

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-087



Respondent.

_____ /

FINAL ORDER

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


FINDINGS OF FACT

1. Respondent's parents were notified by the Principal of Odyssey Middle School that the Respondent was being recommended for expulsion on February 3, 2005. The Recommendation for Expulsion is incorporated by reference and made a part hereof as (Exhibit A).
2. Respondent's parents were notified by the Superintendent of the School District of Palm Beach County, Florida ("School District") on February 11, 2005, via certified and regular mail, that the Respondent would be recommended to the School Board to be expelled from the School District. The Notice of Recommendation for Expulsion is incorporated by reference and made a part hereof as (Exhibit B).
3. Said notice advised Respondent's parents of their right to an administrative hearing to contest the charges contained therein provided they requested a hearing within ten (10) days of receipt of same.
4. No hearing request has been received in the Office of the Chief Academic Officer.

CONCLUSIONS OF LAW

1. The School Board has jurisdiction over the subject matter and the parties hereto.
2. The School Board finds that the Respondent is guilty of the acts alleged by the Superintendent in the letter dated February 11, 2005, to wit:

Possession of a dangerous item; threat of violence, high level; and physical battery of a student/person while on the campus of Odyssey Middle School on February 1, 2005.

ORDERED AND ADJUDGED by the School Board in regular session that the recommendation of the Superintendent be accepted and confirmed. s hereby expelled from the School District for one calendar year from the date of the Board action. Respondent may choose to continue educational services during

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

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

Dated this 16th day of March, 2005.

SCHOOL BOARD OF PALM BEACH COUNTY, FLORIDA

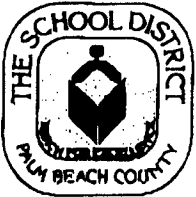
BY: _____
Thomas Lynch, Chairman

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

(SEAL)

Filed with the Clerk of the School Board this ____ day of _____, 2005.

Alicia Palmer, Clerk



THE SCHOOL DISTRICT OF
PALM BEACH COUNTY, FLORIDA

ODDYSEY MIDDLE SCHOOL
8161 WOOLBRIGHT ROAD
BOYNTON BEACH, FL 33437

(561) 752-1300 FAX (561) 752-1305

BONNIE C. FOX
PRINCIPAL

ARTHUR C. JOHNSON, Ph.D.
SUPERINTENDENT

Regular and Certified Mail

Return Receipt Requested 7004 1340 0001 8632 7311

Date 02/03/2005

Student Number [REDACTED]

[REDACTED]

Custodial Parent/Guardian of:

[REDACTED]

Dear Custodial Parent/Guardian:

On 02/02/2005 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.

Physical battery on a student/person (non-school board employee), possession of other potentially dangerous items and threat of violence, high level

Police case #'s

[REDACTED] weapon (2/1/05)

[REDACTED] trespassing - (2/2/05)

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 02/02/2005, your son/daughter/ward is assigned to the Department of Alternative Education.

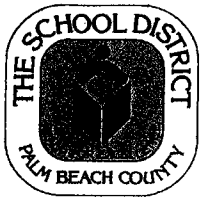
Sincerely,

Ms. Bonnie C. Fox, Principal
6161 Woolbright Road
Boynton Beach, FL 33437

561-752-1300

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

PBSD 0215 (REV 11/6/2001)



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

February 11, 2005

CERTIFIED AND REGULAR MAIL
RETURN RECEIPT REQUESTED

Mr. and Mrs. [REDACTED]

7003 2260 0001 9364 1189

NOTICE OF RECOMMENDATION FOR EXPULSION

Dear Mr. and Mrs. [REDACTED]

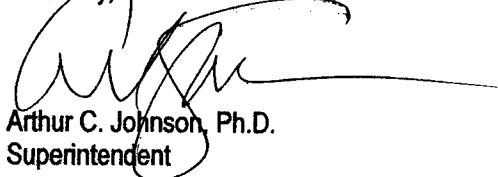
Based upon the recommendation of Bonnie C. Fox, Principal of Odyssey Middle School, and in accordance with **Florida Statute § 1006.07**, and Palm Beach County **School Board Policy 5.1813**, I will request that the School Board of Palm Beach County, Florida, expel your son, [REDACTED] from the Palm Beach County School District. This decision is based upon the following actions:

Possession of a dangerous item; threat of violence, high level; and physical battery of a student/person while on the campus of Odyssey Middle School on February 1, 2005.

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

AK:JRA:LEP:mjp

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

SUMMARY OF INCIDENT

Student Name	[REDACTED]
Student #	[REDACTED]
Violation and Code	#53 - Physical Battery on a student/person #87 - Possession of dangerous items #89 - Threat of violence, High level
School	Odyssey Middle School
Principal	Bonnie C. Fox
Area Superintendent	Rodney Montgomery
Grade	06
Sex	Male
Age	12
Language	English
ESE?	No
504?	No
Police Report Charge, if known	#05-[REDACTED] - weapon (2/1/05) #05-[REDACTED] - Trespassing (2/2/05)
Persons Involved And Witnesses to Testify	Aaron Keevey [REDACTED] Kevin McCoy
Additional Information (use additional page, if necessary)	See attached statements

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

Principal's Signature Bonnie C. Fox

THE SCHOOL DISTRICT OF PALM BEACH COUNTY

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

Student Discipline Referral

STUDENT NAME [REDACTED]		STUDENT NUMBER [REDACTED]		GRADE 6	ESE / 504 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DATE 02/01/2005	TIME 0900
LOCATION BK - Bookstore BS - Bus Stop BU - School Bus/Transportation CA - Cafeteria CL - Clinic CS - Regular Classroom GR - School Grounds GY - Gymnasium HA - Hallway IS - Alternative to Suspension Room LA - Laboratory LI - Library/Media Center OF - Office OG - Off School Grounds OT - Other PG - Playground/Track PK - Parking Lot RE - Restroom RT - Returning Home TO - Field Trip/Activity TR - To School		REPORTED BY OFFICER MCCOY STAFF ID NUMBER [REDACTED]		INTERVENTIONS BY TEACHER BEFORE REFERRAL <input checked="" type="checkbox"/> Conference with student <input type="checkbox"/> Referral to CORE team <input checked="" type="checkbox"/> Telephone call to parent <input checked="" type="checkbox"/> Conference with counselor <input type="checkbox"/> Other		BUS CODE 144	
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] made comments to students at the bus stop and on the bus that he was going to stab another student at school today. [REDACTED] showed several students a black comb that had a four inch pointed metal handle on one end and advised these students that he was going to stab a particular student with this weapon. This other student reported that he was confronted by [REDACTED] and [REDACTED] stuck him in the finger with a pencil and threatened to stab him. Officer McCoy contacted [REDACTED] and did remove the weapon from his pocket. [REDACTED] denied making these statements and denied seeing the other student on campus. [REDACTED] then changed his story and said he only said that he would only punch the student and admitted confronting the student on campus. These students that heard [REDACTED] utter the threats, identified the weapon as the one [REDACTED] had when he said he was going to stab the student. [REDACTED] had just returned from suspension and blamed this particular student whom he told others he was going to stab, for his suspension.		<input type="checkbox"/> Letter to parent <input checked="" type="checkbox"/> Parent Conference <input checked="" type="checkbox"/> De-escalation techniques <input type="checkbox"/> Problem solving techniques <input checked="" type="checkbox"/> Mediation <input checked="" type="checkbox"/> Teacher detention			

