING, NO FURTHER INFORMATION AT TIME OF REPORTING.

DUE TO THE FACTS AS STATED IN THIS INVESTIGATION, THIS OFFICER FEELS PROBABLE CAUSE DOES EXIST FOR THE CHARGE OF BATTERY AGAINST [REDACTED], AND [REDACTED]. THIS CASE WILL BE FILED WITH THE STATES ATTORNEY'S OFFICE AND A CAPIAS WILL BE REQUESTED. IT SHOULD BE NOTED THAT [REDACTED] HAS FAILED TO RETURN TO JOHN LEONARD HIGH SCHOOL. NUMEROUS MESSAGES AND ATTEMPTS HAVE BEEN MADE TO CONTACT [REDACTED] PARENTS. THE PHONE SERVICE AT [REDACTED] HOME [REDACTED] WAS DISCONNECTED ON 11-19-04.



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL POLICE DEPARTMENT

Sworn/Affirmed Statement

☐ WITNESS ☒ VICTIM ☐ SUSPECT ☐ OTHER

Case No.	04-3600
Date	11/16/04
Time	0900 hrs.

NAME OF PERSON MAKING STATEMENT (full name)	BIRTH DATE	HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
ADDRESS (street address, city, state, zip code)			
[REDACTED]			

I voluntarily furnish this sworn/affirmed statement to: Officer A. Estrella ID 903

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.

[REDACTED] 11-16-04
SIGNATURE OF VICTIM (PARENT OF JUVENILE) DATE

STATEMENT

Usually were friends. At lunch I gave him my hand for a handshake, he said "got out of here, u ain't popular", I pushed him playing around, he threw a piece of pizza at me, I picked it up and threw it back. He said "ima make you a promise, ima hit you on da bus". I didnt think nothing of it because we always joking around. On the bus he asked me and my friend if we were getting off da bus, I said "no, this isnt my stop" He walked away a little and hit me, I got up a little, and then the other kid hit me, they ran off the bus and ran home.

<u>Ri</u> 935	<u>11/16/04</u>	<u>[REDACTED]</u>	<u>11-16-04</u>
WITNESS SIGNATURE (sign every page)	DATE	SIGNATURE MAKING STATEMENT (sign every page)	DATE
<u>[REDACTED]</u>	<u>11/16/04</u>	<u>[REDACTED]</u>	<u>11-16-04</u>
WITNESS SIGNATURE (sign every page)	DATE	WITNESS SIGNATURE (sign every page)	DATE

Sworn to and subscribed this 16th day of November, 2004.

NOTARY PUBLIC, STATE OF FLORIDA

1 Anty White 903
LAW ENFORCEMENT OFFICER ID NO.



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL POLICE DEPARTMENT

Sworn/Affirmed Statement

☐ WITNESS ☐ VICTIM ☒ SUSPECT ☐ OTHER

Case No.	04-3600
Date	11/16/04
Time	10:20 A.M.

NAME OF PERSON MAKING STATEMENT (full name)	BIRTH DATE	HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER
[REDACTED]	[REDACTED]	[REDACTED]	() -
ADDRESS (street address, city, state, zip code)			

I voluntarily furnish this sworn/affirmed statement to: Officer R. Morris ID 935

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 will go out the bus and my friend [REDACTED] was
in up a head of me he stop in at a kid and
I put him out bus he turn around and hit
the kid in the head and I put the kid back
and put [REDACTED] out the bus so he will
out fight him.

<u>Ri</u>	<u>11/16/04</u>	<u>[REDACTED]</u>	<u>11/16/04</u>
WITNESS SIGNATURE (sign every page)	DATE	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 16th day of November, 2004.

106 Airtel Club 903

NOTARY PUBLIC, STATE OF FLORIDA

LAW ENFORCEMENT OFFICER

ID NO.

THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL POLICE DEPARTMENT

Miranda Rights

Case No.	04-3600
Date	11/16/04
Time	10:20 A.M.

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.


FIRMA
SIYATI

11/16/04
DATE
FECHA
DAT

Police Officer
Policia
Ofisye Polis

I.D. No 935
Nº de Identidad
Nimewo Idantite

Location SCHOOL POLICE OFFICE
Lugar de entrevista
Kote konvèsasyon an te fet

Witness
Testigo
Temwen

Witness
Testigo
Temwen

Los Derechos Miranda

Miranda Rights - Spanish version

Me es requerido advertirle, antes de que usted haga cualquier declaración, que tiene los siguientes derechos constitucionales...

