

**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-038



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 Bear Lakes Middle School that the Respondent was being recommended for expulsion on November 16, 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 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 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 12, 2005, to wit:

Possession of drugs with the intent to sell and/or distribute while on the campus  
of Bear Lakes Middle School on November 16, 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 2, 2004. Your daughter may choose to continue educational services during her

expulsion period at the ACS site. However, if your daughter 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 16<sup>th</sup> 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

**Bear Lakes Middle School**  
*"Children First"*

**REGULAR AND CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED (7003 3110 0001 2199 7909)**

Mrs. Cheryl A. McKeever  
Principal

November 16, 2004

[REDACTED]  
Dear [REDACTED]

On 11/16/2004, your daughter was rendered a ten (10) day suspension as documented by my letter to you, a copy of which is attached.

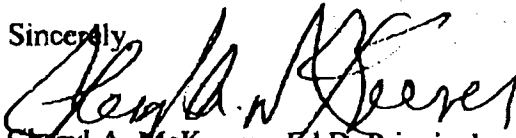
Pursuant to Florida Statute 230.23(6) (c), which authorizes the School Board to decide cases recommended for expulsion, I have this date recommended to the Expulsion Screening Committee that the School Board expel [REDACTED] from the public schools of Palm Beach County, Florida. My recommendation is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

**Sale/Distribution of Drugs or Imitation Drugs, 22 grams of marijuana,  
and \$503.00 in cash on the grounds of Bear Lakes Middle School.  
POLICE CASE # 04-3623**

Pursuant to Florida Statute 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.

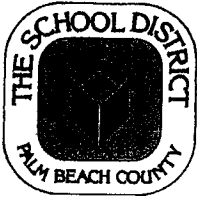
As of 12/2/2004, [REDACTED] is assigned to the Department of Alternative Education.

Sincerely,

  
Cheryl A. McKeever, Ed.D, Principal  
Bear Lakes Middle School

cc: Area 3 Superintendent  
Chief Academic Officer  
Director of Alternative Education  
Chief of School Police

CAM:jd



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

FILE COPY

~~December 20, 2004~~  
Jan. 12, 2005

CERTIFIED AND REGULAR MAIL  
RETURN RECEIPT REQUESTED

7002 2410 0004 3510 3707

NOTICE OF RECOMMENDATION FOR EXPULSION

Dear [REDACTED]

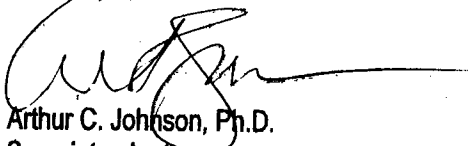
Based upon the recommendation of Ms. Cheryl McKeever, Principal of Bear Lakes Middle School, and in accordance with Florida Statute § 1006.07, and Palm Beach County School Board Policy 5.1813, I will request that the School Board of Palm Beach County, Florida, expel your daughter, [REDACTED] from the Palm Beach County School District. This decision is based upon the following action:

Possession of drugs with the intent to sell and/or distribute while on the campus of Bear Lakes Middle School on November 16, 2004.

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

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

Sincerely,

  
Arthur C. Johnson, Ph.D.  
Superintendent

cc: Principal, Bear Lakes Middle School  
Central Area Superintendent  
Chief Academic Officer  
Director of Alternative Education

SUMMARY OF INCIDENT	
Student Name	[REDACTED]
Student ID #	[REDACTED]
School	Bear Lakes Middle
Principal	Cheryl McKeever, Ed.D.
Area Supt.	Rod Montgomery
Grade	8 <sup>th</sup>
Sex	Female
Date of birth & age	[REDACTED]
Language	English/Spanish
ESE/504	ESE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 504: Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Incident	11/16/04
Violation & Code	93
If weapons infraction, did student allege weapon was brought for protection?	Yes <input type="checkbox"/> No <input type="checkbox"/> (Please check one box only)
If so, has School Board Policy 5.001 been followed?	Yes <input type="checkbox"/> No <input type="checkbox"/> (Please check one box only)
Police report charge & number	04-3623 (Sale & Distribution)
Persons involved & witnesses to testify	Henry Reams, Esther Muniz, and Eugina Smith
Student's Explanation of Incident (Use additional page if necessary)	Student indicated that a friend of hers who does not attend Bear Lakes Middle gave her the drugs. She stated that she brought the drugs to school because she did not want her mother to find them at home. She had in her possession \$503.00 in cash, 3 bags of marijuana, 4 cigars, and 3 cigarette lighters.
Additional Information (Use additional page if necessary)	The student refused to give any additional information or implicate any one else in the above incident.