ADMINISTRATIVE USE ONLY BELOW THIS LINE

DISTRICT NUMBER DISTRICT 50 If not District 50, provide District number	5 0	WHEN EVENT OCCURRED (circle one) 1 - DURING SCHOOL HOURS 2 - Outside school hours, school sponsored activity 3 - Outside school hours, non-school sponsored activity 4 - Unrelated event or unknown	WHERE EVENT OCCURRED (circle one) 1 - SCHOOL GROUNDS / ON CAMPUS 2 - School sponsored activity / off campus 3 - School sponsored transportation (includes bus stops)	INVOLEMENT TYPE (circle one) S - STUDENT N - Non-student B - Both student and non-student U - Unknown	RELATED ISSUES (circle all that apply) G - Gang related W - Weapon related A - Alcohol related H - Hate related D - Drug related
SCHOOL NO. HOME SCHOOL If not Home School, provide School Number.	2 6 0 1	ADMINISTRATOR'S NAME [Signature]		ADMINISTRATION ID 004	EVENT NUMBER 10806134
WHAT KIND OF WEAPON USED (If appropriate) K - Knife H - Handgun F - Firearm/Explosive device R - Rifle/Shotgun O - Other Weapon U - Unknown	0	COMMENTS *SPOKE TO MS. [REDACTED] ON 2/2/05 AT 7:45 AM *MS [REDACTED] WAS AWARE OF [REDACTED] SUSPENSION *SPOKE TO [REDACTED] SISTER ON 02/01/05 AT 6:00 PM *TRIED TO REACH [REDACTED] ON 02/01/05 FROM 2:00 pm to 6:00 pm		DATE 2/1/05	
DURATION How many days Begin Date Return Date	10 2/2/05 2/16/05	ACTION CODE (see code sheets) 90 09 EX		SIGNATURE OF PARENT [Signature]	
CASE NUMBER/AGENCY		CITY / TEAM INTERVENTION <input type="checkbox"/> Yes <input type="checkbox"/> No		TRESPASSING NOTICE: I, the student, am aware that I may not be on school grounds and may not attend any school functions or school activities on or off school grounds of any Palm Beach County School District facility during the dates of my suspension.	
PBSD 0279 (REV. 7/26/2001)		ORIGINAL - Administration	COPY - Parent	COPY - Originator	COPY - Guidance Counselor / ESE Contact

Page: 1 Document Name: untitled

PANEL: _____

A24. STUDENT DISCIPLINE SUMMARY

YEAR: 05

Friday February 4, 2005 12:19 pm

STDT: _____

SPEC: _____

SCHL: 2601 GR: 06 ST: A

YTD-ISS: 001 OSS: 024

SY EVENT

DATE

TIME

SCHL LOC

CODE

X C TAKEN DUJ

05

05 10806134 02012005 0900 2601 BS

E 981 LAW ENFORCE OFFI

I 89 THRT OF VIOLEN *

I 87 POSS DNDR ITEMS *

I 53 PHY BATTERY *

A 90 O/S MAND 10 DAY * * 02012005 010

A 09 PAR/GRD CONTCT 02012005

A FA FUTURE ACTION * * 02012005

05 10804892 12162004 0323 2601 CS

E 106 LEVINE, KARAC

I 31 REP DISOBED/INS

I 27 PROF/OBSC LANG

A 83 O/S 3-5 DAYS * 12162004 001

A 10 PAR/GRD CONF 12162004

05 10804890 12142004 0936 2601 CS

E 108 ROSENSTEIN, DANA

I 32 REP BULL/HARRAS

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PAGE FULL...CONTINUE.

TERML: F210

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PANEL:

A24. STUDENT DISCIPLINE SUMMARY

YEAR: 05

Friday February 4, 2005 12:20 pm

STDT: [REDACTED] Friday F
SPEC: [REDACTED]

SCHL: 2601 GR: 06 ST: A

SPEC:

YTD-ISS: 001 OSS: 024

SY EVENT

DATE _____

TIME SCHL LOC

CODE

X C TAKEN DUI

05

05 10804890 12142004 0936 2601 CS

I 31 REP DISOBED/INS

A 81 O/S 1-2 DAYS

* 12142004 00:

A 65 I/S ALT TO SUSP

* 12142004 00:

A 09 PAR/GRD CONTACT

12142004

05 10804879 12072004 0105 2601 CA

E 171 MCBANE, CHAD

I 53 PHY BATTERY

★

A 81 O/S 1-2 DAYS

* 12072004 00:

A 09 PAR/GRD CONTACT

12072004

A 03 MEDIATION

12072004

05 10804863 11082004 1005 2601 CS

E 108 ROSENSTEIN, DANA

I 35 MINOR VANDALISM

I 31 REP DISOBED/INS

A 83 O/S 3-5 DAYS

✱

11082004 00:

A 10 PAR/GRD CONF

11082004

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PANEL: _____

A24. STUDENT DISCIPLINE SUMMARY

YEAR: 05

Friday February 4, 2005 12:20 pm

STDT: [REDACTED]

SCHL: 2601 GR: 06 ST: A

SPEC:

YTD-ISS: 001 OSS: 024

SY	EVENT	DATE	TIME	SCHL	LOC	CODE	X	C	TAKEN	DUJ
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05	10804863	11082004	1005	2601	CS	A 10	PAR/GRD	CONF		
05	10799306	01242005	1130	2601	CS	E 171	MCBANE,	CHAD		11082004
						I 53	PHY	BATTERY	*	
						I 50	FIGHTING		*	
						A 83	O/S	3-5 DAYS	*	01242005 001
						A 09	PAR/GRD	CONTC		01242005 001
05	10795543	01122005	1045	2601	CS	E 108	ROSENSTEIN,	DANA		
						I 30	REP	DISRUPT BEH		
						I 23	INAPPRP	ACTIVIT		
						I 15	DISRUPT	BEHAVIO		
05	10780283	12012004	1120	2601	CS	E 108	ROSENSTEIN,	DANA		
						I 43	FORGERY			

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THE SCHOOL DISTRICT OF PALM BEACH COUNTY
ALTERNATIVE EDUCATION

Exceptional Student Education/Interim Alternative Educational Setting Placement Procedures Checklist for Weapon or Drug Offenses

The Area Alternative Education (AE) ESE Resource Teacher and the sending school's ESE contact review the Referral Packet, sign this checklist, and present it to the sending school's principal for signature. The Area AE ESE Resource Teacher then sends the original of this completed checklist and the completed Referral Packet to the Department of Alternative Education for review and Director's signature. AE notifies the Area Superintendent of student eligibility status and Referral Packet completion. The Area office notifies the sending and receiving schools of the placement and forwards a copy of the packet to the receiving school.

Student Name Student ID # Grade 06
LAST FIRST MI
 Current School Odyssey Middle School School # 2601
 Home School Odyssey Middle School Primary Exceptionality
 Person Completing Packet BONNIE C. FOX Title Principal
 Phone 561-752-1300 PX 51300 Email

For each of the following sections, check each applicable item.

- A) Sending school contact Alternative Education to determine date and location of ESE/Interim Alternative Education Setting (IAES) placement. Sending school is responsible for notifying parent and arranging transportation.

WITHIN 10 DAYS OF PLACEMENT IN ESE/IAES

- B) An Individual Education Plan (IEP) Team must convene to review the IEP, to determine if the behavior was a manifestation of the student's disability, and to consider the appropriate educational setting. Parent Participation Notification (PBSD 0298) must indicate the purpose(s) of the meeting.

MUST ATTEND	MUST BE INVITED
<input type="checkbox"/> 1. Local Education Agency representative	<input type="checkbox"/> 7. Custodial parent/guardian
<input type="checkbox"/> 2. Area Alternative Education ESE Resource Teacher	<input type="checkbox"/> 8. Student (if turning 14-years-old during term of IEP or if otherwise appropriate)
<input type="checkbox"/> 3. ESE teacher	<input type="checkbox"/> 9. Sending school administrator or designee
<input type="checkbox"/> 4. General education teacher	<input type="checkbox"/> 10. Alternative Education Contact from Alternative Education Program
<input type="checkbox"/> 5. Evaluation specialist	<input type="checkbox"/> 11. Outside agency representative (if appropriate)
<input type="checkbox"/> 6. Alternative Education Elem. Principal (if applicable)	<input type="checkbox"/> 12. Representative of agencies that may be responsible for providing transition services for students in 9th grade or higher or who are 16 years of age or older
	<input type="checkbox"/> 13. Translator (if appropriate)
	<input type="checkbox"/> 14. ESOL Contact (if appropriate)

- C) Sending school IEP Team collects documentation pertaining to student performance, attendance, disciplinary infractions, and behavior interventions.

