

#0076787 2020mm004304 AMB

ARREST/NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000				Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 06-20071715											
	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other						Weapon Seized / Type <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No				Multiple Clearance Indicator 3											
	Location of Arrest (Including Name of Business) 1364 WATERWAY COVE DR WELLINGTON, FL 33414						Location of Offense (Business Name, Address) 1364 WATERWAY COVE DR WELLINGTON, FL 33414															
DEFENDANT	Date of Arrest 05/25/20	Time of Arrest 1300	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle															
	Name (Last, First, Middle) TRAVISO ABEL																					
	Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex M	Date of Birth 7/1/60	Height 5-10	Weight 200	Eve Color BROWN	Hair Color BROWN	Complexion LIGHT	Build MED	Mental Status SINGLE												
	Local Address (Street, Apt. Number) 1364 WATERWAY COVE DR WELLINGTON, FL 33414						Phone 5616855756			Residence Type 1. City 2. County 3. Florida 4. Out of State												
	Permanent Address (Street, Apt. Number) 1364 WATERWAY COVE DR WELLINGTON, FL 33414						Phone			Address Source VERBAL												
CO-DEF	Business Address (Name, Street) (City) (State) (Zip)						Phone			Occupation												
	D/L Number, State T612000603210		Soc. Sec. Number		INS Number		Place of Birth (City, State) WPB, FL		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												
	Parent Legal Other: Address (Street, Apt. Number) (City) (State) (Zip)						Residence Phone			Business Phone												
JUVENILE	Notified by: (Name)						Date	Time	Juvenile Disposition 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												
	<table border="0"> <tr> <td>Drug Activity N. N/A P. Possess</td> <td>S. Sell B. Buy T. Traffic</td> <td>R. Smuggle D. Deliver E. Use</td> <td>K. Dispense/ Distribute</td> <td>M. Manufacture/ Product Cultivate</td> <td>Z. Other</td> <td>Drug Type N. N/A A. Amphetamine</td> <td>B. Barbiturate C. Cocaine E. Heroin</td> <td>H. Hallucinogen M. Marijuana O. Opium/Deriv.</td> <td>P. Paraphernalia/ Equipment S. Synthetics</td> <td>U. Unknown Z. Other</td> </tr> </table>												Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Product 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
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CHARGE	Charge Description Battery (domestic)						Counts 3	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1a1)			Violation of ORD #										
	Drug Activity N	Drug Type NA	Amount / Unit NA	Offense # 20071715	Warrant / Capias Number			Bond 0														
	Charge Description						Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number			Violation of ORD #										
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Drug Activity	Drug Type	Amount / Unit	Offense # 20071715	Warrant / Capias Number			Bond															
NOTICE TO APPEAR																						
Location (Court, Room Number, Address) TBD																						
Court Date and Time Month 05 Day 25 Year 20 Time 4:47 AM <input type="checkbox"/> PM <input type="checkbox"/>																						
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) [Signature]																						
Date Signed 05/25/20																						
ADMIN	HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:				Signature of Arresting Officer [Signature]				Name Verification (Printed by Arrestee) (PRINT)													
	Name of Arresting Officer (Print) D/S ITH, S.				I.D. # 9544				PAGE 1 OF 1													
	Transporting Officer DS ITH, S.				ID # 9544				Agency PBSO													

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	N
OBTS Number	PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06-20071715			
ADMIN	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				
CHARGES	Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Special Notes:			
DEF	Name (Last, First, Middle) TRAVISO ABEL		Alias	Race W	Sex M	Date of Birth 7/1/60
CHARGES	Charge Description Battery (domestic) 784.03(1a1)		Charge Description			
VICTIM	Victim's Name (Last, First, Middle) MARTIN, ALEXANDRIA N		Race W	Sex F	Date of Birth 12/26/97	
VICTIM	Local Address (Street Apt. Number) 1364 WATERWAY COVE DR WELLINGTON, FL 33414		(City)	(State)	(zip)	Phone
VICTIM	Business Address (Name, Street)		(City)	(State)	(zip)	Phone
PROBABLE CAUSE STATEMENT	<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. <input type="checkbox"/> confessed to _____ 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 25TH day of MAY 2020 at 1245 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On 5/25/20 at 1245 hours, I responded to 1364 Waterway Cove Dr, Wellington, Fl 33414 in reference to a domestic battery.</p> <p>Upon arrival, I met with the complainant, Alexandria Martin. She stated she was arguing with her boyfriend, John Bonea, in the garage when his mother's boyfriend, Abel Travis, came into the garage and yelled at them to stop arguing. He then pushed her into the house. Bonea attempted to stop him from pushing her and Travis grabbed him and started choking him from behind. Travis then punched Bonea multiple times. After all the commotion, Charlene Bonea came into the garage and tried to break it up and was struck in the right cheek by Travis.</p> <p>I then spoke with John Bonea. He stated the same thing as Martin. They were arguing and Travis came out and pushed Martin into the house. When trying to stop Travis, he got punched in the face and choked from behind. He stated he could still breath when he had him from behind.</p> <p>I then spoke with Charlene Bonea. She stated that Travis is her boyfriend and they all live in the house together for the past 2 years. She saw Travis grabbing her son, John Bonea, and tried to stop him. She struck Travis to try and get him off and Travis struck her in the face on the right side of her cheek causing a small cut.</p> <p>I then spoke with Abel Travis. He stated he heard John Bonea and Alexandria Martin arguing in the garage. He went in there to break it up and Martin did not want to stop. He grabbed her by the arm and Bonea charged him. He then grabbed Bonea and Charlene Bonea hit him.</p> <p>All parties provided sworn written statements and were given PBSO case numbers. All victims were given a victim rights and case information form and victim rights and remedies brochure which they signed for. DS Mejia took photos and uploaded them to the domestic violence website. DS Siena contacted the domestic violence hotline.</p> <p>Based on the information provided, I found Abel Travis as the primary aggressor and charged him with battery (domestic) pursuant to FSS 784.03(1). He was placed in handcuffs. The handcuffs were checked for tightness fit and double locked. He was placed in the back of my patrol vehicle and transported to county jail.</p> <p>This case was cleared by arrest.</p>					
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		D/S ITH, S. (ID #) 9544			
ADMINISTRATIVE	(Signature of Arresting/Investigative Officer)					
ADMINISTRATIVE	The foregoing instrument was sworn to or affirmed and subscribed before me this 25th day of May 20 20 by D/S ITH, S. 9544					
ADMINISTRATIVE	(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced		KNOWN LEO			
ADMINISTRATIVE	Notary Public, Clerk of Court, Officer (F.S.S. 117.10)					
						PAGE 1 OF 1

