



OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest	3. Request for Warrant	<input type="checkbox"/>	Juvenile	
Agency ORI Number FL0500300		Agency Name BOYNTON BEACH POLICE DEPARTMENT			Agency Report Number (N.T.A.'s only) 34 - 11 - 12993					
Charge Type: Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance		<input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		If Weapon Seized		Multiple Clearance Indicator		01		
Location of Arrest (including Name of Business) BBPD				Location of Offense (Business Name, Address) 3600 SOUTH CONGRESS AV. BOYNTON BEACH FL. 33426						
Date of arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) CRUZ, CELESTINO				Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W M	Date of Birth 07-20-1954	Height 5'10	Weight 170	Eye Color BRN	Hair Color BRN	Complexion MED	Build MED		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status	Religion	Indication of: Alcohol Intoxication <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> Drug Intoxication <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>				
Local Address (Street, Apt. Number) 2659 YARMOUTH DR. WELLINGTON FL 33414		(City)	(State)	(Zip)	Phone 305 - 338-7387		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2			
Permanent Address (Street, Apt. Number) SAME		(City)	(State)	(Zip)	Phone -		Address Source FL DL			
Business Address (Name, Street) SAME		(City)	(State)	(Zip)	Phone -		Occupation ACCOUNTANT			
DL Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State) CUBA		Citizenship USA		
Co Defendant Name (Last, First, Middle) NA				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			
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other	Name (Last) (First) (Middle)		Residence Phone							
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone					
Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/ Processed within Dept. and Released. 2. TOT/HRSDYS 3. Incarcerated						
Released To: (Name)		Relationship			Date	Time				
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone 353-2526) informed of any change of address.				School Attended		Grade				
<input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		Description of Property		Value of Property						
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Charge Description ORGANIZED SCHEME TO DEFRAUD		Counts 1F	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 817.034		Violation of ORD#				
Drug Activity N	Drug Type N	Amount / Unit \$31,248.73	Offense# 11-12993	Warrant / Capias Number		Bond				
Charge Description UTTERING FORGED INSTRUMENT		Counts 34	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 831.02		Violation of ORD#				
Drug Activity N	Drug Type N	Amount / Unit \$31,248.73	Offense# 11-12993	Warrant / Capias Number		Bond				
Charge Description FORGERY		Counts 34	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 831.01		Violation of ORD#				
Drug Activity N	Drug Type N	Amount / Unit \$31,248.73	Offense# 11-12993	Warrant / Capias Number		Bond				
Charge Description GRAND THEFT		Counts 1F	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 812.014		Violation of ORD#				
Drug Activity N	Drug Type N	Amount / Unit \$31,248.73	Offense# 11-12993	Warrant / Capias Number		Bond				
<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		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 A.M. P.M.								
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 Aug 27 2012				
HOLD for other Agency Name:		Signature of Arresting Officer Det Scott Caudell			Name Verification (Printed by Arrestee) 103					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Name of Arresting Officer (Print) DET SCOTT CAUDELL			ID.# 703		(PRINT)			
Intake Deputy	ID.#	Pouch#	Transporting Officer I.D. #		Agency		PAGE 1 of 1			
Witness here if subject signed with an X.										