- | | |
|--|---|
| <input type="checkbox"/> 1. Recent Functional Behavior Assessment (FBA) or approximate date for FBA completion with custodial Parent Consent for Individual Student Reevaluation (PBSD 0939) | <input type="checkbox"/> 5. Documentation of current academic performance levels, including, if appropriate, SRI Student Progress Report |
| <input type="checkbox"/> 2. Behavior Intervention Plan (BIP) if FBA is complete | <input type="checkbox"/> 6. Academic Improvement Plan (AIP) (PBSD 1739 - Elem., -PBSD 1686 - MS or PBSD 1687 - HS) or ESOL AIP (PBSD 1639 - Elem. or PBSD 1968 - Sec.) (if appropriate) |
| <input type="checkbox"/> 3. TERMS screens A03, A05, A06, A07, A08, A10, A12, A13, A14, A15, A17, A21, A23 and A24 (Elem. include L01 and omit A12, A14, A17) | <input type="checkbox"/> 7. Limited English Proficient (LEP) Plan (PBSD 1790 - Elem. or PBSD 1640 - Sec.) (if appropriate) |
| <input type="checkbox"/> 4. Manifestation Determination (PBSD 1927) and ESE Discipline Report (PBSD 0266) | <input type="checkbox"/> 8. Student Discipline Referral (PBSD 0279) and other documentation pertaining to the precipitating incident |

**Exceptional Student Education/Interim Alternative Educational Setting Placement Procedures Checklist for
Weapon or Drug Offenses (continued)**

D) At the meeting, the IEP Team

- ☐ 1. Reviews all documentation from item (C) of this checklist
- ☐ 2. Reviews AIP (*AIP PBSD 1739 - Elem., PBSD 1686 - MS or PBSD 1867 - HS*) or ESOL AIP (*PBSD 1639 Elem. or PBSD 1968 Sec.*) (if appropriate)
- ☐ 3. Reviews LEP Plan (*PBSD 1790 - Elem. or PBSD 1640 - Sec.*) (if appropriate)
- ☐ 4. Reviews each section of the current IEP, reviews current academic performance levels, and documents progress of mastery towards goals and objectives to date, including behavior goals
- ☐ 5. Reviews BIP and its implementation and modifies BIP and its implementation as necessary, to address the behavior that led to the ESE/IAES placement. If there is no BIP, sending school ESE Contact coordinates obtaining custodial parent/guardian permission, Parent Consent for Individual Student Reevaluation (*PBSD 0939*) and developing FBA and BIP
- ☐ 6. Determines whether the IEP can be implemented at the Alternative Education site
- ☐ 7. Decides on appropriate learning environment/placement for student
- ☐ 8. Writes new or updates current IEP goals and objectives based upon progress and other information gathered
- ☐ 9. Schedules IEP Team meeting to take place prior to the end of the 45-day placement
- ☐ 10. Informs the custodial parent/guardian of the right to file for a due process hearing if the parent disagrees with the placement and documents this in Conference Records (*PBSD 1051/1051A*)

E) The sending school ESE Contact and Area Alternative Education ESE Resource Teacher coordinate the following completed items to be included with the Referral Packet.

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> 1. All documentation for item (C) of this checklist including updated A24 screen showing the Action Code "FA" (Future Action) with the comment "Referred for placement in AE disciplinary program" <input type="checkbox"/> 2. Alternative Education Eligibility/Consent for Placement (<i>PBSD 1548</i>) <input type="checkbox"/> 3. All Conference Records (<i>PBSD 1051/1051A</i>) pertaining to this Alternative Education referral <input type="checkbox"/> 4. Parent Participation Notification form (<i>PBSD 0298</i>) <input type="checkbox"/> 5. New or updated IEP goals and objectives (<i>PBSD 0659</i>) <input type="checkbox"/> 6. Prior Written Notice (Change of Placement/FAPE) (<i>PBSD 1723</i>) <input type="checkbox"/> 7. Most recent ESE Student Reevaluation (<i>PBSD 1386</i>) including copy of Parent Consent for Individual Student Reevaluation (<i>PBSD 0939</i>) | <ul style="list-style-type: none"> <input type="checkbox"/> 8. Most recent psycho-educational evaluation including copy of Parent Consent for Individual Student Evaluation (<i>PBSD 0297</i>) or Parent Participation Notification (<i>PBSD 0298</i>) <input type="checkbox"/> 9. <u>Updated</u> A23 screen reflecting <ul style="list-style-type: none"> <input type="checkbox"/> new IEP and/or evaluation due dates if new IEP was written <input type="checkbox"/> new re-evaluation due dates if evaluation was done <input type="checkbox"/> 10. <u>Updated</u> AIP (<i>PBSD 1739 - Elem., PBSD 1686 - MS or PBSD 1687 - HS</i>) or ESOL AIP (<i>PBSD 1639 - Elem. or PBSD 1968 - Sec.</i>) (if appropriate) <input type="checkbox"/> 11. <u>Updated</u> LEP (<i>PBSD 1790 - Elem. or PBSD 1640 - Sec.</i>) (if appropriate) |
|--|--|

**Exceptional Student Education/Interim Alternative Educational Setting Placement Procedures Checklist for
Weapon or Drug Offenses (continued)**

G) Indicate which site and diploma option (if appropriate) the IEP Team is recommending

NOTE The sending school is responsible for arranging transportation

<u>Elementary Transition</u>	<u>Secondary Transition</u>	<u>Secondary Intensive Transition</u>	<u>Diploma Option</u>
<input type="checkbox"/> North	<input type="checkbox"/> Delray Full Service	<input type="checkbox"/> North	<input type="checkbox"/> Regular Diploma
<input type="checkbox"/> South	<input type="checkbox"/> Lake Shore Annex	<input type="checkbox"/> South	<input type="checkbox"/> Special Diploma
<input type="checkbox"/> Central	<input type="checkbox"/> Roosevelt Full Service	<input type="checkbox"/> West - Belle Glade	<input type="checkbox"/> Option 1
<input type="checkbox"/> West		<input type="checkbox"/> West - Wellington	<input type="checkbox"/> Option 2
			<input type="checkbox"/> None (Elementary or will not turn 14 during IEP year.)

H) Signing below indicates that (1) the Alternative Education Referral Packet is complete, (2) the referred student meets the criteria for placement in the recommended program; (3) the referred student meets immunization requirements

SIGNATURE OF PRINCIPAL _____

DATE 2/7/05

SIGNATURE OF ESE CONTACT (sending school)

DATE _____

SIGNATURE OF AREA ESE TEAM LEADER OF DESIGNEE

DATE _____

Forwarded to Alternative Education ☐ **By Pony** ☐ **Hand-delivered**

DATE _____

ALTERNATIVE EDUCATIONAL USE ONLYThis image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is a vertical margin line on the left side, creating a narrow left margin. The paper appears to be from a notebook or a standard ruled sheet of paper.

Incident(s) Statement:

From: Mr. Marsan Q. Champion
6th Grade Dean

RE: [REDACTED]
Student No. [REDACTED]

On Tuesday, February 1st, [REDACTED] returned to school off of a five-day suspension for physically assaulting another student. [REDACTED] misbehavior continued Tuesday morning when he allegedly threatened another student that he was going to stab him. The weapon [REDACTED] was referring to happened to be a comb with a sharp metal handle at the end. The student also alleged that [REDACTED] had already stabbed his finger with a number 2 pencil. Several witnesses at the bus stop and on the bus said they did hear [REDACTED] mention he was going to stab the other student. Later, after the witnesses gave their statements, [REDACTED] was pulled from class and told to report to Officer McCoy's office until other information was obtained regarding the incident. While Mr. Keevey was trying to reach [REDACTED] father, [REDACTED] tried to run-off several times. Each time he was stopped and told to return to the office where he was being held.

Prior to his most recent suspension, [REDACTED] also tried to run out of the office when I was trying to reach his parents. Officer McCoy and Officer Baxter both intercepted [REDACTED] escape attempt by the main office, which is the direction he was heading. This is a repetitive behavior of [REDACTED] (insubordination/disobedience).

