

0516822

/3047

20MM4676 MB

ARREST / NOTICE TO APPEAR

OBT# Number		Agency ORI Number <b>0500800</b>		Agency Name <b>West Palm Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>9   4   2020-0008981</b>		1. Arrest <input type="checkbox"/> 2. N.T.A. <input type="checkbox"/> 3. Request for Warrant <input type="checkbox"/> 4. Request for Capias <input type="checkbox"/> <b>1</b>		JUVENILE <input type="checkbox"/>											
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		If Weapon Seized		Enter Type <b>Hands/feet/teeth</b>		Multiple Clearance Indicator <b>1</b>											
Location of Arrest (Including Name of Business) <b>225 SEVILLE RD, WPB FL</b>						Location of Offense (Business Name, Address) <b>225 SEVILLE RD, WEST PALM BEACH, FL 33405</b>															
Date of Arrest <b>06/06/2020</b>		Time of Arrest <b>06:20</b>		Booking Date		Booking Time		Jail Date		Jail Time											
Name (Last, First, Middle) <b>VINCENT, CASEY LEIGH</b>		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)																	
Race W - White 1- American Indian B - Black 0 - Asian <b>W</b>		Sex <b>F</b>		Date of Birth <b>01/12/1985</b>		Height <b>5'09</b>		Weight <b>120</b>		Eye Color <b>BROWN</b>		Hair Color <b>BROWN</b>		Complexion <b>FAIR</b>		Build <b>Small</b>					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)												Marital Status		Religion <b>CHRISTIAN</b>		Indication of Alcohol Influence Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>					
Local Address (Street, Apt. Number) <b>225 SEVILLE RD, WEST PALM BEACH, FL 33405</b>						(City)		(State)		(Zip)		Home Phone <b>(561) 599-0006</b>									
Permanent Address (Street, Apt. Number) <b>225 SEVILLE RD, WEST PALM BEACH, FL 33405</b>						(City)		(State)		(Zip)		Mobile Phone									
Business Address (Name, Street)						(City)		(State)		(Zip)		Work Phone									
Occupation <b>VERBAL</b>						Unemployed															
D/L Number, State <b>V525112845120 / FL</b>		D/S Number		Place of Birth (City, State) <b>JACKSON, MI, United</b>				Citizenship <b>US</b>													
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									
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)												Residence Phone									
<input type="checkbox"/> Legal Custodian												Business Phone									
Address (Street, Apt. Number)						(City)		(State)		(Zip)											
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.												Grade									
<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									
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		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 <b>BATTERY - BATTERY (SIMPLE)</b>						Statute Violation Number <b>784.03(LA1)</b>		Violation of ORD #													
Drug Activity		Drug Type <b>N</b>		Amount / Unit		Offense #		Counts		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond							
Charge Description						Statute Violation Number		Violation of ORD #													
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond							
Charge Description						Statute Violation Number		Violation of ORD #													
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond							
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									
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					
<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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.												No Photo Available									
Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed <b>JUN 07 2020</b>															
I CONSENT TO RECEIVE REMINDERS OF COURT DATE(S) AND TIMES FOR THIS CASE BY TEXT MESSAGE TO THE NUMBER IDENTIFIED HERE. I UNDERSTAND THAT STANDARD TEXT MESSAGE RATES MAY APPLY AND THAT I MAY REVOKE THIS CONSENT VIA THE TEXT MESSAGE SYSTEM IF I CHOOSE.												(561) 599-0006		INITIAL							
HOLD for Other Agency				Signature of Arresting Officer <b>[Signature]</b>				Name Verification (Printed by Arrestee)													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Repeated Arrest				Name of Arresting Officer (Print) <b>MEDINA ALLEN, JACQUELINE 02048</b>				(PRINT)													
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other				ID.# <b>1986</b>				Agency <b>WPB</b>													
Inmate Deputy <b>[Signature]</b>				Pouch #				Witness here if subject signed with an "X".													

NOTICE TO APPEAR REQUIRED

No Photo Available

JUN 07 2020

AM 6:00

1 OF 1

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County  
Narrative Continuation

A D M I N I S T R A T I V E	Date / Time	06/06/2020 06:01	
	Agency ORI Number	Agency Name	Agency Report Number
	FL 0500800	WEST PALM BEACH POLICE	9   4   2020-0008981

Prior to calling police, Llenza was inside of his residence with his on again off again girlfriend Casey Vincent (w/f, 1/12/1985). Llenza informed me that he has been in a relationship with Vincent for approximately a year and they are currently residing with one another. Llenza and Vincent were in a verbal altercation which led to Vincent punching Llenza on the left side of his face several times. I made contact with Vincent who informed me that she was in a verbal altercation with Llenza but it was not physical. Vincent denies causing the injuries to Llenza's face and was unaware he was hurt.