1. Usted tiene el derecho de guardar silencio y no responder a ninguna pregunta.
2. Cualquier declaración que usted haga debe ser dada libre y voluntariamente.
3. Usted tiene el derecho a que esté presente un abogado de su elección y a que éste lo (la) represente a usted antes de hacer cualquier declaración y durante cualquier interrogatorio.
4. Si usted no tiene los medios para pagar a un abogado, tiene derecho a que un abogado asignado por la corte esté presente y lo(la) represente a usted antes de hacer cualquier declaración o durante cualquier interrogatorio.
5. Si en algún momento durante la entrevista usted no quiere responder a las preguntas, tiene el privilegio de guardar silencio.
6. Yo no puedo hacer amenazas ni promesas para inducirlo(la) a usted a hacer una declaración. Esto debe hacerlo por su propia voluntad.
7. Cualquier declaración puede usarse y será usada en su contra en un tribunal de justicia.

PBSD 1657 SP (NEW 1/12/97)

Spanish version by the Translation Team, Department of International Student Support/Multicultural Awareness, School District of Palm Beach County - January 1998 - (561) 434-8620

Dwa Miranda

Miranda Rights - Creole version

Lalwa oblijem pou m avèti w, anvan w ouvè bouch ou pou fè kèlkeswa deklarasyon an, sou dwa sa yo konstitisyon an ba ou...

1. Ou gen dwa kenbe silans pou w pa reponn okenn kesyon.
2. Se ak pwòp volonte w libelibè ou dwe fè kèlkelanswa deklarasyon an.
3. Ou gen dwa pran nenpòt avoka ki nan lide w pou reprezante w anvan w fè kèlkeswa deklarasyon an oswa pandan y ap keksyone w.
4. Si w pa kapab pran yon avoka, ou gen dwa pou tribinal la ba w yon avoka anvan w deklare kwakseswa ak pandan y ap keksyone w.
5. Si w ta deside pa reponn nenpòt keksyon pandan y ap keksyone w la, ou gen dwa pa reponn.
6. Mwen pa kapab ni menase w ni kraponnen w pou w pouse w reponn yon kesyon. Se si ou vle sèlman pou reponn yon kesyon.
7. Nenpòt deklarasyon ou fè kapab sèvi kont ou nan tribinal.

PBSD 1657 CR (NEW 1/21/98)

Creole and French Translation Team: Roody Barthèlèmy, Nesly Charles, Bito David, Yvélysée, Anaïca Féquière
Department of International Student Support/Multicultural Awareness, School District of Palm Beach County - January 1998 - (561) 434-8620

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report										1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		4	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 6 0 0 ()																											
ADMINISTRATIVE	Change Type Check as many as apply		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized/Type <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		Multiple Clearance Indicator 0 0																												
	Location of Arrest (Including Name of Business)										Location of Offense (Business Name, Address) SUMMIT BLVD. AT HAVERHILL RD. WEST PALM BEACH FLA. (SCHOOL BUS)																												
Date of Arrest		Time of Arrest		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		I - American Indian O - Oriental/Asian		Sex B M		Date of Birth		Height 602		Weight 150		Eye Color BRO		Hair Color BLK		Complexion LGT		Build MED																				
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status		Religion		Indication of: Unk. <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Alcohol Influence <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Residence Type: 1. City 3. Florida 2. County 4. Out of State		2																				
	Local Address (Street, Apt. Number)										(City)		(State)		(Zip)		Phone		Address Source																				
	Permanent Address (Street, Apt. Number)										(City)		(State)		(Zip)		Phone		Address Source																				
	Business Address (Name, Street)										(City)		(State)		(Zip)		Phone		Occupation STUDENT JOHN LEONARD HIGH SCHOOL																				
	D/L Number, State None		Social Security Number		INS Number		Place of Birth FLA.		Citizenship USA																														
	Co-Defendant Name (Last, First, Middle)										Race B		Sex M		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input checked="" 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 type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last)		(First)		(Middle)		Residence Phone () -																													
Address (Street, Apt. Number)										(City)		(State)		(Zip)		Business Phone () -																							
Notified by: (Name)										Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released		2. TOT HRS/CYF 3. Incarcerated																							
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 type="checkbox"/> No										Description of Property		Value of Property																									
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other																			
Charge Description BATTERY										Counts 1		<input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number 7 8 4 - 0 3 ()		Violation of ORD #																							
Drug Activity None		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond																													
CHARGE		Charge Description										Counts <input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number		Violation of ORD #																							
	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond																												
	Charge Description										Counts <input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number		Violation of ORD #																								
	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond																												
	Charge Description										Counts <input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number		Violation of ORD #																								
	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond																												
	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																												
NTA	<input type="checkbox"/> Mandatory Appearance in Court		Location (Court, Room Number, Address)																																				
	Month		Day		Year		Time		<input type="checkbox"/> A.M. <input type="checkbox"/>																														
	I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.																																						
Signature of Defendant (or Juvenile and Parent/Custodian)																				Date Signed																			
ADMINISTRATIVE	Hold for other Agency Name:										Signature of Arresting Officer X <i>[Signature]</i>										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) RICHARD MORRIS 935										ID #																		
	Intake Deputy										Transporting Officer										ID #										Agency								
																				Witness here if subject signed with an "X"										PAGE 1 OF 2									