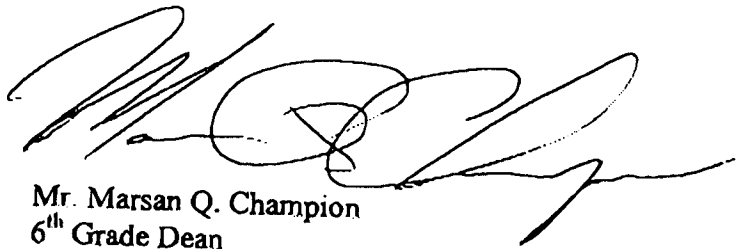
Later, in the afternoon of February 1st, [REDACTED] was told to stay in an office with me while the Principal (Ms. Bonnie Fox) discussed disciplinary plans with Officer McCoy and Assistant Principal Aaron Keevey. During that time I had to keep moving objects off the table and desks in the office as [REDACTED] kept trying to meddle and destroy anything within his reach. Each time I moved an object [REDACTED] would then turn and try to run out of the office. I finally had to stand by the door to keep [REDACTED] from trying to leave. At this point his behavior became aggressive and he kept repeating "I want to leave and you better not touch me." I told [REDACTED] to stay away from the door. He walked to the other side of the office, where I constantly had to keep telling him not to touch things. This went back and forth until Mr. Keevey and Ms. Fox returned. [REDACTED] was told to stay with Mr. Keevey. Later that afternoon he tried to run out of the office again.

When school ended, [REDACTED] was told to stay home the following day because he was being suspended. [REDACTED] returned to school on February 2nd. Both he and his mother were aware of his suspension. We found out he was on campus when Officer McCoy spotted him by the bus drop-off area. Within that time he allegedly tried to hit the same student he stabbed with the number 2 pencil in the head with a lock. He was then escorted to Officer McCoy's office until we were able to contact a parent.

I have observed that [REDACTED] is not very focused in a classroom setting. He is easily distracted and constantly causes distractions for other students. He walks around the class, follows the teacher, and refuses to sit down. On many occasions [REDACTED] was asked to report to the assistant principal's office and never did. Many teachers have sent numerous referrals on [REDACTED] and his behavior has not improved at all. The teachers and

administration have tried many interventions to help [REDACTED] including placing him in the Space Odyssey Program with two academic teachers and classes that hold 12 to 15 students.

[REDACTED] has received various consequences such as detentions, suspension from school, and in-school suspensions. [REDACTED] has also met with the guidance counselor several times to help correct his behavior. [REDACTED] continues to display erratic behavior, threaten others, and commit other violent acts. We are very concerned about [REDACTED] whose violent behavior merits follow up visits by a parole officer stemming from an incident that happened with his grandmother. [REDACTED] parents have met with the A.P. on several occasions to discuss his disruptive behavior.

A handwritten signature in black ink, appearing to read 'Marsan Q. Champion', with a stylized, flowing script.

Mr. Marsan Q. Champion
6th Grade Dean



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL POLICE DEPARTMENT

Sworn/Affirmed Statement

☒ WITNESS ☐ VICTIM ☐ SUSPECT ☐ OTHER

Case No [REDACTED]

Date

2/3/05

Time

3:05 PM

NAME OF PERSON (Last, First, Middle Initial)	BIRTH DATE	HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER
[REDACTED]	[REDACTED]	(561) [REDACTED]	() - [REDACTED]
ADDRESS (Street, City, State, Zip)			
[REDACTED]			

I voluntarily furnish this sworn/affirmed statement to: Officer

[Signature]

ID 853

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 got down to the base step and my friend [REDACTED] told me that [REDACTED] was going to stab [REDACTED]. Then I went up to [REDACTED] and said don't go do something stupid so you can go to jail. He said so then I could be with my brother. "He said he was going to go into a confrontation with him and if says ~~some~~ something he doesn't like he's going to hit him then stab him with his comb."

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

C3

day of

Feb

2005

NOTARY PUBLIC, STATE OF FLORIDA

LAW ENFORCEMENT OFFICER

ID NO.

Page 1 of 1



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL POLICE DEPARTMENT

Sworn/Affirmed Statement

☒ WITNESS ☐ VICTIM ☐ SUSPECT ☒ OTHER

Case No.	[REDACTED]
Date	2-2-04
Time	1800

NAME OF PERSON MAKING STATEMENT (Full Name)	BIRTH DATE	HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER
HARON KERRY	2/21/75	[REDACTED]	(561) 752-1308
ADDRESS (Street address, city, state, zip code)			
[REDACTED]			

I voluntarily furnish this sworn/affirmed statement to: Officer McCoy ID 853

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] 2/2/05
SIGNATURE OF VICTIM (PARENT OF JUVENILE) DATE

STATEMENT

On Tuesday, February 1, 2005 I informed [REDACTED], a sixth grade student at Odyssey Middle School, of a ten-day suspension for threatening to stab another student with a metal comb that he had in his possession. I tried to reach [REDACTED] parents several times to pick him up from school but was unsuccessful. [REDACTED] was supervised by the school police officer and Mr. Champion, the sixth grade dean. Mr. Champion had difficulty containing [REDACTED] made several attempts to run away from Mr. Champion. At the end of the day, [REDACTED] was escorted off school grounds by a school police officer and driven home. I continued attempting to reach [REDACTED] home numerous times during the afternoon and early evening of 2/1/05. I did finally reach [REDACTED] mother, [REDACTED] around 6:00 pm. [REDACTED] told me that she would inform her parents of [REDACTED] suspension when they arrived home from work. I told [REDACTED] that I would try to reach her parents during the morning of 2/2/05. During the morning of Wednesday, February 2, 2005, the school police officer and I made contact with [REDACTED] mother, [REDACTED] 45. [REDACTED] stated to me that she was aware of [REDACTED] suspension and that he would not attend school. While [REDACTED] mother was speaking to the school police officer, she again told Officer McCoy that she told [REDACTED] not to go to school. [REDACTED] stated that she understood that [REDACTED] would be arrested if

[Signature] 2/2/05
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 2 day of Feb, 2005

NOTARY PUBLIC, STATE OF FLORIDA

[Signature]
LAW ENFORCEMENT OFFICER ID NO. _____
Page _____ of _____

TO:51305

P:2'2



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL POLICE DEPARTMENT

Sworn/Affirmed Statement

☒ WITNESS ☐ VICTIM ☐ SUSPECT ☒ OTHER

Case No.	[REDACTED]
Date	2/2/05
Time	1800

NAME OF PERSON MAKING STATEMENT (full name)	BIRTH DATE	HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER
AARON KEEVEY	2/2/05	[REDACTED]	[REDACTED]
ADDRESS [REDACTED]			

I voluntarily furnish this sworn/affirmed statement to: Officer McCoy ID 853

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] 2/2/05
SIGNATURE OF VICTIM (PARENT OF JUVENILE) DATE

STATEMENT

if he attended school and that she was going to work. When Officer McCoy contacted [REDACTED] to inform her that [REDACTED] was on school grounds, [REDACTED] stated that she called for him before leaving for work and [REDACTED] said he would be there in a minute. Instead, [REDACTED] ran out of the house and straight to the bus stop where he boarded a bus to ride to school. [REDACTED] sister, [REDACTED] informed me that [REDACTED] was on campus. I contacted Officer McCoy who immediately located [REDACTED] in the cafeteria.

[REDACTED] returned to school fully aware of his suspension; therefore we are seeking criminal charges for both possession of a weapon and trespassing.

[Signature] 2/2/05
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 2 day of Feb, 20 05.

NOTARY PUBLIC, STATE OF FLORIDA

LAW ENFORCEMENT OFFICER

ID NO.

