

0519 820

20MM8892 MB 2922

ARREST / NOTICE TO APPEAR

1. Arrest 2 N.T.A. 3. Request for Warrant 4. Request for Capias **1** JUVENILE **N**

A D M I N I S T R A T I O N	OBTN 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   2020-0017182</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		Location of Arrest (Including Name of Business) <b>6917 OKEECHOBEE BLVD, WEST PALM BEACH, FL</b>		Location of Offense (Business Name, Address) <b>1400 VILLAGE BLVD 409, WEST PALM BEACH, FL 33401</b>		If Weapon Seized Enter Type <b>NOT APPLICABLE</b>	
	Date of Arrest <b>11/14/2020</b>		Time of Arrest <b>01:07</b>		Booking Date <b>11/14/2020</b>		Booking Time <b>01:17</b>	
D E F E N D A N T	Name (Last, First, Middle) <b>PRESNELL, CURTIS HUNTER</b>		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc)			
	Race W - White I - American Indian B - Black O - Asian <b>W M</b>		Sex <b>M</b>		Date of Birth <b>12/02/1991</b>		Height <b>5'11</b>	
	Weight <b>200</b>		Eye Color <b>BROWN</b>		Hair Color <b>BROWN</b>		Complexion <b>FAIR</b>	
	Build <b>Medium</b>		Marital Status <b>M</b>		Religion		Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
	Local Address (Street, Apt. Number) <b>1400 VILLAGE BLVD 409, WEST PALM BEACH, FL 33401</b>		(City) <b>WEST PALM BEACH</b>		(State) <b>FL</b>		(Zip) <b>33401</b>	
	Permanent Address (Street, Apt. Number) <b>1400 VILLAGE BLVD 409, WEST PALM BEACH, FL 33401</b>		(City) <b>WEST PALM BEACH</b>		(State) <b>FL</b>		(Zip) <b>33401</b>	
	Business Address (Name, Street) <b>ER BRADLEYS, 104 CLEMATIS ST</b>		(City) <b>WEST PALM BEACH</b>		(State) <b>FL</b>		(Zip) <b>33401</b>	
	Work Phone		Occupation <b>Bar Tender</b>					
	D/L Number, State <b>P625108914420 / FL</b>		Sec. No. Number		DNS Number		Place of Birth (City, State) <b>Hollywood, Maryland</b>	
	Citizenship <b>US</b>							
C O D E F	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)		Residence Phone			
	<input type="checkbox"/> Legal Custodian		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	
C H A R G E	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 Attended		Grade			
	<input type="checkbox"/> Yes, by: <input type="checkbox"/> No		Property Title? <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. Disposes 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 <b>N</b>		Drug Type		Amount Unit		Offense #		
Counts <b>I</b>		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		
I N T A K E	Health / Apparent Physical Condition of Defendant		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Physical Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		Explain:			
	Check which applies: <input type="checkbox"/> Released O.H. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released To	
	Transported By		Date Transported		Time Transported		Other	
N O T I C E T O A P P E A R	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room)		Court Date and Time <b>NOV 15 2020</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)		Date Signed			
	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 I CHOOSE.)		(561) 225-7529		INITIAL			
A D M I N	HOLD for Other Agency		Signature of Arresting Officer <b>[Signature]</b>		Name Verification (Printed by Arrestee) <b>2179</b>		(PRINT) <b>NOV 14 AM 4:30</b>	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>TAVERAS, JOSUE</b>		ID # <b>02179</b>	
	Intake Report <b>[Signature]</b>		ID # <b>2179</b>		Agency <b>WPBPD</b>		PAGE <b>1 OF 1</b>	

