

20MM-7263

ARREST / NOTICE TO APPEAR

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (HTA's only) 514 20-003150	Arrest 2. N.T.A.	1. Request for Warrant 4. Request for Capias	1	JUVENILE
D E F E N D A N T	Charge Type Check as many as apply	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	<input type="checkbox"/> 6. Other	If Weapon Seized		Multiple Clearance Indicator		
	Location of Arrest (Including Name of Business)					Location of Offense (Business Name, Address)				
	839 UNIVERSITY BLVD, JUPITER, FL 33458					839 UNIVERSITY BLVD, JUPITER, FL 33458				
	Date of Arrest 09/16/2020	Time of Arrest 02:41	Booking Date 09/16/2020	Booking Time 03:18	Jail Date	Jail Time	Location of Vehicle			
Name (Last, First, Middle) PORTELA, ANTONIO MANUEL										
Alias: _____										
Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build		
W - White	M	07/02/1983	6'01	190	BROWN	BLACK	MEDIUM	Medium		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Martial Status	Religion	Indication of Alcohol Influence			
					S	CATHOLIC	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>			
Local Address (Street, Apt. Number)					Phone	Residence Type				
839 UNIVERSITY BLVD 202, JUPITER, FL 33458					(862) 220-1001	1. City 2. County 3. Florida 4. Out of State 1				
Permanent Address (Street, Apt. Number)					Phone	Address Source				
839 UNIVERSITY BLVD 202, JUPITER, FL 33458					(862) 220-1001	VERBAL				
Business Address (Name, Street)					Phone	Occupation				
DL Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State)		Citizenship		
P634013832420 / FL						LIVINGSTON, NJ				
Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile	
									<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile	
									<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)										
Legal Custodian <input type="checkbox"/> _____										
Address (Street, Apt. Number)					(City)	(State)	(Zip)	Residence Phone		
Business Phone										
Notified by: (Name)					Date	Time	JUVENILE DISPOSITION			
							1. Handled/Processed within Department and Released 2. TOT JAC 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 355-2526) informed of any change of address.					School Address					
					VICTIM NOTIFICATION REQUIRED					
<input type="checkbox"/> Yes, by <input type="checkbox"/> No					Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
					Description of Property					
					Value of Property					
COD E										
Drug Activity S. Sell R. Smuggle K. Disperse/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 BATTERY-SIMPLE (TOUCH OR STRIKE)					Statute Violation Number 784.03(1)(A)(1)			Violation of ORD #		
								NONE		
CHARGE										
Charge Description					Statute Violation Number			Violation of ORD #		
CHARGE										
Charge Description					Statute Violation Number			Violation of ORD #		
CHARGE										
Charge Description					Statute Violation Number			Violation of ORD #		
I N T A K E										
Health / Apparent Physical Condition of Defendant					Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries					
					Explain:					
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail					PROPERTY - Received By		Released By		Released To	
Transported By					Date Transported	Time Transported	Other			
N O T I C E										
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court					Location (Court, Room)					
<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.					Court Date and Time					
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.					No Photo Available					
Signature of Defendant (or Juvenile and Parent/Custodian)					Date Signed					
A D M I N										
HOLD for Other Agency					Signature of Arresting Officer		Name Verification (Printed by Arrestee)			
					348					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Stochastic <input type="checkbox"/> Other					Name of Arresting Officer (Print)		I.D. #			
					FLESCH, JASON		1183			
Pouch #					Transporting Officer		I.D. # Agency			
					J. FLESCH		348 JUPITE			
					Witness here if subject signed with an "X"					
PAGE 1 OF 1										

2020 SEP 16 AM 7:36

SCANNED

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS


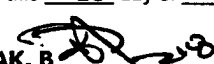
0518573

1085 SEP 16 2020

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 09/16/2020 04:05		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 20-003150	
	Agency ORI Number FL 0501700		Name (Last, First, Middle) PORTELA, ANTONIO MANUEL		Race W	Sex M
D E F	Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)		Date of Birth 07/02/1983			
	Victim's Name (Last, First, Middle) BALLOUT, GABRIELA		Race W	Sex F	Date of Birth 02/02/1994	
C H R G	Local Address (Street, Apt. Number) (City) (State) (Zip) 839 UNIVERSITY BLVD 202, JUPITER, FL 33458		Phone (786) 492-0781		Address Source	
	Business Address (Name, Street) (City) (State) (Zip)		Phone		Occupation	
V I C T I M	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): EMOTIONAL, UPSET			
	VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>					
RELATIONSHIP BETWEEN VICTIM & SUSPECT DATING						
A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS: Scene:	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>			
	Victim:	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
	911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: NEIGHBOR		
	WEAPON USED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TYPE:		
	WITNESSES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(If YES, attach witness list)		
	INJURIES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
	MEDICAL TREATMENT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
	AT: Scene:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PARAMEDICS:		
	Hospital:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:		
	ACT COMMITTED IN PRESENCE OF MINOR(S):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES/AGES:		
H. R. S. NOTIFIED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
VICTIM PREGNANT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #:			
PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
ALCOHOL OR DRUGS INVOLVED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
N A R R	On 9/16/20 at approximately 0225 hours I responded to 839 University Blvd, Jupiter, FL in reference to a male a female in a physical altercation in the stairwell of the above apartment building. The caller advised there was a female screaming for a male to let her go and the couple had their hands on each other.					
	STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, <u>348</u> personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.					
<p style="text-align:center;">  SIGNATURE OF ARRESTING OFFICER </p> <p>Sworn to and subscribed to before me this <u>16</u> day of <u>September</u>, <u>2020</u>.</p> <p style="text-align:center;">  PANCZAK, B NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) </p>						