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

  
Principal's Signature

11/16/04  
Date

## THE SCHOOL DISTRICT OF PALM BEACH COUNTY

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

## Student Discipline Referral

STUDENT NUMBER [REDACTED]		GRADE	ESE / 504	DATE	TIME
[REDACTED]		8	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11/16/04	2:45
SCHOOL		BUS CODE			
BLMS					
REPORTED BY		INTERVENTIONS BY TEACHER BEFORE REFERRAL			
Reand		<input type="checkbox"/> Conference with student <input type="checkbox"/> Referral to CORE team <input type="checkbox"/> Letter to parent <input type="checkbox"/> De-escalation techniques <input type="checkbox"/> Mediation <input type="checkbox"/> Telephone call to parent <input type="checkbox"/> Conference with counselor <input type="checkbox"/> Other			
STAFF ID NUMBER		NATURE OF PROBLEM (Be Specific)			
74		Mom informed a guidance counselor that [REDACTED] had drugs in her possession. In a search Mrs. Smith found [REDACTED] in her book bag 3 bags of Marijuana, 3 lighter, 4 cigars and \$503.00 in cash in her book bag.			
REPORTED BY (CODE)		WHERE EVENT OCCURRED (circle one)			
(Use number below for those persons without a staff ID.)		<input type="checkbox"/> 975 - Paraprofessional <input type="checkbox"/> 1 SCHOOL GROUNDS / ON CAMPUS <input type="checkbox"/> 976 - Bus Driver <input type="checkbox"/> 2 - School sponsored activity / off campus <input type="checkbox"/> 977 - Clerical <input type="checkbox"/> 3 - School sponsored transportation (includes bus stops) <input type="checkbox"/> 978 - Crossing Guard <input type="checkbox"/> 979 - Custodian <input type="checkbox"/> 980 - Food Service Staff <input type="checkbox"/> 981 - Law Enforcement Officer <input type="checkbox"/> 982 - Parent/Guardian <input type="checkbox"/> 983 - Student <input type="checkbox"/> 984 - Substitute Teacher <input type="checkbox"/> 985 - School Volunteer <input type="checkbox"/> 999 - Other			
LOCATION		ADMINISTRATOR'S NAME		COMMENTS	
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		Denny Reand		Student will be recommended for expulsion and attorney school. Subsequent Mr. Based code 25 on the discipline matrix.	
DISTRICT NUMBER		WHEN EVENT OCCURRED (circle one)		RELATED ISSUES (circle all that apply)	
DISTRICT 50		<input checked="" type="checkbox"/> DURING SCHOOL HOURS <input type="checkbox"/> 2 - Outside school hours, school sponsored activity <input type="checkbox"/> 3 - Outside school hours, non-school sponsored activity <input type="checkbox"/> 4 - Unrelated event or unknown		<input checked="" type="checkbox"/> STUDENT <input type="checkbox"/> N - Non-student <input type="checkbox"/> B - Both student and non-student <input type="checkbox"/> U - Unknown <input type="checkbox"/> G - Gang related <input type="checkbox"/> W - Weapon related <input type="checkbox"/> A - Alcohol related <input type="checkbox"/> H - Hate related <input type="checkbox"/> D - Drug related	
SCHOOL NO.		ADMINISTRATION ID		EVENT NUMBER	
1981		74		11/16/04	
HOME SCHOOL		DATE		DATE	
If not Home School, provide School Number.		11/16/04		11/16/04	
WHAT KIND OF WEAPON USED (if appropriate)		INCIDENT CODES (see code sheets)		ACTION CODE (see code sheets)	
<input type="checkbox"/> K - Knife <input type="checkbox"/> H - Handgun <input type="checkbox"/> F - Firearm/Explosive device <input type="checkbox"/> R - Rifle/Shotgun <input type="checkbox"/> O - Other Weapon <input type="checkbox"/> U - Unknown		93 94 95		EX 44 90	
DURATION		CMT / TEAM INTERVENTION		CASE NUMBER/AGENCY	
How many days		10		24-3623	
Begin Date		11/16/04		Return Date	
Return Date		11/16/04		11/16/04	
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.		SIGNATURE OF STUDENT		DATE	
[REDACTED]		[REDACTED]		11/16/04	

THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
SCHOOL POLICE DEPARTMENT

Sworn/Affirmed Statement

☐ WITNESS ☐ VICTIM ☐ SUSPECT ☐ OTHER

Case No. \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

I, (print full name)

EUGENA Smith

BIRTHDATE

3505 Shenandoah Blvd.

HOME STREET ADDRESS

HOME TELEPHONE NO.

West Palm Beach, FL 33409

CITY

ZIP CODE

(561) 615-7774

WORK TELEPHONE NO.

voluntarily furnish this sworn/affirmed statement to:

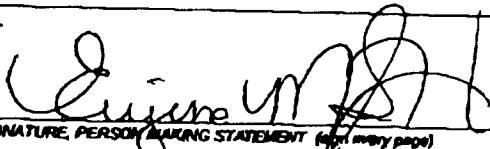
Santa Ana

OFFICER

ID NO

VICTIM ONLY: I am requesting criminal charges be pressed in this case. Victim's Initials: \_\_\_\_\_

[redacted] mother informed Mrs. Muniz guidance counselor, that [redacted] may have drugs on her. I asked [redacted] if she had anything on her that she was not supposed to have. She said yes and gave me her backpack. Inside of her backpack was her purse. Inside of her purse were three bags of marijuana and 4 cigars. I kept searching her bookbag and found 3 lighters in the front pocket of her bookbag and \$503.00 in a folder inside of her bag.

  
SIGNATURE, PERSON MAKING STATEMENT (sign every page)

11/16/04  
DATE

WITNESS SIGNATURE (sign every page)

DATE

WITNESS SIGNATURE (sign every page)

DATE

Sworn to and subscribed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public, State of Florida

Law Enforcement Officer

ID No.

THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
SCHOOL POLICE DEPARTMENT

Sworn/Affirmed Statement

☒ WITNESS ☐ VICTIM ☐ SUSPECT ☐ OTHER

Case No. \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

I, (print full name) Henry Reams

BIRTH DATE \_\_\_\_\_

3505 Shenandoah Blvd.

HOME STREET ADDRESS

11 1615

HOME TELEPHONE NO.

West Palm Beach

CITY

33417

ZIP CODE

(561) 561-273

WORK TELEPHONE NO.

voluntarily furnish this sworn/affirmed statement to: \_\_\_\_\_

OFFICER \_\_\_\_\_

ID NO. \_\_\_\_\_

VICTIM ONLY: I am requesting criminal charges be pressed in this case. Victim's Initials: \_\_\_\_\_

I was told by Ms. Smith that [redacted] mother was at school today 11/16/04 to report that [redacted] had drugs at school.

Ms. Smith asked [redacted] if she had something at school that she should have. She also said that if she did have something with her she needed to give it to her. Ms. Smith then searched [redacted] book bag and found 3-bag of marijuana, 3 lighters, 4 cigars and \$502.00 dollars in cash in a folder, in her book bag.

Henry Reams  
SIGNATURE, PERSON MAKING STATEMENT (sign every page)

11/16/04  
DATE

WITNESS SIGNATURE (sign every page) \_\_\_\_\_

DATE \_\_\_\_\_

WITNESS SIGNATURE (sign every page) \_\_\_\_\_

DATE \_\_\_\_\_

Sworn to and subscribed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public, State of Florida