Page 1 of 1

OFFENSE-INCIDENT REPORT

Juvenile
In ReportJuvenile
Warn/Dismiss1. Original
2. Supplement

1

PALM BEACH COUNTY SCHOOL BOARD

Agency Report Number

ADM.	Date of Supplement		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)	
	TUE 02/01/2005		0900		0900		0900		TUE 02/01/2005		0915	
EVENT DATA	Incident Type		3. Misdemeanor		4. Traffic		5. Ordinance		6. Other		Incident: Day	
	1. Felony		2. Traffic Felony		3. Misdemeanor		4. Traffic		5. Ordinance		6. Other	
	OFF/INC # 1		Type 1		Description WEAPON		A-Attempted		C-Committed		Statute Violation Number	
	OFF/INC # 2		Type 1		Description WEAPON		A-Attempted		C-Committed		Statute Violation Number	
EVENT DATA	Incident Location (Street, Apt. Number)		City		Zip		District		Grid		Area	
	2601		BOYNTON BEACH		33487							
	Business Name/Area Identifier		ODYSSEY MS		Forced Entry		0. N/A		2. No.		Occupancy	
					1. Yes						1. Occupied	
EVENT DATA	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		26. Highway/Roadway	
	03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		27. Park/Woodlands/Field	
	04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		28. Lake/Waterway	
EVENT DATA	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		# 18	
	01		01		01		00		00		99	
	Type of Weapon		02. Rifle		05. Knife/Cutting Instrument		07. Hands/Fist/Feet		10. Fire/Incendiary		13. Drugs	
EVENT DATA	V/W Code		V-Victim		P-Proprietor		W-Witness		Z-Other		C-Reporting Person	
	Victim Type		0. N/A		4. Business		Race		N-N/A		I-American Indian	
	1. Juvenile		5. Government		W-White		O-Oriental/Asian		M-Male		U-Unknown	
	2. L.E. Officer		6. Church		B-Black		U-Unknown		F-Female		U-Unknown	
EVENT DATA	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		03. Spouse		11. In-Law	
	01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		01. Undetermined		04. Ex-Spouse		12. Other Family	
	02. Stabbed		06. Poss. Internal Injury		99. Other		02. Stranger		05. Co-Habitant		13. Student	
EVENT DATA	OFF/INC Indicator		1. #1		3. Both		V/W Code		#		V.Type	
	2. #2		1		0		01		1		Name (Last, First, Middle or Business)	
	Address (Street, Apt. Number)		City		State		Zip		Residence Phone		Business Phone	
	Other Contact Info. (Time Available, Interpreter, ect.)		Synopsis of Involvement									
EVENT DATA	# V/W Code		Race		Sex		Date of Birth or Age		Res. Type		Res. Status	
	V, W or P		W		M				1		1	
	Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?		Yes	
	01		00		00		00		No		00	
EVENT DATA	OFF/INC Indicator		1. #1		3. Both		V/W Code		#		V.Type	
	2. #2		1		V		01		9		STATE OF FLORIDA	
	Address (Street, Apt. Number)		City		State		Zip		Residence Phone		Business Phone	
	Other Contact Info. (Time Available, Interpreter, ect.)		Synopsis of Involvement									
EVENT DATA	# V/W Code		Race		Sex		Date of Birth or Age		Res. Type		Res. Status	
	V, W or P		N		N				00		00	
	Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will Victim prefer charge?		Yes	
	00		00		00		00		No		00	
EVENT DATA	OFF/INC Indicator		1. #1		3. Both		Suspect Code		S-Suspect		E-Escapee	
	2. #2		1		V		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			
EVENT DATA	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	
EVENT DATA	Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers	
	SEE ATTACHED NARRATIVE											
EVENT DATA	Person/Unit Notified		Time		Related Report Number(s)		050349					
	Officer(s) Reporting		MCCOY		I.D. Number(s)/Locator Code		853		Unit			
	Officer Reviewing (If Applicable)		I.D. Number		Routed To		Referred		Assigned To		By	
	Case Status		Clearance Type		3. Unfounded		A-Adult		J-Juvenile		Date Cleared	
EVENT DATA	1. Arrest		2. Exceptional		4. Open Pend.		1		J		02/07/2005	
	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	
	050338		Page		01		Page		1 of 1			

PERSON(S) REPORT

Juvenile ☐ 1. Original ☒
In Report 2. Supplement

PALM BEACH COUNTY SCHOOL BOARD

Agency report Number

ADJ	Date of Supplement	Original Date Reported 02/01/2005		Primary Offense Description WEAPON		Victim #1 Name DORCENT, EDY						
CODES	V/W Code V-Victim W-Witness C-Reporting Person	P-Proprietor Z-Other	Victim Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult	4. Business 5. Government 6. Church 9. Other	Race N-N/A W-White B-Black	I-American Indian O-Oriental/Asian U-Unknown	Sex N-N/A M-Male F-Female U-Unknown	Residence Type 0. N/A 1. City 2. County	3. Florida 4. Out-of-State	Residence Status 0. N/A 1. Full Year 2. Part Year 3. Non-Resident	Extent of Injury 0. None 1. Minor 2. Serious 3. Fatal	
	Injury Type 00. N/A 01. Gunshot 02. Stabbed	03. Laceration 04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury	07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 99. Other	Victim Relationship To Offender 00. N/A 01. Undetermined 02. Stranger	03. Spouse 04. Ex-Spouse 05. Co-Habitant	06. Parent 07. Brother/Sister 08. Child 09. Step-Parent	10. Step-Child 11. In-Law 12. Other Family 13. Student	14. Teacher 15. Child of Boy/Girl 16. Boy/Girl Friend	17. Friend 18. Neighbor 19. Sitter/Day Care 20. Employee	21. Employer 22. Landlord/Tenant 23. Acquaintance 99. Other Known		
VICTIM WITNESS	OFF/INC Indicator 1. #1 2. #2 3. Both	V/W Code # 1 W	V. Type 01	Name (Last, First, Middle or Business)				Residence Phone				
	Address (Street, Apt. Number)				City		State		Zip		Business Phone	
VICTIM WITNESS	Other Contact Info (Time Available, Interpreter, etc)				Synopsis of Involvement							
	If Victim Type 1, 2, or 3	Race B	Sex M	Date of Birth or Age	Res. Type 1	Res. Status 1	Extent of Injury 00 00	Injury Type(s)	Relationship	Ethnicity	Will victim prefer charges? Yes <input type="checkbox"/> No <input type="checkbox"/>	
VICTIM WITNESS	OFF/INC Indicator 1. #1 2. #2 3. Both	V/W Code # 1 W	V. Type 02	Name (Last, First, Middle or Business)				Residence Phone				
	Address (Street, Apt. Number)				City		State		Zip		Business Phone	
VICTIM WITNESS	Other Contact Info (Time Available, Interpreter, etc)				Synopsis of Involvement							
	If Victim Type 1, 2, or 3	Race B	Sex M	Date of Birth or Age	Res. Type 1	Res. Status 1	Extent of Injury 00 00	Injury Type(s)	Relationship	Ethnicity	Will victim prefer charges? Yes <input type="checkbox"/> No <input type="checkbox"/>	
SUSPECT OR MISSING PERSON	OFF/INC Indicator 1. #1 2. #2 3. Both	Suspect Code S-Suspect A-Arrestee	E-Escapes M-Missing	R-Recovered Missing	Z-other	Code #	Juvenile	Name (Last, First, Middle)				
	Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone					
SUSPECT OR MISSING PERSON	Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone			
	Occupation		Employer/School		Address		Social Security Number					
SUSPECT OR MISSING PERSON	Driver's License State/Number		Immigration and Naturalization Number		Other ID. Number		OBTS Number		FCIC/NCIC			
	Clothing (Describe)		Scars/Marks/Tattoos (Location/Describe)									
SUSPECT OR MISSING PERSON	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						
SUSPECT OR MISSING PERSON	OFF/INC Indicator 1. #1 2. #2 3. Both	Suspect Code S-Suspect A-Arrestee	E-Escapes M-Missing	R-Recovered Missing	Z-other	Code #	Juvenile	Name (Last, First, Middle)				
	Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone					
SUSPECT OR MISSING PERSON	Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone			
	Occupation		Employer/School		Address		Social Security Number					
SUSPECT OR MISSING PERSON	Driver's License State/Number		Immigration and Naturalization Number		Other ID. Number		OBTS Number		FCIC/NCIC			
	Clothing (Describe)		Scars/Marks/Tattoos (Location/Describe)									
SUSPECT OR MISSING PERSON	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						
MISSING PERSON/RUNAWAY	Incident Type 1. Runaway 2. Parental 3. Involuntary 4. Disabled 5. Endangered 6. Disaster 7. Voluntary 8. Unknown		Foul Play Suspected? 1. Yes 2. No		Missing Before? 1. Yes 2. No 8. Unknown		Fingerprints Available? 1. Yes 2. No 8. Unknown		Photo Available? 1. Yes 2. No 8. Unknown		Dental Record Available? 1. Yes 2. No 8. Unknown	
	MCIC Form Provided? 1. Yes 2. No											
MISSING PERSON/RUNAWAY	Date Last Seen		Time Last Seen		Location Last Seen (Address, City, St)				Accompanied By			
	Mental/Physical Condition		Medication Required/Type				Doctor/Dentist (Name, Phone Number)					
MISSING PERSON/RUNAWAY	Property Carried		ID. Type/Number				ID. Type/Number					
	Probable Destination		Name/Address				Transportation Mode					
MISSING PERSON/RUNAWAY	Recovery Information 0. N/A 1. Voluntary		2. Located- Not Returned		3. Hospitalized 4. HRS Custody		5. Law Enforcement Custody 6. Returned to Parent		7. Deceased 9. Other			
	Officer(s) Reporting MCCOY		ID. Number(s)/Locator code 853		Unit		Date					
ADMINISTRATIVE	Officer Reviewing (If Applicable)		ID. Number		Routed To		Referred To		Assigned To OBF		By JW	
ADMINISTRATIVE												
										Page	Page	
										of		

