

0412889

21MM8708AMB

41

OBTS Number		<b>ARREST / NOTICE TO APPEAR</b> Juvenile Referral Report		1 Arrest 2 N.T.A.		3 Request for Warrant 4 Request for Capias		1		Juvenile n	
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06- 21129442</b>							
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 2 1 Yes 2 No		Multiple Clearance Indicator 01							
Location of Arrest (Including Name of Business) <b>1009 16th ave North, city of lake worth beach fl 33460</b>				Location of Offense (Business Name, Address) <b>1009 16th ave North, city of lake worth beach fl 33460</b>							
Date of Arrest <b>11/18/2021</b>		Time of Arrest <b>2240</b>		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) <b>Lynch, Ashley, Marie</b>											
Alias (Name, DOB, Soc. Sec. #, Etc.)											
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex <b>F</b>		Date of Birth <b>6/25/1986</b>		Height <b>5'02</b>		Weight <b>110</b>		Eye Color <b>bro</b>	
Hair Color <b>bro</b>		Complexion <b>med</b>		Build <b>med</b>							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Mental Status <b>Single</b>		Religion <b>NONE</b>		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) <b>5784 Sullivan Rd, Jupiter, FL 33458</b>				(City)		(State)		(Zip)		Phone <b>( ) 5613521642</b>	
Permanent Address (Street, Apt. Number)				(City)		(State)		(Zip)		Residence Type 1. City 2. County 3. Florida 4. Out of State <b>2</b>	
Business Address (Name, Street)				(City)		(State)		(Zip)		Address Source <b>fl dl</b>	
D/L Number, State <b>L520013867250, FL</b>				Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>springfields, mas</b>		Citizenship <b>usa</b>	
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 Name (Last)				(First)		(Middle)		Residence Phone			
Legal Custodian				(City)		(State)		(Zip)		Business Phone	
Address (Street, Apt. Number)				(City)		(State)		(Zip)			
Notified by (Name)				Date		Time		Juvenile Disposition 1. Held in custody 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)											
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No				Description of Property				Value of Property			
<div style="display: flex; justify-content: space-between;"> <div> <b>NOT A CHARGE</b>            Drug Activity            N. N/A            S. Sell            B. Buy            P. Possess            R. Smuggle            D. Deliver            E. Use            K. Dispense/            Distribute            M. Manufacture/            Produce/            Cultivate            Z. Other         </div> <div>           Drug Type            N. N/A            A. Amphetamine            B. Barbiturate            C. Cocaine            E. Heroin            M. Marijuana            O. Opium/Derv.         </div> <div>           P. Paraphernalia/            Equipment            S. Synthetics            U. Unknown            Z. Other         </div> </div>											
Charge Description <b>domestic battery</b>				Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>784.03(1)(a)(1)</b>		Violation of ORD #	
Drug Activity <b>n</b>				Drug Type <b>n</b>		Amount / Unit		Offense # <b>21129442</b>		Warrant / Capias Number	
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity <b>n</b>				Drug Type <b>n</b>		Amount / Unit		Offense #		Warrant / Capias Number	
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity <b>n</b>				Drug Type <b>n</b>		Amount / Unit		Offense #		Warrant / Capias Number	
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity <b>n</b>				Drug Type <b>n</b>		Amount / Unit		Offense #		Warrant / Capias Number	
Location (Court, Room Number, Address) <b>South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996</b>											
Court Date and Time Month <b>11</b> Day <b>18</b> Year <b>2021</b> Time <b>AM</b> <b>PM</b>											
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) <b>11/18/2021</b>											
HOLD for other Agency Name				Signature of Arresting Officer <b>DS Collura (26708)</b>				Name Verification (Printed by Arrestee) <b>DS Collura (26708)</b>			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other				Name of Arresting Officer (Print) <b>DS Collura (26708)</b>				I.D. # <b>26708</b>			
Transporting Officer <b>DS Collura (26708)</b>				I.D. # <b>26708</b>				Agency <b>PBSO</b>			
Witness here if subject signed with an "X"										PAGE <b>1 OF 1</b>	