Law Enforcement Officer

ID No. \_\_\_\_\_

## OFFENSE-INCIDENT REPORT

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

ADM.		Date of Supplement		PALM BEACH COUNTY SCHOOL BOARD		Agency Report Number					
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)	
TUE		11/16/2004		1500							
Incident Type		Date		Time (mil)		Day		Date		Time (mil)	
1. Felony		3. Misdemeanor		5. Ordinance		Incident: Day		From		To	
2. Traffic Felony		4. Traffic Misdemeanor		9. Other		TUE		11/16/2004		1500	
OFF/INC # 1		Type 1		Description DRUG		A-Attempted C-Committed		C		Statute Violation Number 893 - 13	
OFF/INC # 2										NCIC/UCR Code 350A	
Incident Location (Street, Apt. Number)		City		Zip		District		Grid		Area Zone	
1981		WEST PALM BEACH		33409							
Business Name/Area Identifier		Forced Entry		Occupancy							
BEAR LAKES MS		0. N/A 1. Yes		0. N/A 1. Occupied							
Location Type		01. Residence Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport	
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	
										18	
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		Type of Weapon	
01		01		01		00		00		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	
V/W Code		Victim Type		Race		Sex		Residence Type		Residence Status	
V-Victim P-Proprietor W-Witness Z-Other C-Reporting Person		0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 7. Other		N-N/A W-White B-Black I-American Indian O-Oriental/Asian U-Unknown		N-N/A M-Male F-Female U-Unknown		0. N/A 1. Full Year 2. Part Year 3. Non-Resident	
Injury Type		03. Laceration		07. Loss of Teeth		Victim Relationship To Offender		06. Parent		10. Step-Child	
00. N/A		04. Unconscious		08. Burns		00. N/A		07. Brother/Sister		14. Teacher	
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		01. Undetermined		08. Child		15. Child of Boy/Girl	
02. Stabbed		06. Poss. Internal Injury		99. Other		02. Stranger		05. Co-Habitant		12. Other Family	
										13. Student	
										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		V/W Code		#		V. Type		Name (Last, First, Middle or Business)		Residence Phone	
1.#1 3.Both 2.#2		1 V		01		9		STATE OF FLORIDA			
Address (Street, Apt. Number)		City		State		Zip		Business Phone			
		WEST PALM BEACH		FL		33406					
Other Contact Info. (Time Available, Interpreter, ect.)		Synopsis of Involvement									
If V/W Code		Race		Sex		Date of Birth or Age		Res. Type		Res. Status	
V, W or P		N		N							
OFF/INC Indicator		V/W Code		#		V. Type		Name, (Last, First, Middle or Business)		Residence Phone	
1.#1 3.Both 2.#2		1 W		01		3		SMITH, EUGINA			
Address (Street, Apt. Number)		City		State		Zip		Business Phone			
		3505 SHENANDOAH BLVD		WEST PALM BEACH		FL		33409		561-6157743	
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement									
If V/W Code		Race		Sex		Date of Birth or Age		Res. Type		Res. Status	
V, W or P		B		F		06/09/1977		27		1	
OFF/INC Indicator		Suspect Code		#		Juvenile		Name (Last, First, Middle)		Residence Phone	
1.#1 3.Both 2.#2		S-Suspect E-Escapee A-Arrestee Z-Other									
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	
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers	
SEE ATTACHED NARRATIVE											
Person/Unit Notified		Time		Related Report Number(s)		CIT6476-CRK3		I.D. Number(s)/Locator Code		Unit	
Officer(s) Reporting		I.D. Number		Routed To		Referred		Assigned To		By	
SANTA ANA		938						OEF		JW	
Officer Reviewing (If Applicable)		I.D. Number		Routed To		Referred		Assigned To		By	
Case Status		Clearance Type		A-Adult J-Juvenile		Date Cleared		Jail Number		Number Arrested	
CA		1. Arrest 2. Exceptional 3. Unfounded 4. Open Pend.		1		11/24/2004				01	

Juvenile In Report ☐ 1. Original ☐  
2. Supplement ☒

Page	Page
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**PALM BEACH COUNTY SCHOOL BOARD**

CHARGES	Activity	Type	Counts	STATUTE	D.V.	<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> CIT#	VIOLATION OF SECT.
1. DRUG	S	M	01	893.13.1	2	1	
2.				..		1	
3.				..		1	
4.				..		1	OF THE CODE OF

(Location, include name of business)

SEE ATTACHED NARRATIVE

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

Signature of Defendant / Juvenile and Parent or Guardian

COURT COPY

# PROPERTY REPORT

## PALM BEACH COUNTY SCHOOL BOARD

1. Original  
2. Supplement

1

ADM	Date of Supplement		Agency Report Number <b>043623</b>	
	Original Date Reported <b>11/16/2004</b>		Victim #1 Name <b>STATE OF FLORIDA</b>	
CODES	Person code V-Victim S-Suspect		Status Code 1. Stolen 2. Recovered	
	P-Proprietor A-Arrestee Z-Other		3. Stolen and Recovered 4. Recovered for Other Jurisdiction	
PROPERTY	Property Type A. Auto Accessory/Parts B. Bicycle C. Camera/Photo Equipment D. Drug E. Equipment/Tool		F. Food/Liquor/Consumable G. Gun H. Household Appliance/Goods I. Plant/Citrus J. Jewelry/Precious Metal	
	K. Clothing/Fur L. Livestock M. Musical Instrument N. Construction Machinery O. Office Equipment		P. Art/Collection Q. Computer Equipment R. Radio/Stereo S. Sports Equipment T. TV/Video/VCR	
PROPERTY	U. Currency/Negotiable V. Credit Card/Non-Negotiable W. Boat Motor X. Structure Y. Farm Equipment		Z. Miscellaneous	
	Person Code # Item # Status Damage Property Type Quantity <b>V 01 01 8 D</b>		Name Brand Model Name/Number <b>DRUG</b>	
PROPERTY	Serial Number Owner Applied Number Description (Size, Color, Caliber, Barrel Length, Etc.) <b>MARIJUANA CONTAINED IN THREE SEPARATE BAGGIES 22 GRAMS</b>			
	Value Value Recovered Date Recovered FCIC/NCIC <b>\$ \$ 120 11/16/2004</b>			
PROPERTY	Person Code # Item # Status Damage Property Type Quantity <b>V 01 02 2 U</b>		Name Brand Model Name/Number <b>US CURRENCY</b>	
	Serial Number Owner Applied Number Description (Size, Color, Caliber, Barrel Length, Etc.)			
PROPERTY	Value Value Recovered Date Recovered FCIC/NCIC <b>\$ \$ 503 11/16/2004</b>			
	Person Code # Item # Status Damage Property Type Quantity <b>Serial Number Owner Applied Number Description (Size, Color, Caliber, Barrel Length, Etc.)</b>			
PROPERTY	Value Value Recovered Date Recovered FCIC/NCIC <b>\$ \$</b>			
	Person Code # Item # Status Damage Property Type Quantity <b>Serial Number Owner Applied Number Description (Size, Color, Caliber, Barrel Length, Etc.)</b>			
PROPERTY	Value Value Recovered Date Recovered FCIC/NCIC <b>\$ \$</b>			
	Person Code # Item # Status Damage Property Type Quantity <b>Serial Number Owner Applied Number Description (Size, Color, Caliber, Barrel Length, Etc.)</b>			
PROPERTY	Value Value Recovered Date Recovered FCIC/NCIC <b>\$ \$</b>			
	Person Code # Item # Status Damage Property Type Quantity <b>Serial Number Owner Applied Number Description (Size, Color, Caliber, Barrel Length, Etc.)</b>			
TOTALS	Property Stolen \$ Change in Property Stolen Value \$			
	Property Recovered \$623 Change in Property Recovered Value \$			
CODES	Activity P. Possess S. Sell B. Buy T. Traffic R. Smuggle		D. Deliver E. Use K. Dispense/Distribute M. Manufacture/Produce/ Cultivate	
	Z. Other		Type A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen	
DRUGS	M. Marijuana O. Opium/Derivative P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other	
	Unit 1. Gram 2. Milligram 3. Kilogram 4. Ounce 5. Pound		6. Ton 7. Liter 8. Milliliter 9. Dose Unit/Item	
PROPERTY DETAIL/NARRATIVE	Activity Type Description Quantity Unit Estimated Street Value <b>\$</b>			
	Activity Type Description Quantity Unit Estimated Street Value <b>\$</b>			
MINISTRATIVE	Activity Type Description Quantity Unit Estimated Street Value <b>\$</b>			
	Activity Type Description Quantity Unit Estimated Street Value <b>\$</b>			
<b>SEE ATTACHED NARRATIVE</b>				
Officer(s) Reporting ID. Number(s)/Locator Code Unit Date <b>SANTA ANA 938</b>				
Officer Reviewing (if applicable) ID. Number Routed To Referred To Assigned To By Date <b>OEJ JW</b>				
Page Page				