COMPLAINT / ARREST AFFIDAVIT

PALM BEACH COUNTY SCHOOL BOARD

OBTS Number 050338	<input checked="" type="checkbox"/> Felony <input checked="" type="checkbox"/> Juvenile	<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant	Traffic	Jail No.	Police Case No.				
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	Height	Weight	Hair	Eyes
LOCAL ADDRESS Street City State Zip		Phone	Alias						
PERMANENT ADDRESS Street City State Zip		Phone	Address Source		Verbal	Voter's ID			
BUSINESS ADDRESS Street City State Zip		Phone	Driver's License		Other				
STUDENT		Occupation				Place of Birth			
DRIVER'S LICENSE NO.		State	Social Security No.	Scars, Tattoos, Unique Physical Features					

Weapon Seized? Type <input checked="" type="radio"/> Yes <input type="radio"/> No 88	Arrest Date mo/day/yr 02/01/2005	Arrest Time	Arrest Location (include name of business) 2601 ODYSSEY MS			GRID					
If Def. has Concealed Weapons Permit. PERMIT # W-	For Robbery, Burglary, F/A Viol: Suspected history of drug involvement?	Yes Unk	No. Cases Cleared 00	Influence of Drugs <input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unk	Influence of Alcoh. <input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unk	Citizenship US	Resid. Type: <input type="radio"/> City <input checked="" type="radio"/> County <input type="radio"/> Florida <input type="radio"/> Out of State				
CO-DEFENDANTS 1. Last First Middle		DOB mo/day/yr	In Custody	Felony	Juvenile						
2. Last First Middle		DOB mo/day/yr	In Custody	Felony	Juvenile						
CODE		DRUG ACTIVITY 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. WEAPON	N	N	01	790.115.	2				1			
2.				..					1			
3.				..					1			
4.				..					1			OF THE CODE OF

The undersigned certifies and swears that he has just and reasonable grounds to believe, and does believe that the above named Defendant

On the _____ day of _____ At _____ A.M. ☐ P.M.
(Time)

(Location, include name of business)

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

SEE ATTACHED NARRATIVE

Page _____ of _____

Hold for Other Agency

Agency _____ Verified by _____

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

MCCOY

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

PROPERTY REPORT

PALM BEACH COUNTY SCHOOL BOARD

1. Original
2. Supplement

1

Date of Supplement		Agency Report Number				
Original Date Reported		Primary Offense Description		Victim #1 Name		
02/01/2005		WEAPON		STATE OF FLORIDA		

Person Code	P-Proprietor A-Arrestee Z-Other	Status Code	1. Stolen 2. Recovered	3. Stolen and Recovered 4. Recovered for Other Jurisdiction	5. Lost 6. Found 7. Safekeeping	8. Evidence/Seized 9. Other	Damage Code	0. N/A 1. Arson	2. Criminal Mischief 3. During other Offense 9. Other
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> Property Type A. Auto Accessory/Parts B. Bicycle C. Camera/Photo Equipment D. Drug E. Equipment/Tool F. Food/Liquor/Consumable G. Gun H. Household Appliance/Goods I. Plant/Citrus J. Jewelry/Precious Metal K. Clothing/Fur L. Livestock M. Musical Instrument N. Construction Machinery O. Office Equipment P. Art/Collection Q. Computer Equipment R. Radio/Stereo S. Sports Equipment T. TV/Video/VCR U. Currency/Negotiable V. Credit Card/Non-Negotiable W. Boat Motor X. Structure Y. Farm Equipment Z. Miscellaneous </div> </div>									

Person Code #	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number
V	01	8		Z	1	WEAPON		
Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)				
				ONE BLACK COMB WITH 4 INCH SPIKE HANDLE				
Value				Value Recovered				Date Recovered
\$				\$ 5				02/01/2005
FCIC/NCIC								

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

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

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

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

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

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

Property Stolen	\$	Change in Property Stolen Value	\$
Property Recovered	\$ 5	Change in Property Recovered Value	\$

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

SEE ATTACHED NARRATIVE

Officer(s) Reporting	ID. Number(s)/Locator Code	Unit	Date
MCCOY	853		
Officer Reviewing (If applicable)	ID. Number	Routed To	Referred To
			OEF
		Assigned To	By
			JW
			Page
			Page

NARRATIVE CONTINUATION

FLO 504200

PALM BEACH COUNTY SCHOOL DISTRICT POLICE

Case:

Investigator:

K. J. McCoy #853

Reported Date:

02/01/05 - 0925 Hours

On 02-01-05 at 0925 hours I was contacted by student [REDACTED]. [REDACTED] advised he was approached by student [REDACTED] in the band locker room prior to the start of school and [REDACTED] stated to him that he was going to stab him. [REDACTED] stated at one point [REDACTED] took a pencil and poked him in the finger with the pencil and ran out of the band room. [REDACTED] stated that he saw [REDACTED] hiding behind a trashcan outside the band room door but [REDACTED] ran off when the bell rang. I asked [REDACTED] if anyone else was in the band room at this time and he advised student [REDACTED] was in the band room but he did not believe she saw [REDACTED] poke him with the pencil. I contacted [REDACTED] and she advised she did not see [REDACTED] enter the band room but she was present when student [REDACTED] came into the room and told [REDACTED] he better watch out that [REDACTED] was going to get him today. I contacted [REDACTED] and he advised [REDACTED] was on the bus the morning of 02-01-05 and stated he was going to stab Patrick today. [REDACTED] advised [REDACTED] displayed a black comb that had a long metal spike on the handle side and [REDACTED] advised he would use this to stab [REDACTED]. [REDACTED] does not like [REDACTED] and blames [REDACTED] for his recent suspension because [REDACTED] reported inappropriate statements [REDACTED] uttered last week and [REDACTED] believes this is why he was suspended. [REDACTED] was suspended due to a fight he was involved in with a different student. On 2-1-05 [REDACTED] was returning to school from this suspension and started uttering the threat to stab [REDACTED] to [REDACTED] while on the bus. [REDACTED] further advised [REDACTED] continued to state he was going to stab [REDACTED] while [REDACTED] and [REDACTED] ate breakfast in the cafeteria. [REDACTED] did leave the cafeteria and went to the band room and warned [REDACTED] that [REDACTED] was going to get him today and told [REDACTED] what [REDACTED] had said. [REDACTED] advised that student [REDACTED] heard [REDACTED] utter threats to stab [REDACTED]. I contacted [REDACTED] who advised while at the bus stop on 02-01-05, [REDACTED] arrived and stated he was going to stab [REDACTED] today. [REDACTED] asked [REDACTED] what he would stab [REDACTED] with and [REDACTED] displayed the comb with the metal spike handle. [REDACTED] stated that he and other students believed [REDACTED] and they tried to get the item from [REDACTED] but were unsuccessful. The bus arrived and all the students entered. This is the time [REDACTED] repeated the threats to stab [REDACTED] to [REDACTED]. I contacted [REDACTED] at school and brought him to my office. I did advise [REDACTED] of his rights per Miranda and explained each right to him and he advised he understood. I did notice a pointed metal object protruding from [REDACTED] right pocket and I did remove it. The item matched the description that [REDACTED] and [REDACTED] provided in their statements to this officer. The item is a black comb with a four inch pointed metal spike-type handle. I did ask [REDACTED] why he had this item on campus and he stated the comb belonged to his mother. [REDACTED] stated he combs his hair with it. I asked [REDACTED] why the comb had the metal end on it and he said his mother uses it to pull out curls in her head. It should be noted that [REDACTED] has very short hair and does not