ADMIN	OBTS Number										PROBABLE CAUSE AFFIDAVIT										Arrest 3. Request for Warrant N.T.A. 4. Request for Capias										4	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 6 0 0																		
Change Type Check as many as apply										<input type="checkbox"/> 1. Felony <input checked="" 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																			

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

CHARGE	Charge Description BATTERY 784.03										Charge Description									
	Charge Description										Charge Description									

VICTIM	Victim's Name (Last, First, Middle)										Race W		Sex M		Date of Birth										
	Local Address (Street, Apt. Number)										(City)		(State) (Zip)		Phone		Address Source								
Business Address (Name, Street)										(City)		(State) (Zip)		Phone		Occupation									
4701 10TH AVE. NORTH GREENACRES FL. 33463														() -		STUDENT JOHN LEONARD HIGH SCHOOL									

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...

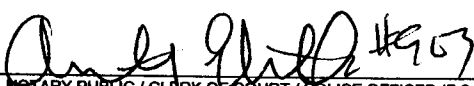
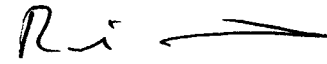
☐ committed the below acts in my presence. ☒ was observed by [redacted] who told [redacted] JR. STRUCK HIM TO HIS FACE that he/she saw the arrested person commit the below acts.

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

On the 15TH day of NOVEMBER 20 04 at 3:20 ☐ A.M. ☒ P.M. (Specifically include facts constituting cause for arrest.)



SEE PAGE # 2 PROBABLE CAUSE NARRATIVE CONTINUATION

PROBABLE CAUSE STATEMENT

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME									
										
	NOTARY PUBLIC / CLERK OF COURT / POLICE OFFICER (F.S.S. 117.10)									
	November 19, 2004									
DATE										
										
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER										
RICHARD MORRIS 935 PALM BEACH COUNTY SCHOOL POLICE										
NAME OF OFFICER (PLEASE PRINT)										
November 19, 2004										
DATE										
PAGE 1 OF 1										

ADMIN	Agency ORI Number FLO 5 0 4 2 0 0		THE SCHOOL DISTRICT PALM BEACH COUNTY SCHOOL POLICE Probable Cause Narrative Continuation		<input checked="" type="checkbox"/> Juvenile <input type="checkbox"/> Adult	<input type="checkbox"/> 1 - Original <input type="checkbox"/> 2 - Suppl.	<input type="checkbox"/> 1 - Offense <input type="checkbox"/> 2 - Arrest	Case Number 043600
	Original Date Reported 11 19 2004		Offense BATTERY					