NARRATIVE CONTINUATION

FLO 504200

PALM BEACH COUNTY SCHOOL DISTRICT POLICE

Case: 04-3623  
Investigator: J. Santa Ana #938  
Reported Date: 11/16/04 - 1500Hours

On Tuesday, 11/16/04 at approximately 1500 hours, while on duty at Bear Lakes Middle School, 3505 Shenandoah Boulevard, West Palm Beach Florida, I was informed by Assistant Principal Eugina Smith that she had conducted a search of student, [REDACTED] based on information provided by the student's mother that she might be in possession of Marijuana. Ms. Smith reported to me that she searched [REDACTED] book bag and found (3) bags of suspected Marijuana inside of a small purse. Ms. Smith also found \$503.00 in U.S. Currency inside of the book bag. Ms. Smith turned over the items to me and I advised [REDACTED] that she was being placed under arrest for the offense of Possession of Marijuana with Intent to Sell Within 1000 feet of School Grounds. I also advised her of her Miranda Rights, which she acknowledged understanding. [REDACTED] mother and Ms. Esther Muniz, Guidance Counselor were present.

I tested the suspected marijuana with a NARK #8 Duquenois Reagent Test kit with produced a positive result for marijuana. The total weight of the marijuana is approximately 22 grams. I placed the marijuana into evidence. I also placed the currency into evidence as suspected proceeds from the sale of marijuana.

Lt. William Lammie took possession of the evidence and transported [REDACTED] to the JAC.

Due to the amount of marijuana being in excess of personal consumption and that the Defendant, [REDACTED] offered no explanation for possessing such a large amount of cash (\$503.00), Probable Cause exists for the charge of Possession of Marijuana to Sell within 1000 feet of school grounds.

THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
SCHOOL POLICE DEPARTMENT

Sworn/Affirmed Statement

☒ WITNESS ☐ VICTIM ☐ SUSPECT ☐ OTHER

Case No. 04-3623  
Date 11-16-04  
Time 1500

I, (print full name) Henry Reams 11 16 15  
BIRTH DATE  
3505 Shenandoah Blvd.  
HOME STREET ADDRESS  
West Palm Beach 33417 (561) 561-271  
CITY ZIP CODE WORK TELEPHONE NO.

voluntarily furnish this sworn/affirmed statement to: Joseph Parvatha 93  
OFFICER ID No.

VICTIM ONLY: I am requesting criminal charges be pressed in this case. Victim's Initials: \_\_\_\_\_

I was told by Ms. Smith that [REDACTED]  
mother was at school today 11/16/04 to report  
that [REDACTED] had drugs at school.

Ms. Smith asked [REDACTED] if she had  
something at school that she should  
have. She also said that if she did  
something with her she needed to give it to  
her. Ms. Smith then searched [REDACTED]  
book bag and found 3-bag of marijuana,  
3 lighters, 4 cigars and \$ 502.00 dollars in  
cash in a folder in her book bag.

Henry Reams  
SIGNATURE, PERSON MAKING STATEMENT (sign every page)

11/16/04  
DATE

Jeff Raimann  
WITNESS SIGNATURE (sign every page)

11/16/04  
DATE

WITNESS SIGNATURE (sign every page)

DATE

Sworn to and subscribed this 16 day of NOV, 2004.

Notary Public, State of Florida

Law Enforcement Officer

ID No

THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
SCHOOL POLICE DEPARTMENT

**Sworn/Affirmed Statement**

☒ WITNESS ☐ VICTIM ☐ SUSPECT ☐ OTHER

Case No. 04-3623

Date 11-16-04

Time 1500

I, (print full name) EUGINA Smith

6, 9, 77  
BIRTH DATE

3505 Shenandoah Blvd.

HOME STREET ADDRESS

HOME TELEPHONE NO.

West Palm Beach, FL 33409

CITY

ZIP CODE

WORK TELEPHONE NO.

voluntarily furnish this sworn/affirmed statement to:

Santa Ana, Joseph 988  
OFFICER ID NO.