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Captives	3	Juvenile	
Agency/ORI Number FLO 500300		Agency Name BOYNTON BEACH POLICE DEPARTMENT		Agency Report Number 34 - 11 - 12993				
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		
Name (Last, First, Middle)		Alias		Race	Sex	Date of Birth		
Charge Description SCHEME TO DEFRAUD FSS 817.034		Charge Description FORGERY FSS 831.01		Charge Description GRAND THEFT FSS 812.014		Charge Description UTTERING FORGED INSTRUMENT FSS 831.02		
Victim's Name (Last, First, Middle) APOGEE ASSOCIATION SERVICES		Race	Sex	Date of Birth				
Local Address (Street, Apt. Number) 3600 #F S. CONGRESS AV. BOYNTON BEACH FL. 33426		(City)	(State)	(Zip)	Phone 561 -572-2188	Address Source		
Business Address (Name, Street) SAME		(City)	(State)	(Zip)	Phone -SAME	Occupation BUSINESS		
<p>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...</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> confessed to <u>DET CAUDELL</u> admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>16TH</u> day of <u>MARCH</u> 20 <u>11</u> at <u>1439</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><u>BBPD Ofc. Reynolds responded to Apogee Business Services located at 3600 #F S. Congress Av. Boynton Beach Fl. reference discovery of fraud by employee. Upon arrival, Ofc. Reynolds made contact with the Apogee Business Services President Patrick Garcia (w/m, dob 5/13/61). Garcia told me that he had a former book keeper identified as (DEF) Celestino Cruz who had been writing checks out to himself from an account that belongs to Meadows on the Green. Garcia provided copies of 6 checks that Cruz had written to himself. The checks had Cruz's signature on the back endorsing the these checks.</u></p> <p><u>Garcia explained that Apogee Business Services oversees the finances for several HOA / Condo Associations. When the associations need to pay the bills for the development, they would contact one of Garcia's book keepers who is in charge of their finances. The book keeper will then print checks out for the association. The association president or manager would come to the book keeper and pick the checks up to have them approved and signed by the board members. After checks were approved and signed, the checks would be returned to the book keeper who would then forward them to vendors.</u></p> <p><u>On or about 03/15/11, Victim received a call from COI Meadows on the Green Property manager Alford who stated that she discovered that a check approved for Beacon Properties has cleared the bank but shows payable to C.Cruz. Victim then began a search to identify all checks written on Meadows on the Green accounts and subsequently found \$31,248.73 worth of fraudulent checks.</u></p> <p><u>On 03/21/11, writer was assigned this case reference follow-up investigation. During investigation, writer took sworn recorded statement from victim who advised the DEF was a trusted employee for approximately one year. After discovery of fraud, victim searched all banking records and found a total of 34 checks totaling \$31,248.73 had been altered, uttered and deposited by DEF without authorization. On 04/05/11, DEF Celestino Cruz 07/20/54 arrived at BBPD and agreed to give a sworn recorded statement as to his knowledge of this case. (SEE RECORDING FOR COMPLETE STATEMENT) Post Miranda, DEF indicated that he has not sleep or ate since he stole the money. DEF gave a full confession indicating that after approved checks were returned to him. he would change to "payable to" name to his name C.Cruz or Celestino Cruz. DEF indicated that he would then deposit the stolen checks in his account. DEF also indicated that he needed the money to pay for his childrens college tuition and expenses. Writer presented DEF with copies of nine fraudulent checks drawn on Meadows on the Green account and made payable to C.Cruz and Celestino Cruz. SEE PAGE 2</u></p>								
SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / POLICE OFFICER <u>4/13/11</u> DATE		 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER DET SCOTT CAUDELL #703 NAME OF OFFICER (PLEASE PRINT)						PAGE CF
DATE								

OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

3

Juvenile

Agency ORI Number

Agency Name

Agency Report Number

FLO 500300

BOYNTON BEACH POLICE DEPARTMENT

34 - 11 - 12993

Charge Type:
Check as many
as apply

- 1. Felony
- 2. Traffic Felony
- 3. Misdemeanor
- 4. Traffic Misdemeanor
- 5. Ordinance
- 6. Other

Special Notes:

Name (Last, First, Middle)
CRUZ, CELESTINO

Alias

Race
W

Sex
M

Date of Birth
07-20-54

Charge Description
SCHEME TO DEFRAUD FSS 817.034

Charge Description
FORGERY FSS 831.01

Charge Description
GRAND THEFT FSS 812.014

Charge Description
UTTERING FORGED INSTRUMENT FSS 831.02

Victim's Name (Last, First, Middle)
APOGEE ASSOCIATION SERVICES

Race

Sex

Date of birth

Local Address (Street, Apt. Number)

(City)

(State)

(zip)

Phone

Address Source

3600 #F S. CONGRESS AV. BOYNTON BEACH FL. 33426

561 -572-2188

Business Address (Name, Street)

(City)

(State)

(Zip)

Phone

Occupation

SAME

-SAME

BUSINESS

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.
The Person taken into custody...

- committed the below acts in my presence.
- confessed to DET CAUDELL

- was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
- was found to have committed the below acts, resulting from my (described) investigation.

admitting to the below facts.

On the 16TH day of MARCH 2011 at 1439 A.M. P.M. (Specifically include facts constituting cause for arrest.)

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DEF reviewed these copies and stated that he did in fact alter and later deposit these checks into his personal account.

DEF indicated that he was sorry for his actions and is currently trying to sell his home to pay back the stolen money. In closing, DEF estimated that he stole approximately \$20-30,000.00 from Apogee and Meadows on the Green but was not sure of an exact amount.

Based on the above information and the DEF's confession, writer has prepared this probable cause charging DEF

Celestino Cruz with one count of SCHEME TO DEFRAUD, 34 counts of FORGERY, one count of GRANDTHEFT, and 34 counts of UTTERING FORGED INSTRUMENT.

On 4-13-11, DEF arrived at BBPD and agreed to a second interview reference identification of additional checks produced by victim. Post Miranda, DEF viewed each check copy (15) and initialed each copy indicating that he did in fact prepare and utter each check. Victim also indicated that he collected about \$25,000.00 and is prepared to pay this money back to victim now.

Based on the above information, DEF Celestino Cruz was placed under arrest, processed and TOT PBCJ. Above statements and Miranda card TOT BBPD evidence.

SWORN AND SUBSCRIBED BEFORE ME



NOTARY PUBLIC / CLERK OF COURT / POLICE OFFICER

04/13/11

DATE



SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

DET SCOTT CAUDELL #703

NAME OF OFFICER (PLEASE PRINT)

04/13/11

DATE

PAGE

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