20CF 1815

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 20-139526

Charge Type: Check as many as apply. [X] 1. Felony [ ] 2. Traffic Felony [ ] 3. Misdemeanor [ ] 4. Traffic Misdemeanor [ ] 5. Ordinance [ ] 6. Other

Weapon Seized / Type: 2 (1. Yes 2. No) | Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
5130 Las Verdes Circle unit 101, Delray Beach Fl 33484	5220 Las Verdes Circle , Delray Beach Florida 33484

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
12/22/2020	22:11					residence

DEFENDANT

Name (Last, First, Middle): REMILLARD, ALEXANDRA,
Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	05/27/1996	5'02	110	HAZEL	BLONDE	~~white~~ Light	Slim Mto

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): multiple on fingers and other body parts
Marital Status | Religion | Indication of: Alcohol Influence [ ] Y [X] N [ ] Unk. Drug Influence [ ] [X] [ ]

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
, 5130 Las Verdes cir unit 101 Delray Beach FL 33414	(561) 859-8146	2

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

Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation
	( )	unemployed

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
R546-010-96-687-0	[redacted]		Hartford, Conneticut	USA

CO-DEF

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

1. NONE 2. NONE

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
3. NONE			

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 #
Battery; simple/intentional touch-strike	1	[X] Y [ ] N	784.03(1)(a)(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond
N	N		20-139526		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
assault, Aggravated /with a deadly weapon w/o intent to kill	1	[X] Y [ ] N	784.021(1)(a)	

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

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
criminal mischief > $1,000	1	[ ] Y [X] N	806.13(1)(b)(3)	

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

VICTIM NOTIFICATION REQUIRED

NOTICE TO APPEAR

Location (Court, Room Number, Address)

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: 12/22/2020

ADMIN

HOLD for other Agency Name:

[ ] Dangerous [ ] Resisted Arrest [ ] Suicidal [ ] Other:

Signature of Arresting Officer: [signature] 7138

Name of Arresting Officer (Print): D/S DOLCINE I.D. #: 7138

Intake Deputy: [signature] I.D. #: 6811 Pouch #:

Transporting Officer: [signature] ID #: 8052 Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT)

DEC 23 AM 2:55

Witness here if subject signed with an "X"

PAGE 1 OF 1

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

PBSO #145 REV. 8/97

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- 20-139526

Charge Type: Check as many as apply.
- [x] 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
REMILLARD, ALEXANDRA,		W	F	05/27/1996

CHARGES

Charge Description		Charge Description	
Battery; simple/intentional touch-strike	784.03(1)(a)(1)	assault, Aggravated /with a deadly weapon w/o intent to kill	784.021(1)(a)
criminal mischief > $1,000	806.13(1)(b)(3)		

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
OZAROWSKI, JOEY,	W	M	09/14/1988

Local Address (Street, Apt. Number) (City) (State) (zip)	Phone	Address Source
5220 LAS VERDES CIR APT 220, DELRAY BEACH FL 33484	(561) 400-6712	
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.
- [x] was found to have commited the below acts, resulting from my (described) investigation.

On the 22 day of December 20 2020 at 2112 [ ] A. M. [x] P.M. (Specifically include facts constituting cause for arrest.)

On December 22nd, 2020 at approximately 2112, I was dispatched to 5220 Las Verdes circle unit# 220, in unincorporated Delray Beach Florida 33484 in reference to a domestic dispute.

Upon arrival I made contact with Joey Ozarowski (WM DOB: 09/14/1988) who stated his ex-girlfriend Alexandra J Remillard (WF DOB: 05/27/1996) whom he's been in a romantic, sexual relationship with for over 6 months. Joey added, he ended the relationship and Alexandra, returned to his house after she was advised not to do so. Alexandra exited her vehicle, walked up to him, kneed him on his groin, then snatched his cell phone from him and threw hit against his car, causing the screen to crack. When Joey told her he was calling 911, Alexandra retreated back to her car, and then drove the vehicle in Joey's direction causing Joey to jump out of the way in order to prevent her from hitting him with her car.

I made contact with Alexandra at her residence located at 5130 Las Verders Circle unit 101, Delray Beach Florida 33484. Alexandra admitted to going to Joey's house to get her stuff, but denied hitting Joey, or grabbing the phone and throwing it or attempting to run him over.

Based on my investigation, I find that Alexandra violated the following FL statue; 784.03(1)(a)(1) Battery, simple/intentional touch-strike, FL statue 784.021(1)(a) assault, Aggravated /with a deadly weapon w/o intent to kill, and FL statue 806.13(1)(b)(3) criminal mischief > $1,000.

Alexandra was placed under arrest, hand cuffed were double locked and check for proper fitting. Alexandra was transported to the county jail where she was turned over to the Deputies at the county jail.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S DOLCINE
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of December 20 20 by _____

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

7849
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

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: **REMILLARD, ALEXANDRA,** COURT CASE/WARRANT#. (FOR WARRANTS USE ONLY)

1. Incident Report #: **20-139526** Agency: _____
   Offense: **Battery; simple/intentional touch-strike**
   Suspect/Offender: **REMILLARD, ALEXANDRA,**
   D.O.B. **05/27/1996** Race: **W** Sex: **F**

2. Warrant # (s): _____

3.a. Victim's name: **OZAROWSKI, JOEY,** D.O.B. **09/14/1988** Race: **W** Sex: **M**
   Address: **5220 LAS VERDES CIR APT 220**
   City: **DELRAY BEACH FL 33484**
   Home #- **(561) 400-6712** 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: **OZAROWSKI, JOEY,**

Deputy's Name: D/S Dolcine I.D.# **7138** Date: **12/22/2020**

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

PBSO 00029A REV. 4199

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Suspect: REMILLARD, ALEXANDRA, **DOB:** 05/27/1996 **Case #:** 20-139526

Victim: OZAROWSKI, JOEY, **DOB:** 09/14/1988 **Race:** W **Sex:** M

Relationship between Victim and Defendant: BOYFRIEND/GIRLFRIEND

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

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

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

Witness: ☒ Yes ☐ No **Name:** MICHELLE LONGO

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

Injuries: ☐ Yes ☒ No **Description:** laceration to ring finger

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: _____ **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: She kicked me and hit me again

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

First words Victim said when you responded to scene: I didn't hit him on purpose he ran him over

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

☑ Complained of pain ☐ Other _____

Victim Contact Information:

Local Address: 5220 LAS VERDES CIR APT 220, DELRAY BEACH FL 33484

Phone: Home (561) 400-6712 Work (__)___-____ Cell (__)___-____

Employer: _____

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

Address: _____

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	☐	119.0712(2)	Other: Personal information contained in a motor vehicle record	
	☐	119.071(2)(l)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

REVIEW COMPLETED BY

Booking Number: 2020030015	**Date:** 12/23/2020
	Specialist Name/ID: M. Tooks #8557