**VICTIM ONLY:** I am requesting criminal charges be pressed in this case. Victim's Initials:

[REDACTED] mother informed Mrs. Muniz,  
guidance counselor, that [REDACTED] may have  
drugs on her. I asked [REDACTED] if she had  
anything on her that she was not supposed to  
have. She said yes and gave me her backpack.  
Inside of her backpack was her purse. Inside of  
her purse were three bags of marijuana and  
4 cigars. I kept searching her bookbag and  
found 3 lighters in the front pocket of her  
bookbag and \$503.00 in a folder inside of  
her bag.

Eugina Smith  
SIGNATURE, PERSON MAKING STATEMENT. (sign every page)

11/16/04  
DATE

Jeff Kauffman  
WITNESS SIGNATURE (sign every page)

11/16/04  
DATE

WITNESS SIGNATURE (sign every page)

DATE

Sworn to and subscribed this 16 day of Nov, 20 04.

Notary Public, State of Florida

Law Enforcement Officer

ID No.

THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
SCHOOL POLICE DEPARTMENT

**Miranda Rights**

Case No.	04-3623
Date	11-16-04
Time	1500


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.*

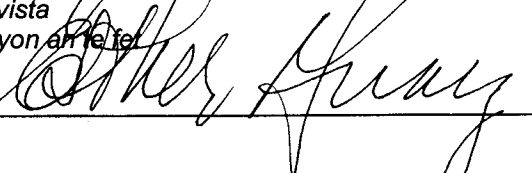
*Yo te ban m eksplikasyon sou dwa Miranda mwen genyen, epi mwen konprann yo.*

X   
FIRMA  
SIYATI

X 11/16/04  
DATE  
FECHA  
DAT

Police Officer Joseph Santana I.D. No 938  
Policia  
Ofisye Polis N° de Identidad  
Nimewo Idantite

Location Bear Lakes Middle School - 3505 Shawanadah Blvd.  
Lugar de entrevista  
Kote konvèsasyon an te fèt

Witness X   
Testigo  
Temwen

Witness  
Testigo  
Temwen

THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
SCHOOL POLICE DEPARTMENT

**Sworn/Affirmed Statement**

☐ WITNESS ☐ VICTIM ☒ SUSPECT ☐ OTHER

Case No. 04-3623

Date 11-16-04

Time 1500

I, (print full name) \_\_\_\_\_

BIRTH DATE \_\_\_\_\_

HOME STREET ADDRESS \_\_\_\_\_

HOME TELEPHONE NO. \_\_\_\_\_

CITY \_\_\_\_\_

ZIP CODE \_\_\_\_\_

WORK TELEPHONE NO. \_\_\_\_\_

voluntarily furnish this sworn/affirmed statement to: \_\_\_\_\_

Joseph Santa Ana  
OFFICER

938  
ID NO.

**VICTIM ONLY:** I am requesting criminal charges be pressed in this case. Victim's Initials: \_\_\_\_\_

< the weed I didn't get it  
from students. And the money  
I got from a friend who  
always give me money always  
eat eat weed but I don't sell  
I smoke it

\_\_\_\_\_  
SIGNATURE, PERSON MAKING STATEMENT (sign every page)

DATE \_\_\_\_\_

\_\_\_\_\_  
WITNESS SIGNATURE (sign every page)

DATE \_\_\_\_\_

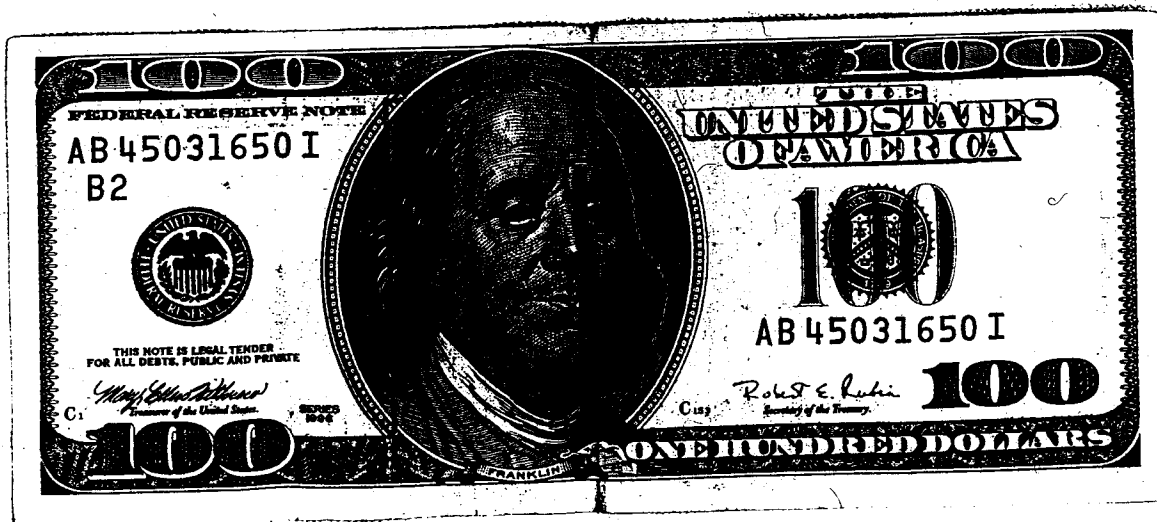
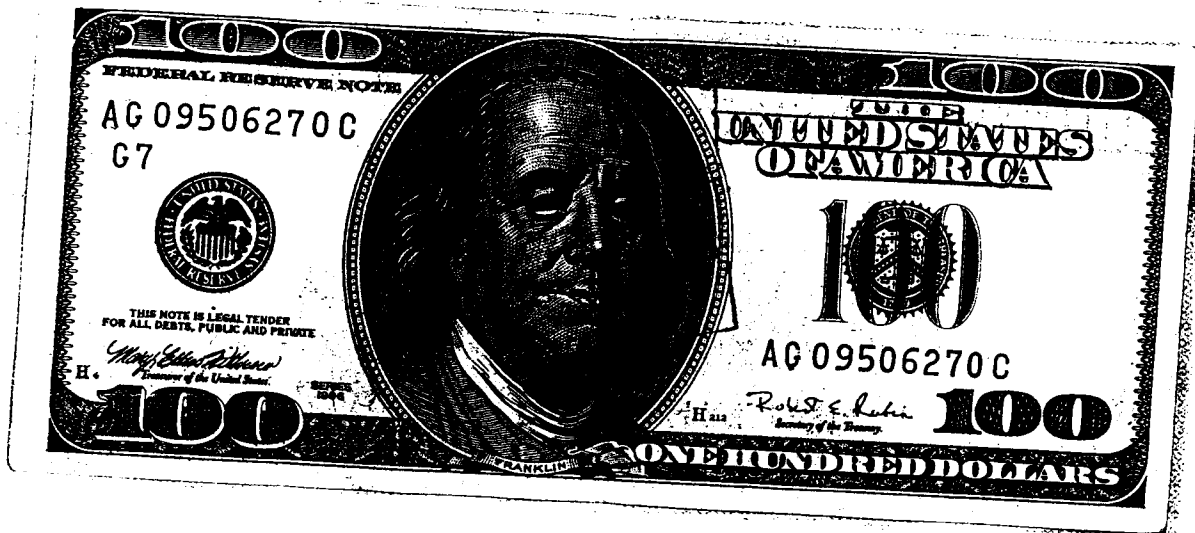
\_\_\_\_\_  
WITNESS SIGNATURE (sign every page)