NARRATIVE CONTINUATION	ON 11-16-04 AT 0700 HRS. REPORTING OFFICER WAS MET BY ASSISTANT PRINCIPAL OTTERO IN THE COURT YARD OF JOHN LEONARD HIGH SCHOOL. IN SUMMARY OTTERO REPORTED THAT ON 11-15-04 BETWEEN 1500 HRS. AND 1600 HRS. A STUDENT WAS BATTERED ON BUS #52. THE BATTERY VICTIM HAD TO BE TRANSPORTED BY AMBULANCE TO WELLINGTON REGIONAL HOSPITAL FOR INJURIES RECEIVED.
	ON 11-16-04 AT 0900 HRS. THIS OFFICER MET WITH THE BATTERY VICTIM [REDACTED] AND HIS MOTHER [REDACTED] JOHN LEONARD HIGH SCHOOL. AFTER COMPLETING A SWORN WRITTEN STATEMENT, IN SUMMARY [REDACTED] RELATED THE FOLLOWING. WHILE RIDING HOME FROM SCHOOL ON 11-15-04 HE WAS STRUCK TO HIS HEAD AND EYE BY [REDACTED], A JOHN LEONARD HIGH SCHOOL STUDENT KNOWN TO HIM. [REDACTED] SAID THAT THE ATTACK WAS UNPROVOKED AND THAT HE DID NOT FIGHT BACK. HE FELT THE ATTACK WAS RELATED TO A VERBAL ALTERCATION IN THE LUNCH ROOM OF JOHN LEONARD HIGH SCHOOL WHICH HAD OCCURRED EARLIER IN THE DAY. AFTER BEING STRUCK BY [REDACTED], HE SAID A SECOND JOHN LEONARD STUDENT KNOWN TO HIM AS [REDACTED] STRUCK HIM IN THE FACE, BOTH [REDACTED] AND [REDACTED] FLED OFF THE BUS AFTER THE ATTACK. A JOHN LEONARD HIGH SCHOOL PHOTO ALBUM WAS PROVIDED TO [REDACTED], HE POSITIVELY IDENTIFIED [REDACTED] AND [REDACTED] FROM PHOTOGRAPHS.
	ON 11-16-04 AT 1020 HRS. [REDACTED] WAS CALLED TO THE SCHOOL POLICE OFFICE AT JOHN LEONARD HIGH SCHOOL, AFTER BEING READ HIS RIGHTS PER MIRANDA, AND STATING HE UNDERSTOOD SAID RIGHTS, HE MADE A VOLUNTARY ADMISSION THAT HE HAD STRUCK THE VICTIM [REDACTED] IN THE FACE. [REDACTED] SAID HE HIT THE VICTIM TO PREVENT FURTHER FIGHTING AFTER HIS FRIEND [REDACTED] STRUCK THE VICTIM IN THE FACE WITH HIS FIST. HE SAID THE ATTACK WAS UNPROVOKED. HE CLAIMED HE THEN PUSHED [REDACTED] OFF THE BUS AND FLED TO PREVENT FURTHER FIGHTING. [REDACTED] WAS UNABLE TO BE INTERVIEWED ON THIS DATE AS HE WAS ABSENT FROM SCHOOL. (SEE WRITTEN STATEMENT BY [REDACTED])
	ON 11-16-04 THE TRANSPORTATION DEPARTMENT OF THE PALM BEACH COUNTY SCHOOL DISTRICT WAS NOTIFIED AND A AUDIO/VISUAL COPY OF THE BUS CAMERA SYSTEM WAS REQUESTED. NO TAPE COULD BE PROVIDED AS EVIDENCE DUE TO TECHNICAL DIFFICULTIES.

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME		 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
	 NOTARY PUBLIC / CLERK OF COURT / POLICE OFFICER (F.S.S. 117.10)		RICHARD MORRIS 935 NAME OF OFFICER (PLEASE PRINT)	
	DATE November 19, 2004		11/19/04 DATE	
			PAGE 1 OF 1	

PANEL: _____

A23. SPECIAL PROGRAMS

YEAR: 05

Tuesday December 14, 2004 1:36 pm

STDT: [REDACTED] SCHL: 1361 GR: 11 ST: A
PRIM IEP IEP DUE REEVAL MATIX MOD FUND AA SUM MC T ESY RR LSS WAV C 504 ST
K 111004 111005 021707 251 601 113 Z _____ N Z _____ I
DATE T IND

022598	S		K SPECIFIC LEARNING DISABLED	1000	P
082196	D	120	U DROPOUT PREVENTION PROGRAM	0	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: Z162

PANEL: _____

A03. DEMOGRAPHICS

YEAR: 05

Tuesday December 14, 2004 1:37 pm

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 B

FL 1

N

082592

172B

ENT DATE SCHL GR OD CL AT

W/D DATE PR PF

SSN

EXTRNL NBR

PC PS PD

E01 081104 1361 11 01 Y

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 082192 ZZ 3 Y N N N Y N N N N K

PF1=HELP 3=EXIT

7=BKWD 8=FWD 12=ESCAPE

RECORD IS DISPLAYED...NEXT?