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
 (Submit this form with the original Probable Cause affidavit)

Name (Last, First, Middle)

Suspect: TRAVISO ABEL **DOB:** 7/1/60 **Case #:** 20071715

Victim: MARTIN, John C. ALEXANDRIA **DOB:** 12/26/97 **Race:** W **Sex:** F

Relationship between Victim and Defendant: Other Household Member

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No **Caller:** _____

Weapon Used: Yes No **Type:** _____

Witness: Yes No **Name:** (Last) _____ (First) _____ (Middle) _____

Victim Pregnant: Yes No **If yes,** _____ weeks _____ months

Injuries: Yes No **Description:** _____

Medical Treatment: Yes No

At Scene: Yes No **Paramedics:** _____

At Hospital: Yes No **Hospital:** _____

Are Children Living in Home? Yes No **DCF Notified?** Yes No

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____

Injunction Yes No **Case #:** _____

No Contact Order Yes No **Case #:** _____

Alcohol or Drugs Yes No Unknown

Prior History of Domestic/Dating Violence Yes No

Defendant's Statements Yes No **If yes,** written recorded oral

First words Defendant said when you responded to scene: _____

Victim's Statements Yes No **If yes,** written recorded oral

First words Victim said when you responded to scene: _____

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

Yes **No** **If yes, name:** _____ **phone:** _____

Observations of Victim (Physical & _____)

Upset **Crying** **Fearful** **Hysterical** **Afraid** **Calm** **Nervous**

Complained of pain **Other** _____

Victim Contact Information: (Last) MARTIN, (first) ALEXANDRIA

Local Address: 1364 WATERWAY COVE DR, WELLINGTON, FL 33414

Phone: _____

Employer: (Name) UNEMPLOYED (Employer Address) _____

Name of Relative: (Last) _____ (First) _____ **Phone:** _____

Address: _____

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (F.S. 784.048)
- Domestic Violence - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.)

Upon completion, this form must accompany the booking paperwork.
If applying for a warrant, attach this form to the filing packet.

SUSPECT/OFFENDER: TRAVISO ABEL
COURT CASE/WARRANT#

(FOR WARRANTS USE ONLY)

1. Incident Report #: 20071715 Agency: PBSO
Offense: Battery (domestic)
Suspect/Offender: Name (Last) TRAVISO (First) ABEL (Middle) _____
D.O.B. 7/1/60 Race: W Sex: M

2. Warrant # (s): _____

3.a. Victim's name: Benea, Charlene MARTIN, John ALEXANDRIA D.O.B. 12/26/97 Race: W Sex: F
Address: 1364 WATERWAY COVE DR
City: WELLINGTON, FL 33414
Home #- _____ Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: _____ (Last) _____ (First)
Address: _____
City: _____
Home #: _____ Work #: _____ Other: _____

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY.

Victim/Relation Notification Waiver and Confidential Information Request.

(check applicable boxes)

Waiver: I choose not to be notified when the arrestee is released from custody.

Confidential: I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: _____

Printed name of person waiving notification: MARTIN, ALEXANDRIA

Deputy's Name: D/S ITH, S. I.D.# 9544 Date: 05/25/20



PALM BEACH COUNTY SHERIFF'S OFFICE

Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(l)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020013472	Date: 05/25/20
	Specialist Name/ID: J. Beck/9007