DATE \_\_\_\_\_

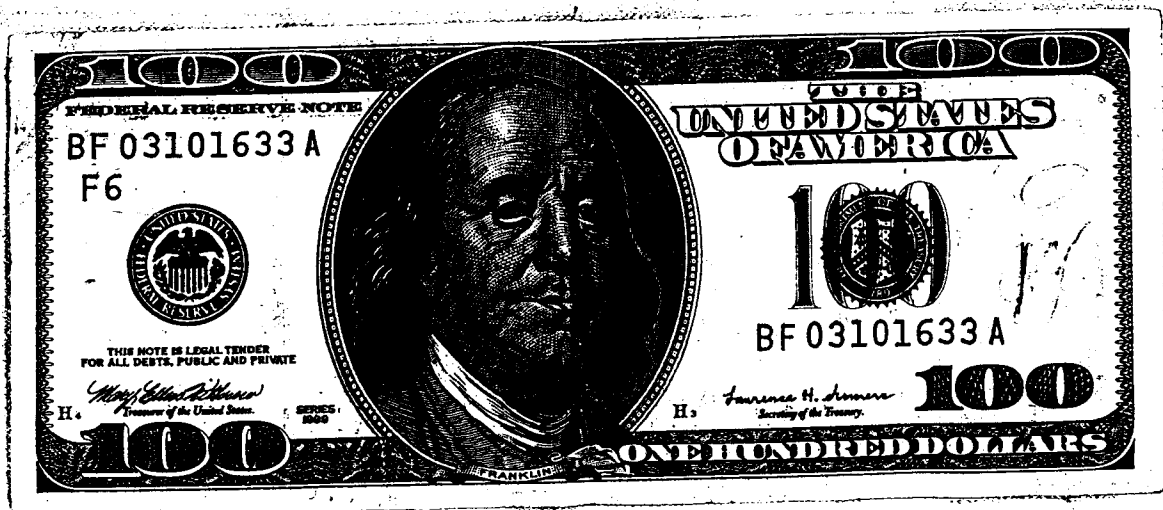
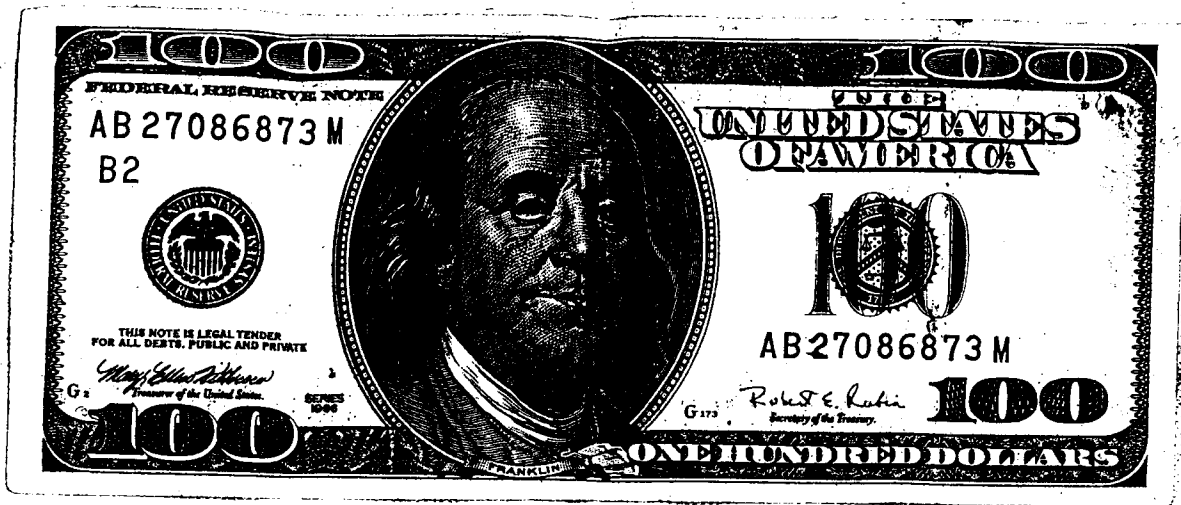
Sworn to and subscribed this 16 day of Nov, 20 04.

Notary Public, State of Florida

Joseph Santa Ana 938  
Law Enforcement Officer ID No.



# 04-3623



#04-3623



# 04-3623



Case No. 04-3623

## Property Receipt

Date 11/16/04	Time 1500	School No. 1981	Type Case Poss. Of Marijuana with intent to sell within 1000ft of school grounds	Bin No:
<input type="checkbox"/> Property of Deceased <input type="checkbox"/> Found Property <input type="checkbox"/> Stolen/Recovered <input type="checkbox"/> Trial <input checked="" type="checkbox"/> Laboratory <input type="checkbox"/> Destroy				
Release After Processing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		To Whom		
Address Where Property Impounded				
NAME		ADDRESS		TELEPHONE
Discovered By Joseph Santa Ana		938 Palm Beach County School District Police		(561) 434 - 8700
Owner				
Victim State of Florida				( ) -
Suspect(s) Include DOB				( ) -

[illegible]

I hereby acknowledge that the above list represents all property taken from my possession and that I have received a copy of this receipt.		I hereby acknowledge that the above list represents all property impounded by me in the official performance of duty as an investigator.	
SIGNATURE		SIGNATURE	
RECEIVED BY	REASON	DATE & TIME	
Lt. William Lammie	T.O.T. evidence	11/16/04	
Final Disposition	Authority	Date & Time	

