

ADMINISTRATIVE	OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A. 090515344		3. Request for Warrant 4. Request for Capias		1		Juvenile								
	Agency ORI Number FLO 500400		Agency Name DELRAY BEACH POLICE DEPARTMENT				Agency Report Number (N.T.A.'s only) 2185 3/24														
	Charge 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 2 1. Yes 2. No		Multiple Clearance Indicator 1																
DEFENDANT	Location of Arrest (Including Name of Business) 719 S SWINTON AV						Location of Offense (Business Name, Address) 719 S SWINTON AV														
	Date of Arrest 12/16/09		Time of Arrest 1434		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle								
	Name (Last, First, Middle) LUZINCOURT, BELOT.												Alias (Name, DOB, Soc. Sec. #, Etc.)								
CO-DEF	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex B M		Date of Birth 03/13/80		Height 506		Weight 150		Eye Color Brown		Hair Color Blond		Complexion Dark		Build Thin				
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Limp (right leg injured)						Marital Status Single		Religion Catholic		Indication of: Alcohol Influence Drug Influence		Residence Type: 1. City 2. County 3. Florida 4. Out of State		Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>						
	Local Address (Street, Apt. Number) 1411 NW 2ND STREET						(City) Boynton Beach		(State) FL		(Zip) 33435		Phone ()		Address Source FL DL/ID CARD						
	Permanent Address (Street, Apt. Number) 1411 NW 2ND STREET						(City) Boynton Beach		(State) FL		(Zip) 33435		Phone ()		Occupation None						
	Business Address (Name, Street) ()						(City) ()		(State) ()		(Zip) ()		Phone ()		Occupation None						
JUVENILE	D/L Number, State L252060800930 FL		Soc. Sec. Number 593512965		INS Number		Place of Birth (City, State) Haiti		Citizenship USA												
	Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile								
	Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile								
	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other: Name (Last) (First) (Middle)				Residence Phone ()																
	Address (Street, Apt. Number) ()				(City) ()		(State) ()		(Zip) ()		Business Phone ()										
CHARGE	Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated														
	Released To: (Name)				Relationship				Date		Time										
	The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)						School Attended		Grade												
	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property														
	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other
CHARGE	Charge Description Destruction of Evidence				Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 918.13(1)(A)				Violation of ORD #								
	Drug Activity None		Drug Type N		Amount / Unit N		Offense # 09-032190		Warrant / Capias Number				Bond								
	Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #								
	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond								
	Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #								
CHARGE	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond								
	Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #								
	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond								
	Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #								
	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond								
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court <input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		Location (Court, Room Number, Address)																		
	<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		Court Date and Time Month Day Year Time P.M.																		
ALBURN	I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED 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						
	HOLD for other Agency Name:				Signature of Arresting Officer X				Name Verification (Printed by Arrestee)												
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Substantial <input type="checkbox"/> Other:				Name of Arresting Officer (Print) Mintus				I.D. # 969		(PRINT)										
	Intake #				Pouch #		Transporting Officer Mintus		ID# 969		Agency DBPD		Witness here if subject signed with an -X"		PAGE 1 OF 1						

026/472

2185

PROBABLE CAUSE AFFIDAVIT

1. Arrest

2. Request for Warrant

Juvenile

<div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">ADMINISTRATIVE</div>	FLO 500400 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	DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 09-032190
Name (Last, First, Middle) LUZINCOURT, BELOT,			
Charge Description Destruction of Evidence		Charge Description	
Charge Description		Charge Description	
Victim's Name (Last, First, Middle) STATE OF FLORIDA		Race B	Sex M
Local Address (Street, Apt. Number) (City) (State) (zip) Phone () ()		Date of Birth 03/13/80	
Business Address (Name, Street) (City) (State) (zip) Phone () ()		Address Source	
Occupation		Address Source	
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts.			
<input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.			
On the 16 day of December 20 09 at 2:34 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)			
<p>The following incident occurred in the City of Delray Beach, Palm Beach County, Florida.</p> <p>On the above date and time members of the Community Response Task Force to include Officers Chin, Grammatico and I were on patrol in the 700 block of South Swinton Ave. Officers were in full uniform with police insignia. Officers were on foot, due to the numerous narcotics complaints we have received from the area. While on foot, we could smell the odor of burnt marijuana in the area. Officers walked behind the building of 719 South Swinton Ave (to the east side) where we saw two black males sitting down at a card table. One black male had cards in his hand, while the other (later identified as Belot Luzincourt DOB 3/13/80) had what appeared to be a blunt (marijuana cigarette) in his right hand. When Luzincourt saw uniformed officers, he placed the marijuana cigarette into his mouth and started chewing it. Officer Chin ordered Luzincourt to "STOP! SPIT IT OUT!", Luzincourt continued to chew the marijuana cigarette. I then ordered Luzincourt to "OPEN YOUR MOUTH! SPIT IT OUT!" Luzincourt struggled to swallow the cigarette, then opened his mouth. At this point, Luzincourt had swallowed everything that he placed into his mouth. Officers checked the immediate area in an attempt to find any left behind narcotics. As we were checking the area, Luzincourt spontaneously uttered "Check everything you want, when I saw you, I ate everything." Luzincourt was placed under arrest, and transported back to the DBPD temporary holding facility. Luzincourt was booked and processed in the DBPD and then transported to the Palm Beach County Jail.</p> <p>Due to the above listed facts, Probable Cause exists to charge the defendant Belot Luzincourt with Destruction of Evidence FSS 918.13(1)(A).</p>			
SWORN AND SUBSCRIBED BEFORE ME NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 12/16/09 DATE			
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER Ofc. Mintus 969 NAME OF OFFICER (PLEASE PRINT) 12/16/09 DATE		PAGE 1 OF 1	

009 DEC 17 AM 5:55
 RECEIVED
 CRIMINAL JUSTICE