Case:

Investigator:

K. J. McCoy #853

Reported Date:

02/01/05 - 0925 Hours

have curls. I asked [REDACTED] if he had told anyone he was going to stab [REDACTED] and he stated no. I asked [REDACTED] if he saw [REDACTED] today and he stated he had not. [REDACTED] continued to deny that he saw [REDACTED] and denied that he stated he would stab [REDACTED]. [REDACTED] then changed his account and advised he said he would punch [REDACTED] and then stated he argued with [REDACTED] in the courtyard the morning of 02-01-05. [REDACTED] advised this officer he never saw [REDACTED] until he came into the band locker room. I did observe a small abrasion on [REDACTED] finger, which [REDACTED] stated occurred when [REDACTED] poked him with the pencil. [REDACTED] kept repeating to me he did not like [REDACTED] and [REDACTED] was always bothering him and nobody likes [REDACTED]. I did advise Mr. Aaron Keevey, sixth grade Assistant Principal, of the situation and numerous attempts to contact [REDACTED] parents were unsuccessful. [REDACTED] was transported home at the end of the school day by Lt. Baxter. I will contact students from [REDACTED] bus stop and obtain additional statements. [REDACTED] is currently on probation for a weapon on campus charge from elementary school. I did contact Neeka Orgill, [REDACTED] probation officer, on 02-01-05 and advised her what had transpired.

I did contact Mrs. [REDACTED] mother, and advised her what had transpired. I also met with Mr. [REDACTED] in my office on 02-02-05 at 0800 hours and explained what I had discovered during this investigation. I spoke with both Mr. [REDACTED] and [REDACTED] concerning [REDACTED] conduct on campus and improvements needed in this area. I was able to speak with Ms. [REDACTED] at 7:30 a.m. on 02-02-05 and advised her that charges will be filed for Possession of Weapon on School Grounds against [REDACTED]. Ms. [REDACTED] advised she was aware [REDACTED] was suspended and [REDACTED] was aware of this fact as well. Ms. [REDACTED] stated she told [REDACTED] to stay in the house, as she had to go to work. On 02-02-05, I was advised by Assistant Principal Aaron Keevey that [REDACTED] was somewhere on campus and he did take a bus to school. I was able to locate [REDACTED] in the cafeteria and escorted him to my office. I contacted Mrs. [REDACTED] and advised her [REDACTED] was here. Mrs. [REDACTED] stated she could not find [REDACTED] at the house and she discovered he left without her permission. Mrs. [REDACTED] stated she would not pick [REDACTED] up. [REDACTED] was arrested for Trespass on School Grounds and transported to the Juvenile Assessment Center by Lt. Baxter. Details of this case are documented under Case #05-0349. Based on the statements [REDACTED] uttered to other students that he was going to stab [REDACTED] on this date, and did advise these students he would use this comb with the 4-inch pointed metal spike handle, and did show this item to the students, it is apparent that the purpose of [REDACTED] having this item was to utilize it as a weapon. This item could cause serious injury if used as a weapon.

This case is cleared.



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL POLICE DEPARTMENT

Sworn/Affirmed Statement

Case No.	03- [REDACTED]
Date	2-1-02
Time	920 A

☐ WITNESS ☒ VICTIM ☐ SUSPECT ☐ OTHER

NAME OF PERSON (print 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 McG ID 5889

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

When I came into the band room this morning to practice my music 5 min before the bell rang [REDACTED] came in and threatened to stab me and when he left he took out his pencil & came into the instrument storage room and cut my index finger on my left hand. He ran out of the band room and hid behind the trash can next to the band room and when the second bell rang I saw [REDACTED] hiding so I waited for the late bell to ring when it did [REDACTED] ran to class and that is when I went to officer mcgoy to report what [REDACTED] had said

SIGNATURE (PERSON MAKING STATEMENT) (sign every page)

DATE 2-1-05

WITNESS SIGNATURE (sign every page)

DATE

WITNESS SIGNATURE (sign every page)

DATE

Sworn to and subscribed this

1

day of

Feb

, 20

05

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.	05- [REDACTED]
Date	2-1-02
Time	0945

NAME	[REDACTED]	BIRTH DATE	[REDACTED]	HOME TELEPHONE NUMBER	[REDACTED]	WORK TELEPHONE NUMBER	[REDACTED]
ADDRESS	[REDACTED]						

I voluntarily furnish this sworn/affirmed statement to: Officer McKay 853

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

When I got on the bus [REDACTED] said he was going to stab [REDACTED] with a comb and he said that know one likes him and he was going to stab him and that was it

and then while in the cafeteria he said he was going to stab him

[REDACTED]

2/1/05
DATE

[REDACTED]

WITNESS SIGNATURE (sign every page)

DATE

DATE

Sworn to and subscribed this

1

day of

FEB

20 05

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

05-

2-1-05

1400

NAME

HOME TELEPHONE NUMBER

WORK TELEPHONE NUMBER

ADDRESS

I voluntarily furnish this sworn/affirmed statement to:

Officer

ID 853

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

This morning at the bus stop
[redacted] came up to me and my friends
and said he was going to stab a
boy named [redacted]. We said with
what and he pulled it out and said
with this. We thought he was lying and
after awhile we started to think that
he was telling the truth and went over
and we tried to take it from
him but he wouldn't let us. Then
the bus came.

SIGNATURE, PERSON MAKING STATEMENT (sign every page)

DATE

2/1/05

WITNESS SIGNATURE (sign every page)

DATE

WITNESS SIGNATURE (sign every page)

DATE

Sworn to and subscribed this

01

day of

Feb

20 05.

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.	05- [REDACTED]
Date	2/3/05
Time	3:05 PM.

NAME	[REDACTED]	BIRTH DATE	[REDACTED]	HOME TELEPHONE NUMBER	[REDACTED]	WORK TELEPHONE NUMBER	[REDACTED]
ADDRESS	[REDACTED]						

I voluntarily furnish this sworn/affirmed statement to: Officer [Signature] ID 853

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 got down to the bus stop and my friend [REDACTED] told me that [REDACTED] was going to stab [REDACTED]. Then I went up to [REDACTED] and said don't go do something stupid so you can go to jail. He said so then I could be with my brother. "He said he was going to get into a confrontation with him and if says [REDACTED] something he doesn't like he's going to hit him then stab him with his comb."

[REDACTED] SIGNING STATEMENT (sign every page)

DATE 2/3/05

[Signature] WITNESS SIGNATURE (sign every page)

DATE

WITNESS SIGNATURE (sign every page)

DATE

Sworn to and subscribed this

03

day of

Feb

20 2005

NOTARY PUBLIC, STATE OF FLORIDA

[Signature] LAW ENFORCEMENT OFFICER

ID NO.



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL POLICE DEPARTMENT

Sworn/Affirmed Statement

☒ WITNESS ☐ VICTIM ☐ SUSPECT ☒ OTHER

Case No.