PANEL: \_\_\_\_\_ A23. SPECIAL PROGRAMS YEAR: 05  
Monday November 29, 2004 1:42 pm  
STDT: [REDACTED] SCHL: 1981 GR: 08 ST: A  
PRIM IEP IEP DUE REEVAL MATIX MOD FUND AA SUM MC T ESY RR LSS WAV C 504 ST  
Z \_\_\_\_\_ Z Z \_\_\_\_\_  
DATE T IND

081104	F	519	TITLE I - SCHOOLWIDE	0	A
082196	L	LEP	LIMITED ENGLISH PROFICIENCY	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: Z13B

PANEL: \_\_\_\_\_ A03. DEMOGRAPHICS YEAR: 05

Monday November 29, 2004 1:42 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  
F H [REDACTED] PALM BCH COUNTY FL 1 [REDACTED] N \_\_\_\_\_ 082196 116B \_\_\_\_\_

ENT DATE SCHL GR OD CL AT W/D DATE PR PF SSN EXTRNL NBR PC PS PD  
E01 081104 1981 08 \_\_\_\_\_ 01 Y \_\_\_\_\_ [REDACTED] [REDACTED] US FL 50

LNG PGL COB SURVEY STAT CAT LEP RES EN:DS SCHL C1:B-H-M-N CH2 EHA D/B ST:C M EX  
SP SP US 081996 E A LZ 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: Z13B

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

A05. CONTACT INFORMATION SUMMARY

YEAR: 05

Monday November 29, 2004 1:42 pm

STDT: [REDACTED] SCHL: 1981 GR: 08 ST: A

NAME		HOME PHONE	WORK PHONE	EXT	PS	P	C	E
[REDACTED]	OTHER	[REDACTED]	_____	_____	_____	Y	N	_____
[REDACTED]	OTHER	[REDACTED]	_____	_____	_____	Y	N	_____
[REDACTED] UNCLE	OTHER	[REDACTED]	[REDACTED]	_____	_____	Y	N	_____
	MOTHER	[REDACTED]	[REDACTED]	_____	_____	Y	Y	_____
_____		_____	_____	_____	_____	_____	_____	_____
_____		_____	_____	_____	_____	_____	_____	_____
_____		_____	_____	_____	_____	_____	_____	_____
_____		_____	_____	_____	_____	_____	_____	_____
_____		_____	_____	_____	_____	_____	_____	_____
_____		_____	_____	_____	_____	_____	_____	_____
_____		_____	_____	_____	_____	_____	_____	_____
_____		_____	_____	_____	_____	_____	_____	_____
_____		_____	_____	_____	_____	_____	_____	_____
_____		_____	_____	_____	_____	_____	_____	_____
_____		_____	_____	_____	_____	_____	_____	_____
_____		_____	_____	_____	_____	_____	_____	_____



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

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**SECTION 1: Filing Receipt**

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Case number 04-3623

Agency Palm Beach County School Police

Arrest date 11/16/04

Received with reference to **DEFENDANT**

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

DOB [REDACTED]

---

The following in the above style case (check)

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

**Charged by Officer with**

Poss. Of Marijuana with intent to sell within 1000ft of school grounds

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Charges filed by Assistant State Attorney \_\_\_\_\_

Officer's Name Joseph Santa Ana

ID number 938

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

By \_\_\_\_\_  
ASSISTANT STATE ATTORNEY

## **SECTION 2: State Attorney's Office Filing Information**

DEFENDANT [REDACTED]

# AIKIA

Co-Defendants (if any) N/A

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

Arrest date 11/16/04 Agency case number 04-3623

Arresting/lead officer: Joseph Santa Ana ID number: 938

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

Current shift hours 0800 to 1600 Days off Saturday and Sunday

Leave/shift change information N/A

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

N/A \_\_\_\_\_ Phone no. ( ) - \_\_\_\_\_

**Sentencing recommendations** As required by Florida Statute

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 \_\_\_\_\_ Circuit Court case # \_\_\_\_\_

Arresting/lead officer Joseph Santa Ana ID number 938

Filing Officer (if different from arresting) \_\_\_\_\_

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

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

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

Copy of transcript provided? ☐ Yes ☐ No

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

1. Person to whom made Joseph Santa Ana

Date of statement 11 / 16 / 2004      ☒ Written      ☐ Taped      ☒ Oral

If oral, what did he/she say?

Stated that "a friend gave her the money". She also stated that she does not sell marijuana, she only smokes it.

2. Person to whom made \_\_\_\_\_

Date of statement      /      /           ☐ Written      ☐ Taped      ☐ Oral

If oral, what did he/she say?

**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?

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2. Person to whom made

Date of statement / / ☐ Written ☐ Taped ☐ Oral

If oral, what did he/she say?

---

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---

E. Grand Jury Testimony ☐ Yes ☐ NoF. Confidential Information ☐ Yes ☐ NoG. Electronic Surveillance ☐ Yes ☐ NoH. Search and/or Seizure ☐ Yes ☐ NoI. Reports of Experts ☐ Yes ☐ No

Name of expert

Nature of testimony

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

ITEMS	CUSTODIAN	CHAIN OF CUSTODY
1. 22gms. of marijuana		T.O.T. evidence
2. \$503.00 U.S. Currency		T.O.T. evidence
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

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) \_\_\_\_\_

<i>Street/Apt. Number</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
---------------------------	-------------	--------------	-----------------

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** Joseph Santa Ana ID number 938

Department Palm Beach County School Police

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

Street/Apt. Number	City	State	Zip Code
--------------------	------	-------	----------

Phone number (561) 434 - 8300

**Can testify to**

being informed by school administrators of their findings of Marijuana and cash on defendants person.