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		n	
ADMIN	OBTS Number			Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06- 21129442</b>					
	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		Special Notes					
CHARGES	Name (Last, First, Middle)		Alias		Race <b>W</b>		Sex <b>F</b>		Date of Birth <b>6/25/1986</b>				
	<b>Lynch, Ashley, Marie</b>												
DEF	Charge Description		784.03(1)(a)(1)		Charge Description								
	domestic battery												
VICTIM	Victim's Name (Last, First, Middle)				Race <b>W</b>		Sex <b>M</b>		Date of Birth <b>01/24/1971</b>				
	<b>Guadi, Richard, Glenn</b>												
	Local Address (Street, Apt. Number)		(City) (State) (zip)		Phone ( ) <b>5618894831</b>		Address Source						
	<b>311 3rd Lane, Palm Beach Gardens, FL 33418</b>												
	Business Address (Name, Street)		(City) (State) (zip)		Phone ( )		Occupation						
<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.</p> <p>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 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 <u>18</u> day of <u>11</u> 20<u>21</u> at <u>2230hrs</u> <input type="checkbox"/> A. M. <input checked="" type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)</p>													
<p>On 11/18/21 I was dispatched to the location of 1009 16th Ave North in the city of Lake Worth beach FL in reference to a domestic battery.</p> <p>Upon arrival, I made contact with Ashley Marie Lynch who stated the following: She works as a server at a restaurant and got out of work late. She stated when she left work she made attempts to contact her son's father, Richard Guadi. He answered the phone but did not speak to her and hung up. She further explained she knew it was late but wanted to pick up her child. She drove to Richard Guadi's house and knocked on the door. He answered the door and told her that her son was already in bed and now is not a good time to take him. She tried to explain why she was so late, but he did not want to listen to her. She stated she "came at him" because he wasn't listening to her. When asked what she meant she stated she charged at him. She stated he then struck her in the head twice. When asked to observe the area she stated she was struck, I observed no marks bruising or injury to indicate any physical strikes to her head. I inquired Ashley about her right hand and the injury causing her to bleed. She stated she threw her phone multiple times and the broken glass cut her hand. She further explained the cut from her hand was not from Richard.</p> <p>After making contact with Ashley, I made contact with Richard who stated that he received a phone call from Ashley asking to pick up the child in common. He tried to explain that the kid is in bed but she did not want to accept that as an answer. He hung up the phone. He stated he heard loud banging on the front door and window. When he answered the door, it was Ashley asking to take her child. He told her he's already asleep to which she again did not like the answer. She began to charge at him and force her way into the residence. He stated he tried pushing her back outside but she stated to scratch his arms. He was able to push her out of the residence and he asked her to leave multiple times. She refused to leave and call 911. She hung up the phone and began to throw the phone multiple times breaking the phone. She picked up her phone and cut her hand on her broken phone. She then was able to strike Richard in the groin. He was able to go back inside. He stated she began to smear blood on his house for no reason.</p> <p>Upon observing Richard, I observed a long scratch mark on his left arm. I further observed Richards to be covered in blood on his arms and the left shoulder blade of his shirt. I also observed blood to be smear outside of the house on the patio area of the front door.</p> <p>Based on statements made by both parties I have determined the actions of domestic battery FSS 784.03(1)(a)(1) occurred by Ashley Marie Lynch towards Richard Guadi.</p> <p>This case is cleared by arrest.</p>													
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		DS Collura (26708)										
	(Signature of Arresting/Investigative Officer)												
<p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>18</u> day of <u>11</u> 20<u>21</u> by <u>DS Collura</u></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>													
<p>PAGE 1 OF 1</p>													

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

**Suspect:** Lynch, Ashley, Marie **DOB:** 6/25/1986 **Case #:** 21129442

**Victim:** Guadi, Richard, Glenn **DOB:** 01/24/1971 **Race:** W **Sex:** M

**Relationship between Victim and Defendant:** \_\_\_\_\_

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

**911 Call:** ☒ Yes ☐ No **Caller:** \_\_\_\_\_

**Weapon Used:** ☐ Yes ☒ No **Type:** \_\_\_\_\_

**Witness:** ☐ Yes ☒ No **Name:** \_\_\_\_\_

**Victim Pregnant:** ☐ Yes ☒ No **If yes,** \_\_\_\_\_ weeks \_\_\_\_\_ months

**Injuries:** ☒ Yes ☐ No **Description:** scratch

**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:** Angelo Guadi **DOB:** 07 / 2 / 2015

**Name:** brooklyn Guadi **DOB:** 10 / 08 / 2017

**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 & Emotional):** \_\_\_\_\_

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

☒ Complained of pain ☐ Other \_\_\_\_\_

**Victim Contact Information:**

**Local Address:** 311 3rd Lane, Palm Beach Gardens, FL 33418

**Phone:** **Home** (\_\_\_\_) 5618894831 **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 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.**

1. Incident Report #: 21129442 Agency: \_\_\_\_\_  
Offense: domestic battery  
Suspect/Offender: Lynch, Ashley, Marie  
D.O.B. 6/25/1986 Race: W Sex: F

2. Warrant # (s): \_\_\_\_\_

3.a. Victim's name: Guadi, Richard, Glenn D.O.B. 01/24/1971 Race: W Sex: M  
Address: 311 3rd Lane  
City: Palm Beach Gardens, FL 33418  
Home #- 0 5618894831 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: Guadi, Richard, Glenn

Deputy's Name: DS Collura I.D.# 26708 Date: 11/18/2021

White/Corrections or State Attorney (Warrant Application)  
PBSO 00029A REV. 4199

Yellow/Warrants Section

Pink/Central Records

SUSPECT/OFFENDER:

**Lynch, Ashley, Marie**

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#



## **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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021029074	Date: 11/19/2021
	Specialist Name/ID: M. Took #8557