It should be known that I went inside of the residence where the altercation occurred and observed many items broken on the floor. The television that was mounted on the wall, was hanging off the wall as though it was ripped off. There was a broken lamp and unknown liquids on the floor. Llenza informed me that all of the damage was done by Vincent and that he has the incident on camera. When I asked for the video footage of the incident, Llenza stated he would have his attorney provide the video footage at a later date.

Based on the above facts, probable cause exist to arrest Vincent for one count of simple battery per F.S.S. 784.03(1A1)


NOT A CERTIFIED COPY

STATE OF FLORIDA  
COUNTY OF PALM BEACH

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

  
SIGNATURE OF ARRESTING OFFICER 2048

Sworn to and subscribed to before me this 6 day of JUNE 2020.

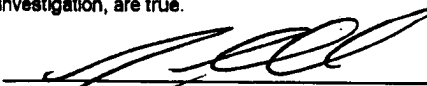
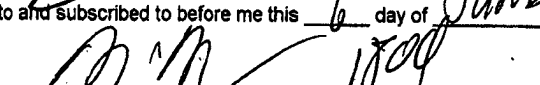
  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SEARCHED  
JUN 07 2020

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>06/06/2020 06:01</b>	Agency ORI Number <b>FL 0500800</b>		Agency Name <b>WEST PALM BEACH POLICE</b>	Agency Report Number <b>9   4   2020-0008981</b>	
	Name (Last, First, Middle) <b>VINCENT, CASEY LEIGH</b>				Race <b>W</b>	Sex <b>F</b>
D E F I N E	Charge Description: <b>784.03(1A1) BATTERY- BATTERY (SIMPLE)</b>					
	Victim's Name (Last, First, Middle) <b>LLENZA, JUAN ANGEL</b>				Race <b>W</b>	Sex <b>M</b>
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>225 SEVILLE RD, WEST PALM BEACH, FL 33405</b>			Phone <b>(561) 929-3669</b>		Address Source <b>VERBAL</b>
	Business Address (Name, Street) (City) (State) (Zip)			Phone		Occupation
A D D I T I O N A L	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):			
	VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>		<b>UPSET</b>			
I N F O R M A T I O N	RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>COUPLE</b>					
	PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		CALLER: <b>JUAN LLENZA</b>			
Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TYPE:				
911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		(If YES, attach witness list)				
WEAPON USED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PARAMEDICS:				
WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PHYSICIAN(S) / HOSPITAL:				
INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
MEDICAL TREATMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		NAMES/AGES:				
AT: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CASE #:				
N A R R	On 6/6/2020 at approximately 0439 hours, I was dispatched to 225 Seville Rd in refence to a domestic. Upon arrival I made contact with the caller, Juan Llenza (w/m, 04/7/1971), in front of the residence. Llenza was bleeding from the right side of his face and advised of the following:					
	STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, _____ personally known to me, who, being first-duly sworn, says that the facts above, based upon my investigation, are true.					
 SIGNATURE OF ARRESTING OFFICER						
Sworn to and subscribed to before me this <u>6</u> day of <u>JUNE</u> , 20 <u>20</u>						
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)						

# VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes.

- Homicide (Ch 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (S. 784.048)
- Domestic Violence - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. 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 #. 2020-8981 Agency: WPB PD  
Offense: Simple Battery (Domestic)  
Suspect/Offender: Casey Vincent  
D.O.B. 1-12-84 Race: W Sex: F

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

3. Complete one (1) of the following:

a. Victim's name: Juan Llenza  
Address: 225 Sevil Rd  
City: WPB State: FL Zip: 33405  
Home #: 861-929-3669 Work#: \_\_\_\_\_ Other: \_\_\_\_\_

b. Victim's next of kin: N/A  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work#: \_\_\_\_\_ Other: \_\_\_\_\_

c. Victim's designated contact other than next of kin (for example: a friend or neighbor):  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work#: \_\_\_\_\_ Other: \_\_\_\_\_

4. Relevant identification or case numbers assigned to the case (please specify).  
\_\_\_\_\_

**WAIVER:** I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: \_\_\_\_\_  
Printed name of person waiving notification: \_\_\_\_\_

Officer's Name: Off. Medina I.D.: 2018 Date: 6-6-20

SUSPECT/OFFENDER:

COURT CASE/WARRANT#  
(FOR WARRANTS USE ONLY)



**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)(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"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

<b>Booking Number:</b> 2020014293	<b>Date:</b> 06/07/2020
	<b>Specialist Name/ID:</b> AM/31562