**Name** Henry Reams **D.O.B.** \_\_\_\_\_

Address (W)	3505 Shenandoah Blvd. West Palm Beach Fl. 33409
	<div> <div>Street/Apt. Number</div> <div>City</div> <div>State</div> <div>Zip Code</div> </div>

Street/Apt. Number	City	State	Zip Code
--------------------	------	-------	----------

(H) \_\_\_\_\_

Street/Apt. Number	City	State	Zip Code

Work phone number ( 561 ) 615 - 7700 Home phone number ( ) -

**Can testify to**

**Finding the marijuana and cash on defendants person.**

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

Case number 04-3623

Page 7 of       

---

**SECTION 4: Victim/Witness List continued**

---

**Name** Eugina Smith **D.O.B.** 06/09/77

**Address (W)** 3505 Shenandoah Blvd. West Palm Beach Fl. 33409  
*Street/Apt. Number City State Zip Code*

**(H)** \_\_\_\_\_  
*Street/Apt. Number City State Zip Code*

**Work phone number** ( 561 ) 615 - 7743 **Home phone number** ( ) -

**Can testify to**

Finding the marijuana and cash on defendants person.

---

**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*


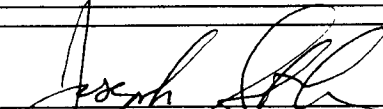
**(H)** \_\_\_\_\_  
*Street/Apt. Number City State Zip Code*

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

**Can testify to**

ADMINISTRATIVE		OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report										1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	<input checked="" type="checkbox"/>																			
		Agency ORI Number FLO 5 0 4 2 0 0		Agency Name PALM BEACH COUNTY SCHOOL DISTRICT POLICE										Agency Report Number 9 9 - 0 4 - 3 6 2 3																							
		Change Type Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized/Type <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		Multiple Clearance Indicator																															
		Location of Arrest (Including Name of Business) 3505 Shenandoah Blvd. West Palm Beach Fl. 33409										Location of Offense (Business Name, Address) Bear Lakes Middle School																									
		Date of Arrest 1 1 1 6 0 4		Time of Arrest 1 5 0 0		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle																							
DEFENDANT		Name (Last, First, Middle) [REDACTED]																		Alias (Name, DOB, Social Security #, Etc.)																	
		Race W - White 1 - American Indian B - Black O - Oriental/Asian		Sex W F		Date of Birth [REDACTED]		Height 5'4"		Weight 130		Eye Color BRO		Hair Color BRO		Complexion LGT		Build MED																			
		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) N/A										Marital Status S		Religion N/A		Indication of: Alcohol Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Upk <input type="checkbox"/>																			
		Local Address (Street, Apt. Number) [REDACTED]										(City)		(State)		(Zip)		Phone ( [REDACTED] )		Residence Type: 1. City 3. Florida 2. County 4. Out of State 1																	
		Permanent Address (Street, Apt. Number) [REDACTED]										(City)		(State)		(Zip)		Phone ( ) -		Address Source school records																	
		Business Address (Name, Street) [REDACTED]										(City)		(State)		(Zip)		Phone ( ) -		Occupation student																	
		D/L Number, State				Social Security Number [REDACTED]				INS Number				Place of Birth West Palm Beach				Citizenship USA																			
CO-DEF		Co-Defendant Name (Last, First, Middle) N/A										Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile																			
		Co-Defendant Name (Last, First, Middle)										Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile																			
JUVENILE		<input checked="" type="checkbox"/> Parent Name (Last) (First) (Middle) Residence Phone <input type="checkbox"/> Legal Custodian [REDACTED] <input type="checkbox"/> Other: [REDACTED]																																			
		Address (Street, Apt. Number) [REDACTED]										(City)		(State)		(Zip)		Business Phone ( ) -																			
		Notified by: (Name) Joseph Santa Ana										Date 11/16/04		Time 1500		Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/CYF 3. Incarcerated		3																			
		Released To: (Name)										Relationship		Date		Time																					
		The above address was provided by <input type="checkbox"/> defendant and / or <input checked="" 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 checked="" type="checkbox"/> Yes, by: (Name) Joseph Santa Ana <input type="checkbox"/> No: (Reason)										School Attended Bear Lakes Middle School				Grade 8																					
CHARGE		CODE		Drug Activity S. Sell R. Smuggle K. Dispense/ M. Manufacture/ Z. Other N. N/A B. Buy D. Deliver Distribute Produce/ Cultivate P. Possess T. Traffic E. Use										Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown N. N/A C. Cocaine M. Marijuana Equipment Z. Other A. Amphetamine E. Heroin O. Opium/Deriv. S. Synthetic																							
		Charge Description Poss. Of Marijuana with intent to sell within 1000ft of school grounds										Counts 1		<input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number 8 9 3 - 1 3		Violation of ORD #																			
		Drug Activity Marijuana		Drug Type		Amount / Unit 22gms.		Offense # 1		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 #																			
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: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:										Signature of Arresting Officer X Joseph Santa Ana 938		Name Verification (Printed by Arrested) (PRINT)																							
		Intake Deputy ID #										Name of Arresting Officer (Print) Joseph Santa Ana ID # 938		Witness here if subject signed with an "X"		PAGE																					
		Transporting Officer William Lammie ID # [REDACTED] Agency [REDACTED]														OF																					

1. Arrest      3. Request for Warrant      ☐ 1      Juvenile      ☒

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME   <div style="text-align: center;">                   _____                  NOTARY PUBLIC / CLERK OF COURT / POLICE OFFICER (F.S.S. 117.10)             </div>	<div style="text-align: center;">                   _____                  SIGNATURE OF ARRESTING / INVESTIGATING OFFICER             </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>                 Joseph Santa Ana                  _____                  NAME OF OFFICER (PLEASE PRINT)             </div> <div style="text-align: right;">                 938                  _____                  PAGE             </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>                 November 16, 2004                  _____                  DATE             </div> <div style="text-align: right;">                 OF             </div> </div>

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

A03. DEMOGRAPHICS

YEAR: 05

Thursday December 9, 2004 2:17 pm

STDT: [REDACTED]

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

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

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

SEX RACE DOB BIRTH CITY ST VER PHONE PUB SUMMER ORIG SAC SCHL2  
F H [REDACTED] PALM BCH COUNTY FL 1 [REDACTED] N [REDACTED] 082196 116B [REDACTED]

ENT DATE SCHL GR OD CL AT W/D DATE PR PF SSN EXTRNL NBR PC PS PD  
R02 120604 3047 08 X 01 Y [REDACTED] [REDACTED] [REDACTED] US FL 50

LNG PGL COB SURVEY STAT CAT LEP RES EN:DS SCHL C1:B-H-M-N CH2 EHA D/B ST:C M EX  
SP SP US 081996 E A LZ 3 [REDACTED] 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: Z32A