20 MM 5185

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

OBTS Number:

Agency ORI Number: FLO 500000
Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE
Agency Report Number (N.T.A.'s only): 06- 20-082395

Charge Type (Check as many as apply): ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other
Weapon Seized / Type (1. Yes 2. No): 2 N/A
Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business): 6809 Barnwell Dr , Boynton Beach, FL 33473
Location of Offense (Business Name, Address): 6809 Barnwell Dr , Boynton Beach, FL 33473

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
06/28/2020	0019					

DEFENDANT

Name (Last, First, Middle): Ocasio, Alexandra,
Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White I - American Indian B - Black O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	9/22/1976	5'03	160	BROWN	BROWN	light	medium

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): TATOO STAR OF DAVID INSIDE RIGHT WRIST
Marital Status: Single
Religion: CHRISTIAN
Indication of: Alcohol Influence: N; Drug Influence: N

Local Address (Street, Apt. Number) (City) (State) (Zip): 6809 Barnwell Dr, Boynton Beach, FL 33473
Phone: (305) 502-0458
Residence Type (1. City 2. County 3. Florida 4. Out of State): 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip): ,
Phone: ( )
Address Source: FL DL

Business Address (Name, Street) (City) (State) (Zip):
Phone: ( )
Occupation: DENTAL ASSISTANT

D/L Number, State: O220000768420, FL
Soc. Sec. Number: [redacted]
INS Number:
Place of Birth (City, State): PUERTO RICO
Citizenship: US

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: Name (Last) (First) (Middle) — Residence Phone ( )
Address (Street, Apt. Number) (City) (State) (Zip) — Business Phone ( )

No Bond

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 ☐ defendant and / or ☐ 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. ☐ Yes, by: (Name) ☐ No: (Reason)
School Attended — Grade

Property Crime? ☐ Yes ☒ No
Description of Property — Value of Property

CODE

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	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Simple Battery (Domestic)	1	☒Y ☐N	784.03(1)(a)(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		20-082395		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address)

JUN 28 AM 3:05

Court Date and Time: Month — Day — Year — Time — AM — PM

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: 06/28/2020

ADMIN

HOLD for other Agency — Name:
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:
Signature of Arresting Officer: x [signature]
Name of Arresting Officer (Print): D/S R. Gonzalez — I.D. #: 31774
Name Verification (Printed by Arrestee): (PRINT)

Intake Deputy	I.D. #	Pouch #	Transporting Officer	ID #	Agency
[signature] 8101			[signature]	31774	PBSO

Witness here if subject signed with an "X"

PAGE 1 OF 1

SCANNED JUN 28 2020

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A. ONLY)

PBSO #148 REV. 8/97

J# 0517794 P# 3224

PROBABLE CAUSE AFFIDAVIT

OBTS Number | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias | 1 | Juvenile N

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 20-082395

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Ocasio, Alexandra,		W	F	9/22/1976

CHARGES

Charge Description		Charge Description	
Simple Battery (Domestic)	784.03(1)(a)(1)		
Charge Description		Charge Description	

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
Gamino-Telles, Miguel, Angel	W	M	04/05/1976

Local Address (Street, Apt. Number) (City) (State) (zip)	Phone	Address Source
6809 Barnwell Dr, Boynton Beach, FL 33473	(305) 562-4052	
Business Address (Name, Street) (City) (State) (zip)	Phone ( )	Occupation

PROBABLE CAUSE STATEMENT

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

On the 28TH day of JUNE 2020 at 0010 ☒ A.M. ☐ P.M. (Specifically include facts constituting cause for arrest.)

On Saturday, June 27, 2020, at approximately 2320 hours, I responded to 6809 Barnwell Dr, Boynton Beach, FL 33473, in reference to a simple battery (domestic).

Upon my arrival, I spoke with suspect, Alexandra Ocasio, who stated the following: She went to her boyfriend's house, Miguel Gamino-Telles, who also has two children in common with him. While she was inside the residence, both Alexandra and Miguel got into a verbal argument. During the argument, Miguel took the children to the bedroom to put them to sleep. While Miguel was in the bedroom, Alexandra went inside and continued to argue with Miguel. Alexandra stated Miguel pushed her out the room, and she retaliated and pushed him back. Alexandra then called the police. Alexandra refused to take photos and had no visible injuries.