05- [REDACTED]

Date

2/2/05

Time

11 AM

NAME	STATEMENT # (if any)	BIRTH DATE	HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER
[REDACTED]	[REDACTED]	[REDACTED]	(561) [REDACTED]	(561) 752-1300
ADDRESS (street address, city, state, zip code)				
6161 Woodhurst Rd. Brevard Bch Fla 33437				

I voluntarily furnish this sworn/affirmed statement to:

Officer

McClay

ID 065

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]
SIGNATURE OF VICTIM (PARENT OF JUVENILE)

2/1/05
DATE

STATEMENT

I, Ann Keavey, assistant principal at Odyssey Middle School wish to pursue charges of weapon on campus against student [REDACTED] reference the incident on 2/1/05.

[Signature]
SIGNATURE, PERSON MAKING STATEMENT (sign every page)

2/1/05
DATE

WITNESS SIGNATURE (sign every page)

DATE

WITNESS SIGNATURE (sign every page)

DATE

Sworn to and subscribed this

2

day of

Feb

20

05

NOTARY PUBLIC, STATE OF FLORIDA

LAW ENFORCEMENT OFFICER

ID NO.

THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL POLICE DEPARTMENT

Miranda Rights

Case No.	05- [REDACTED]
Date	2/01/05
Time	1130

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.

SIGN
FIRMA
SIYATI

[REDACTED]

DATE
FECHA
DAT

2-1-05

Police Officer
Policia
Ofisye Polis

[Signature]

I.D. No.
Nº de Identidad
Nimewo Idantite

853

Location
Lugar de entrevista
Kote konvèsasyon an te fet

Witness
Testigo
Temwen

Witness
Testigo
Temwen

Case No. 05 [REDACTED]

Property Receipt

Date	Time	School No.	Type Case	Bin No:
02/01/05	1110	2601		

☐ Property of Deceased ☐ Found Property ☐ Stolen/Recovered ☒ Trial ☐ Laboratory ☐ Destroy

Release After Processing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	To Whom
--	---------

Address Where Property Impounded
6161 Woolbright Road Boynton Beach Fla. 33487

NAME	ADDRESS	TELEPHONE
Discovered By Officer Mccoy	6161 Woolbright Road Boynton Beach Fla. 33487	(561) 752 - 1300
Owner Palm Beach County School District	3340 Forest Hills Blvd West Pam Beach Fla.	(561) 434 - 8000
Victim Palm Beach County School District	3340 Forest Hills Blvd West Pam Beach Fla.	(561) 434 - 8000
Suspect(s) Include DOB [REDACTED]		() -

[illegible]

<p>I hereby acknowledge that the above list represents all property taken from my possession and that I have received a copy of this receipt.</p> <p>SUSPECT SIGNED ORIGINAL</p> <p>SIGNATURE</p>	<p>I hereby acknowledge that the above list represents all property impounded by me in the official performance of duty as an investigator.</p> <p>SIGNATURE</p>
---	--

[illegible]

Final Disposition	Authority	Date & Time
-------------------	-----------	-------------

PANEL: _____ A03. DEMOGRAPHICS YEAR: 05
STDT: [REDACTED] Tuesday February 8, 2005 2:25 pm

LAST APP FIRST MIDDLE AKA FORMER
[REDACTED] [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

S R DOB BIRTH CITY ST VER PHONE PUB MIL SUMMER ORIG SAC SCHL2
M B [REDACTED] [REDACTED] FL 1 [REDACTED] N [REDACTED] 267A _____

ENT DATE SCHL GR OD CL AT W/D DATE PR PF SSN EXTRNL NBR PC PS PD
R03 [REDACTED] [REDACTED] 06 01 Y [REDACTED] [REDACTED] US FL 50

LNG PGL COB SURVEY STAT CAT LEP RES EN:DS SCHL C1:B-H-M-N CH2 EHA D/B ST:C M EX
EN HC US 081998 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: Z138



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

SECTION 1: Filing Receipt

Case number 05 [REDACTED]

Agency Palm Beach County School Police

Arrest date _____

Received with reference to **DEFENDANT**

DOB [REDACTED]

[REDACTED] Last Name First Name MI

The following in the above style case (check)

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

Charged by Officer with

Weapon on School Grounds (possession)

Charges filed by Assistant State Attorney _____

Officer's Name KJ McCoy [Signature] 853

ID number 853

This _____ day of _____, _____

By _____
ASSISTANT STATE ATTORNEY

SECTION 2: State Attorney's Office Filing Information**DEFENDANT** [REDACTED]

AIKIA

Co-Defendants (if any)

Victim related/acquainted with defendant?

☐

Yes

☒

No

☐

N/A

Arrest date

Agency case number

05- [REDACTED]

Arresting/lead officer: KJ Mccoy

853

ID number:

853

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

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

No

Phone no.

() -

Sentencing recommendations

guidelines, needs counseling

Additional comments (if any)

Currently on probation for weapon on school charge from elementary school. Defendant was arrested on 02-02-05 for trespass on school grounds for returning to school while suspended for weapon incident that occurred on 2-1-05 case #

05- [REDACTED]

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 ListDefendant [REDACTED] Circuit Court case # Arresting/lead officer KJ McCoy 853 ID number 853Filing Officer (if different from arresting)

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

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

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

Copy of transcript provided? ☒ Yes ☐ No

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

1. Person to whom made Officer McCoy

Date of statement 02 / 01 / 05 ☐ Written ☐ Taped ☒ Oral

If oral, what did he/she say?

Stated he did not make threats to stab [REDACTED] Stated he had not seen [REDACTED] on 2-1-05. Defendant then changed his story and stated he did tell other students he would punch [REDACTED] (fellow student). Stated his mother gave him the comb with the metal rod handle. Mother advised this officer she did not know defendant brought this item to school and he should not have had it. Told this officer he wants to fight [REDACTED]

2. Person to whom made

Date of statement / / ☐ Written ☐ Taped ☐ Oral

If oral, what did he/she say?

SECTION 3: Defendant/Evidence List continuedD. Written, recorded, and/or oral statements of co-defendant (*use additional pages if necessary*).

1. Person to whom made _____

Date of statement ____ / ____ / ____ ☐ Written ☐ Taped ☐ Oral

If oral, what did he/she say?

2. Person to whom made _____

Date of statement ____ / ____ / ____ ☐ Written ☐ Taped ☐ Oral

If oral, what did he/she say?

E. Grand Jury Testimony ☐ Yes ☒ 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. black comb with pointed metal rod handle	Evid room	Mccoy to Baxter to evidence
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

SECTION 3: Defendant/Evidence List continued**K. Other evidence**

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

L. Anything showing the defendant may not be guiltySource No

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) _____
Street/Apt. Number City State Zip Code

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

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

Name _____ Phone number () _____

Address			
Street/Apt. Number	City	State	Zip Code

Can testify to

Arresting officer	KJ Mccoy	853	ID number	853
-------------------	----------	-----	-----------	-----

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

Name [REDACTED] D.O.B. [REDACTED]

Address (W) _____

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

(H) [REDACTED]

Street/Apt. Number	City	State	Zip Code
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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

Can testify to

heard defendant state he was going to stab another student, def. displayed comb with metal rod and stated he would use it to stab student, witness warned the other student

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

SECTION 4: Victim/Witness List continued

Name [REDACTED] D.O.B. [REDACTED]

Address (W) [REDACTED]
Street/Apt. Number City State Zip Code(H) [REDACTED]
Street/Apt. Number City State Zip Code

Work phone number () - Home phone number (561) [REDACTED]

Can testify to

was told by def. that def. would stab another student [REDACTED] and did display the comb with metal rod and stated he would use this to stab [REDACTED]

Name [REDACTED] D.O.B. [REDACTED]

Address (W) [REDACTED]
Street/Apt. Number City State Zip Code(H) [REDACTED]
Street/Apt. Number City State Zip Code

Work phone number () - Home phone number (561) [REDACTED]

Can testify to

being threatened by [REDACTED] on 2-1-05 that [REDACTED] would stab him. Stated [REDACTED] did poke him in finger with a pencil.

Name [REDACTED] D.O.B. [REDACTED]

Address (W) [REDACTED]
Street/Apt. Number City State Zip Code(H) [REDACTED]
Street/Apt. Number City State Zip Code

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

Can testify to