TERML: Z162

PANEL: _____

A05. CONTACT INFORMATION SUMMARY

YEAR: 05

Tuesday December 14, 2004 1:37 pm

STDT: [REDACTED]

SCHL: 1361 GR: 11 ST: A

NAME		HOME PHONE	WORK PHONE	EXT	PS	P	C	E
[REDACTED]	AU/UK OTHER	[REDACTED]				Y	N	
[REDACTED]	AUNT OTHER	[REDACTED]	[REDACTED]			Y	N	
[REDACTED]	OTHER	[REDACTED]				Y	N	
[REDACTED]	OTHER	[REDACTED]				Y	N	
[REDACTED]	MOTHER	[REDACTED]	[REDACTED]			Y	Y	
[REDACTED]	STEP FATHER	[REDACTED]	[REDACTED]			Y	N	

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

HEALTH CONDITIONS:

TERML: Z162

PANEL: _____

A17. ABSENCE DETAIL

YEAR: 05

Tuesday December 14, 2004 1:37 pm

STDT: [REDACTED]

SCHL: 1361 GR: 11 ST: A

CAL: 01 VIEW: _____

START: 081104

PERIODS

A	DATE	DLY	12345678901234	SCHL	CAL	FY
-	082704	-	A	1361	01	05
-	083004	-	A	1361	01	05
-	091404	-	A	1361	01	05
-	100604	-	A	1361	01	05
-	110104	-	A	1361	01	05
-	110404	-	A	1361	01	05
-	110804	-	A	1361	01	05
-	111004	I	I I I I	1361	01	05
-	111104	I	IIIIIIII	1361	01	05
-	111504	-	A	1361	01	05
-	111704	-	A	1361	01	05
-	111804	-	A	1361	01	05
-	111904	-	A A	1361	01	05
-	112204	-	A	1361	01	05
-	112304	O	OO O O	1361	01	05

PF1=HELP 3=EXIT 5=REFRESH 6=KEYBOARD 7=BKWD 8=FWD 12=ESCAPE
PAGE FULL...CONTINUE.

TERML: Z162

PANEL: _____

A24. STUDENT DISCIPLINE SUMMARY

YEAR: 05

Tuesday December 14, 2004 1:37 pm

STDT: [REDACTED]

SCHL: 1361 GR: 11 ST: A

SPEC: ESE

YTD-ISS: 002 OSS: 005

SY EVENT DATE TIME SCHL LOC CODE X C TAKEN DUR

05	_____	_____	_____	_____	_____			
05	10775805	11232004	0000	1361 OF	E 099	[REDACTED]		
					I 53	PHY BATTERY	*	
					I 50	FIGHTING	*	
					I 25	BUS DISRUPTION		
					A 83	O/S 3-5 DAYS	*	11232004 005
					A 09	PAR/GRD CONTCT		11232004
					A 06	WRTN COM TO PAR		11232004
					A 01	CONF W/STDT/WRN		11232004
					A FA	FUTURE ACTION	*	11232004
05	10766221	11092004	1330	1361 CS	E 065	[REDACTED]		
					I 26	DISOBED/INSUBOR		
					I 02	TRUANCY/UNEXPL		
					A 65	I/S ALT TO SUSP	*	11092004 002
					A 09	PAR/GRD CONTCT		11092004

PF1=HELP 3=EXIT 5=REFRESH 7=BKWD 8=FWD 9=NXT PAGE 12=ESCAPE
PAGE FULL...CONTINUE.