CERTIFIED COPY

SCANNED

SEP 16 2020

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 09/16/2020 04:05	Agency ORI Number FL 0501700	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 20-003150
	N A R R A T I V E Upon arrival, I could hear a female screaming "let me go." As I approached the stairwell to the above building, I witnessed a male and female in the stairwell engaged in a physical altercation. It appeared that the male was holding onto the female and she was trying to get away. The male had a small amount of blood on his lip and the female did not have any obvious injuries. The couple was ordered to separate and the male was placed in handcuffs, for officer safety, that were double locked and checked for spacing per policy.			

During my fact finding, the male identified himself as WM Antonio M Portela 7/2/83 and he stated the following about what had occurred prior to police arriving: He and his girlfriend, WF Gabriela Ballout 2/11/94, had not been getting along recently and were in the process of breaking up after 4 years of dating. Tonight, they got into a verbal argument that started in the apartment. Ballout stated she was going to leave in the morning and Portela decided to start packing some of her things. Ballout then decided she was going to leave tonight. She grabbed a few of her personal items and walked out the door. Portela followed her and plead with her to stop but she didn't. He did not feel it was right for her to leave being so upset, drive her vehicle, and possibly get in an accident. He then wrapped his arms around her and she began to push him away. He continued to urge her to stay but she continued to push him away. During the altercation, Ballout struck Portela in the lip with her hand or elbow causing a minor abrasion that did not require medical attention.

I then spoke with Ballout and she confirmed the statement provided by Portela. While speaking with her, she was visibly upset, emotional, and crying. She did admit to striking Portela in the lip, however it was in an attempt to push him away. She did not sustain any injuries during the altercation.

I then spoke to WF Alexis R Dominguez 5/9/98 who witnessed the altercation. She stated that she was lying down inside her apartment and heard a female screaming outside "let me go." When she went outside, she observed a male holding on to a female with his arms wrapped around her waist. They were both yelling and the female kept saying "let me go". She then called the police.

Based on the above investigation and statements that Antonio Portela had started the physical altercation by holding Ballout against her will, I determined Portela to be the primary aggressor. Furthermore I find probable cause exists to arrest Portela for Domestic Battery because he did actually and intentionally touch or strike *(Gabriella Ballout) against the will of *(Gabriella Ballout) and *(Gabriella Ballout) was a family or household member of *(Antonio Portela), contrary to Florida Statute 784.03(1), 741.28 and 741.283

Portela was advised he was under arrest for the above charge. He was transported to the Jupiter Police Station for processing and later booked into the Palm Beach County Jail.

The above incident was captured on my BWC. The narrative is a summary of the BWC footage and not purported to be verbatim.

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, 218 personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

[Signature] 748
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 16 day of September, 2020.

PANCZAK, B 218
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED
SEP 16 2020

VICTIM NOTIFICATION FORM

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

- 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.

1. Incident Report #: 20-003150 Agency: Jupiter PD
Offense: Battery (Domestic)
Suspect/Offender: Antonio Portela
D.O.B. 7/2/83 Race: W Sex: M

2. Warrant #(s): _____

3.a. Victim's name: Cabriela Ballout D.O.B. 2/2/94 Race: W Sex: F
Address: 839 University Blvd. Apt. 202
City: Jupiter State: FL Zip: 33458
Home #: 786 492 0781 Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____ State: _____ Zip: _____
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: _____

Deputy's Name: C. R. Lowe I.D.# 363 Date: 9/16/20

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records
PBSO #0029A REV. 4/99

SUSPECT/OFFENDER: _____

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#: _____

SCANNED
SEP 16 2020



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)(i)	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"/>	119.0712 (2)	Other: Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	119.071(2)(J)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

REVIEW COMPLETED BY

Booking Number: 2020021862	Date: 9/16/2020
	Specialist Name/ID: M. Tooks #8557

**SCANNED
SEP 16 2020**