I then spoke with the victim, Miguel Gamino-Telles, who stated the following: Alexandra came home around 2300 hours, and began to argue with him. She went outside and Miguel went to the master bedroom with the two children to put them to sleep. While he was in the bed with the two children, Alexandra came into the bedroom, and threw the sheets off him and the children. Miguel then got up and Alexandra pushed him in the chest leaving a visible scratch on the upper part of his chest. Miguel then tried to get her to leave the room and in the process, Alexandra hit Miguel in the face causing redness to his right eye. Miguel refused EMS.

While speaking with Miguel, the daughter Amanda blurted out that she [Alexandra] hit him [Miguel]. After that, the daughter did not want to talk any further.

After the investigation and the totality of circumstances, there is enough evidence to charge Alexandra Ocasio with Simple Battery (Domestic) F.S.S. 784.03(1)(a)(1).

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S R. Gonzalez
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 28 day of JUNE 2020 by D/S R. Gonzalez

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN LEO

D/S SHEARS ID # 7047 D/S 7047
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

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

Suspect: Ocasio, Alexandra, **DOB:** 9/22/1976 **Case #:** 20-082395

Victim: Gamino-Telles, Miguel, Angel **DOB:** 04/05/1976 **Race:** W **Sex:** M

Relationship between Victim and Defendant: _____

Photographs: Scene ☒ Yes ☐ No Victim ☒ Yes ☐ No Defendant ☐ Yes ☒ No

911 Call: ☒ Yes ☐ No **Caller:** Ocasio, Alexandra,

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

Witness: ☐ Yes ☒ No **Name:** _____

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

Injuries: ☒ Yes ☐ No **Description:** small scratch on chest and redness to right eye

Medical Treatment: ☐ Yes ☒ No

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

At Hospital: ☐ Yes ☒ No **Hospital:** _____ **Physician:** _____

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

Name: Gamino, Lucas, **DOB:** 8/19/2016

Name: Gamino, Amanda, **DOB:** 9/1/2014

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: I just want my kids and leave

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

First words Victim said when you responded to scene: I do not want anything bad to happen to her

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 & Emotional): upset and annoyed

☒ Upset ☐ Crying ☐ Fearful ☒ Hysterical ☐ Afraid ☐ Calm ☐ Nervous

☐ Complained of pain ☐ Other _____

Victim Contact Information:

Local Address: 6809 Barnwell Dr, Boynton Beach, FL 33473

Phone: Home (305) 562-4052 Work (___)___-_____ Cell (___)___-_____

Employer: _____

Name of Relative: _____ **Phone** (___)___-_____

Address: _____

VICTIM NOTIFICATION FORM

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

- **Homicide** (Ch. 782)
- **Attempted Murder**
- **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.)
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**

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

SUSPECT/OFFENDER: **Ocasio, Alexandra,** (FOR WARRANTS USE ONLY) COURT CASE/WARRANT#: _____

1. Incident Report #: **20-082395** Agency: **Palm Beach County Sheriff's Office**
   Offense: **Simple Battery (Domestic)**
   Suspect/Offender: **Ocasio, Alexandra,**
   D.O.B. **9/22/1976** Race: **W** Sex: **F**

2. Warrant # (s): _____

3.a. Victim's name: **Gamino-Telles, Miguel, Angel** D.O.B. **04/05/1976** Race: **W** Sex: **M**
   Address: **6809 Barnwell Dr**
   City: **Boynton Beach, FL 33473**
   Home #- **(305) 562-4052** Work #: **0** Other: _____

b. Victim's next of kin, friend or neighbor: _____
   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: **Gamino-Telles, Miguel, Angel**

Deputy's Name: **D/S R. Gonzalez** I.D.# **31774** Date: **06/28/2020**

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

PBSO 00029A REV. 4199

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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2020015746	**Date:** 6/28/2020
	Specialist Name/ID: Gammage/5660