TERML: Z162

PANEL: _____

A24. STUDENT DISCIPLINE SUMMARY

YEAR: 05

Tuesday December 14, 2004 1:38 pm

STDT: [REDACTED]

SCHL: 1361 GR: 11 ST: A

SPEC: ESE

YTD-ISS: 002 OSS: 005

SY EVENT DATE TIME SCHL LOC CODE X C TAKEN DUR

05									
05	10766221	11092004	1330	1361	CS	A 09	PAR/GRD CONTCT	11092004	
						A 01	CONF W/STDT/WRN	11092004	
05	10739655	08232004	0125	1361	CS	E 139	[REDACTED]		
						I 16	DISRESP LANGUAG		
						I 15	DISRUPT BEHAVIO		
						A 41	DETENTION (REG)	08232004	001
						A 09	PAR/GRD CONTCT	08232004	
						A 01	CONF W/STDT/WRN	08232004	

PF1=HELP 3=EXIT 5=REFRESH 7=BKWD 8=FWD 9=NXT PAGE 12=ESCAPE
NO ADDITIONAL PAGES...NEXT?

TERML: Z162

ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest 3. Request for Warrant 4. Request for Capias 4 Juvenile ☒

ADMINISTRATIVE	Agency ORI Number FLD 5 0 4 2 0 0	Agency Name PALM BEACH COUNTY SCHOOL DISTRICT POLICE	Agency File Number 9 9 - 0 4 - 3 6 0 0
	Change Type Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Weapon Seized/Type <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No	Multiple Clearance Indicator 0 0
	Location of Arrest (Including Name of Business)		
DEFENDANT	Date of Arrest		
	Time of Arrest		
	Booking Date		
Booking Time			Jail Date
Jail Time			Location of Vehicle
Location of Offense (Business Name, Address) SUMMIT BLVD. AT HAVERHILL RD. WEST PALM BEACH FLA. (SCHOOL BUS)			
Name (Last, First, Middle)			
Alias (Name, DOB, Social Security #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian			
Sex B M			
Date of Birth			
Height U/K			
Weight U/K			
Eye Color BRO			
Hair Color BLK			
Complexion U/K			
Build U/K			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			
Local Address (Street, Apt. Number) (City) (State) (Zip)			
Phone			
Permanent Address (Street, Apt. Number) (City) (State) (Zip)			
Phone			
Business Address (Name, Street) (City) (State) (Zip)			
Phone			
D/L Number, State			
Social Security Number			
INS Number			
Place of Birth FLA.			
Citizenship USA			
CO-DEF	Co-Defendant Name (Last, First, Middle)		
	Race B M		
	Sex M		
Date of Birth			
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"/>			
Co-Defendant Name (Last, First, Middle)			
Race B M			
Sex M			
Date of Birth			
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	<input type="checkbox"/> Parent Name (Last) (First) (Middle)		
	<input type="checkbox"/> Legal Custodian		
	<input type="checkbox"/> Other:		
Address (Street, Apt. Number) (City) (State) (Zip)			
Residence Phone () -			
Business Phone () -			
Notified by: (Name)			
Date			
Time			
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. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)			
School Attended			
Grade			
Property Crime? <input type="checkbox"/> Yes <input 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 BATTERY			
Counts 1			
FSS <input checked="" type="checkbox"/> ORD <input type="checkbox"/>			
Statute Violation Number 7 8 4 - 0 3			
Violation of ORD #			
Warrant / Capias Number			
Bond			
Charge Description			
Counts 1			
FSS <input type="checkbox"/> ORD <input type="checkbox"/>			
Statute Violation Number			
Violation of ORD #			
Warrant / Capias Number			
Bond			
Charge Description			
Counts 1			
FSS <input type="checkbox"/> ORD <input type="checkbox"/>			
Statute Violation Number			
Violation of ORD #			
Warrant / Capias Number			
Bond			
Charge Description			
Counts 1			
FSS <input type="checkbox"/> ORD <input type="checkbox"/>			
Statute Violation Number			
Violation of ORD #			
Warrant / Capias Number			
Bond			
NTA	<input type="checkbox"/> Mandatory Appearance in Court		
	Location (Court, Room Number, Address)		
	Month		
Day			
Year			
Time			
<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.			
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.			
Signature of Defendant (or Juvenile and Parent/Custodian)			
Date Signed			
ADMINISTRATIVE	Hold for other Agency Name:		
	Signature of Arresting Officer X		
	Name of Arresting Officer (Print) RICHARD MORRIS 935		
ID #			
Intake Deputy ID #			
Transporting Officer ID #			
Agency			
Name Verification (Printed by Arrested) (PRINT)			
Witness here if subject signed with an "X"			
PAGE 1 OF 1			

OBT Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		4	Juvenile	<input checked="" type="checkbox"/>
ADMIN	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 6 0 0			
	Change Type Check as many as apply <input type="checkbox"/> 1. Felony <input checked="" 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					

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

CHARGE	Charge Description BATTERY 784.03	Charge Description
	Charge Description	Charge Description

VICTIM	Victim's Name (Last, First, Middle)		Race W	Sex M	Date of Birth
	Local Address (Street, Apt. Number) (City) (State) (Zip)		Phone		Address Source
	Business Address (Name, Street) (City) (State) (Zip)		Phone () -		Occupation STUDENT JOHN LEONARD HIGH SCHOOL

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...

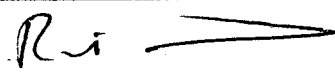
☐ committed the below acts in my presence. ☒ was observed by [redacted] who told [redacted] HIM TI HIS HEAD CAUSING INJURY that he/she saw the arrested person commit the below acts.

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

On the 15TH day of NOVEMBER 20 04 at 3:20 ☐ A.M. ☒ P.M. (Specifically include facts constituting cause for arrest.)

SEE PAGE # 2 PROBABLE CAUSE NARRATIVE CONTINUATION

PROBABLE CAUSE STATEMENT

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER 	
	NOTARY PUBLIC / CLERK OF COURT / POLICE OFFICER (F.S.S. 117.10)		RICHARD MORRIS 935 PALM BEACH COUNTY SCHOOL POLICE	
	November 19, 2004		NAME OF OFFICER (PLEASE PRINT)	
	DATE		November 19, 2004	
		DATE		PAGE 1 OF 1

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"/> Juvenile <input checked="" type="checkbox"/> 1 - Original <input type="checkbox"/> 1 - Offense <input type="checkbox"/> Adult <input type="checkbox"/> 2 - Suppl. <input type="checkbox"/> 2 - Arrest	Case Number 043600
	Original Date Reported 11 19 2004	Offense BATTERY		

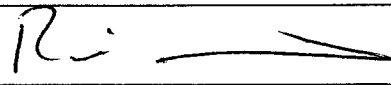

NARRATIVE CONTINUATION

ON 11-16-04 AT 0700 HRS. REPORTING OFFICER WAS MET BY ASSISTANT PRINCIPAL OTTERO IN THE COURT YARD OF JOHN LEONARD HIGH SCHOOL. IN SUMMARY OTTERO REPORTED THAT ON 11-15-04 BETWEEN 1500 HRS. AND 1600 HRS. A STUDENT WAS BATTERED ON BUS #52. THE BATTERY VICTIM HAD TO BE TRANSPORTED BY AMBULANCE TO WELLINGTON REGIONAL HOSPITAL FOR INJURIES RECEIVED.

ON 11-16-04 AT 0900 HRS. THIS OFFICER MET WITH THE BATTERY VICTIM [REDACTED] AND HIS MOTHER [REDACTED] AT JOHN LEONARD HIGH SCHOOL. AFTER COMPLETING A SWORN WRITTEN STATEMENT, IN SUMMARY [REDACTED] RELATED THE FOLLOWING. WHILE RIDING HOME FROM SCHOOL ON 11-15-04 HE WAS STRUCK TO HIS HEAD AND EYE BY [REDACTED], A JOHN LEONARD HIGH SCHOOL STUDENT KNOWN TO HIM. [REDACTED] SAID THAT THE ATTACK WAS UNPROVOKED AND THAT HE DID NOT FIGHT BACK. HE FELT THE ATTACK WAS RELATED TO A VERBAL ALTERCATION IN THE LUNCH ROOM OF JOHN LEONARD HIGH SCHOOL WHICH HAD OCCURRED EARLIER IN THE DAY. AFTER BEING STRUCK BY [REDACTED], HE SAID A SECOND JOHN LEONARD STUDENT KNOWN TO HIM AS [REDACTED] STRUCK HIM IN THE FACE, BOTH [REDACTED] AND [REDACTED] FLED OFF THE BUS AFTER THE ATTACK. A JOHN LEONARD HIGH SCHOOL PHOTO ALBUM WAS PROVIDED TO [REDACTED], HE POSITIVELY IDENTIFIED [REDACTED] AND [REDACTED] FROM PHOTOGRAPHS.

ON 11-16-04 AT 1020 HRS. [REDACTED] WAS CALLED TO THE SCHOOL POLICE OFFICE AT JOHN LEONARD HIGH SCHOOL, AFTER BEING READ HIS RIGHTS PER MIRANDA, AND STATING HE UNDERSTOOD SAID RIGHTS, HE MADE A VOLUNTARY ADMISSION THAT HE HAD STRUCK THE VICTIM [REDACTED] IN THE FACE. [REDACTED] SAID HE HIT THE VICTIM TO PREVENT FURTHER FIGHTING AFTER HIS FRIEND [REDACTED] STRUCK THE VICTIM IN THE FACE WITH HIS FIST. HE SAID THE ATTACK WAS UNPROVOKED. HE CLAIMED HE THEN PUSHED [REDACTED] OFF THE BUS AND FLED TO PREVENT FURTHER FIGHTING. [REDACTED] WAS UNABLE TO BE INTERVIEWED ON THIS DATE AS HE WAS ABSENT FROM SCHOOL. (SEE WRITTEN STATEMENT BY [REDACTED])

ON 11-16-04 THE TRANSPORTATION DEPARTMENT OF THE PALM BEACH COUNTY SCHOOL DISTRICT WAS NOTIFIED AND A AUDIO/VISUAL COPY OF THE BUS CAMERA SYSTEM WAS REQUESTED. NO TAPE COULD BE PROVIDED AS EVIDENCE DUE TO TECHNICAL DIFFICULTIES.

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	 NOTARY PUBLIC / CLERK OF COURT / POLICE OFFICER (F.S.S. 117.10)	RICHARD MORRIS 935 NAME OF OFFICER (PLEASE PRINT)
	November 19, 2004 DATE	11/19/04 DATE
		PAGE 1 OF 1

THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL POLICE DEPARTMENT

CASE NUMBER
04-3600

Victim/Witness Information For Probable Cause Affidavit

☒ VICTIM ☐ WITNESS ☐ OWNER

Name (Last) (First) (Middle) (Race) (Sex) (Date of Birth)
W M 08211989

Home Address (Street, Apt. Number) (City) State (Zip) (Phone)

ADDRESS SOURCE

☒ Verbal
☐ Driver's License
☐ Voter's ID
☐ Other _____

JOHN LEONARD HIGH SCHOOL
Business Address (Street, Apt. Number) (City) State (Zip) (Phone)

VICTIM OF BATTERY

Synopsis of Testimony

☐ VICTIM ☐ WITNESS ☐ OWNER

Name (Last) (First) (Middle) (Race) (Sex) (Date of Birth)

Home Address (Street, Apt. Number) (City) State (Zip) (Phone)

ADDRESS SOURCE

☐ Verbal
☐ Driver's License
☐ Voter's ID
☐ Other _____

Business Address (Street, Apt. Number) (City) State (Zip) (Phone)

Synopsis of Testimony

☐ VICTIM ☐ WITNESS ☐ OWNER

Name (Last) (First) (Middle) (Race) (Sex) (Date of Birth)

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Synopsis of Testimony

☐ VICTIM ☐ WITNESS ☐ OWNER

Name (Last) (First) (Middle) (Race) (Sex) (Date of Birth)

Home Address (Street, Apt. Number) (City) State (Zip) (Phone)

ADDRESS SOURCE

☐ Verbal
☐ Driver's License
☐ Voter's ID
☐ Other _____

Business Address (Street, Apt. Number) (City) State (Zip) (Phone)

Synopsis of Testimony

PANEL: _____ A03. DEMOGRAPHICS YEAR: 05

Thursday December 16, 2004 3:11 pm

STDT: _____

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 B _____ W PALM BEACH FL 1 _____ N _____ 082294 172B _____

ENT DATE SCHL GR OD CL AT W/D DATE PR PF SSN EXTRNL NBR PC PS PD
R02 100404 1361 09 01 Y W03 120904 _____ _____ US FL 50

ING 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 082294 _____ ZZ 3 _____ N N N N Y N N N N Z

PF1=HELP 3=EXIT 7=BKWD 8=FWD 12=ESCAPE
RECORD IS DISPLAYED...NEXT? TERML: Z356