NOT A CRIMINAL RECORD

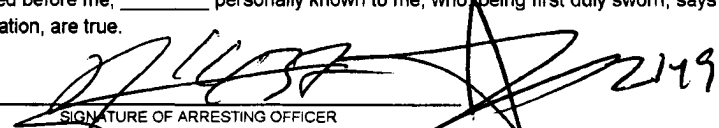
VICTIM NOTIFICATION REQUIRED

No Photo Available

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>11/14/2020 01:08</b>		Agency Name <b>WEST PALM BEACH POLICE</b>		Agency Report Number <b>9   4   2020-0017182</b>	
	Agency ORI Number <b>FL 0500800</b>		Name (Last, First, Middle) <b>PRESNELL, CURTIS HUNTER</b>		Race <b>W</b>	Sex <b>M</b>
D E M O	Charge Description <b>784.03(1A1) BATTERY- BATTERY (SIMPLE)</b>		Date of Birth <b>12/02/1991</b>			
	Victim's Name (Last, First, Middle) <b>QUINTERO-SANCHEZ, MELISSA ANDREA</b>		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>06/16/1989</b>	
C R I M I N A L	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>1400 VILLAGE BLVD 409, WEST PALM BEACH, FL 33401</b>		Phone <b>(561) 788-9436</b>		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 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>CRYING</b>			
RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>MARRIED</b>						
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 checked="" type="checkbox"/>	NO <input type="checkbox"/>			
	Victim:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>			
	911 CALL:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	CALLER: <b>VICTIM</b>		
	WEAPON USED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TYPE:		
	WITNESSES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If YES, attach witness list)		
	INJURIES:	<input checked="" type="checkbox"/>	<input 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 Friday November 13th, 2020, at 2355 hours, I responded to 1400 Village Blvd Apt #409 (The Vue) in reference to a disturbance.					
	Upon arrival, I made contact with the victim, Melissa A. Quintero-Sanchez (W/F 6/6/89), who provided me with a					
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>14</u> day of <u>November</u> , 2020						
<b>ALLISON, MALCOLM LAVERNE</b> _____ NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)						

CERTIFIED COPY

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County  
Narrative Continuation

A D M I N	Date / Time <b>11/14/2020 01:08</b>	Agency ORI Number <b>FL 0500800</b>	Agency Name <b>WEST PALM BEACH POLICE</b>	Agency Report Number <b>9   4   2020-0017182</b>
	N A R R A T I V E			

sworn statement:

Melissa and her husband, Curtis Hunter Presnell (W/M 12/2/91), have been married since May 21st, 2020 and have been together for two years. Curtis arrived at the above address on 11/13/2020, at approximately 2330 hours, without saying "hello" to Melissa. Curtis was acting strange and throwing things in the kitchen. Melissa was upset and slammed the bedroom door. Curtis said to Melissa not to "slam the door and stop acting like an asshole". Melissa replied, "you're being an asshole". Melissa and Curtis became involved in a verbal altercation. Curtis using his open right-hand slaps Melissa with a cooked eggroll to her left side of her face. Curtis began to grab Melissa's arms pushing her. Melissa advised when Curtis would hold onto her in an aggressive manner, she would begin to slap him approximately four time with her open right-hand to get Curtis away from her. Curtis then grabbed items from the living room and threw it in the floor in a fit of rage. Curtis threw several plant pots, a bicycle and glass at the floor.

I made contact with Curtis via landline and met with him at 6917 Okeechobee Blvd. Curtis was detained without incident. Post Miranda, Curtis stated the following:

Curtis texted Melissa that he is hungry and on his way home. Curtis arrived at the above address and found no food ready or being cooked. Curtis became upset due to no food and began to make his own. Melissa slammed the bedroom door and Curtis confronted her about it. Melissa and Curtis became involved in a verbal altercation. Curtis began to throw objects at Melissa and items at the floor to include glass objects. Curtis advised he threw an eggroll on Melissa's face. Curtis then stated he prefers to speak to a lawyer and questioning ceased.

Due to my investigation, mild bruise on Melissa's left face, and Curtis's post Miranda, probable cause exist to charge Curtis Hunter Presnell with (1) count of battery - Simple Battery Domestic Pursuant to F.S.S 784.03 (1A1).

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.

*[Handwritten Signature]* *[Handwritten Star]* 2179

SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 14 day of November, 2020

**ALLISON, MALCOLM LAVERNE**

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117 10)

NOV 15 2020

## 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 #: 2020-17182 Agency: WPBPD  
Offense: BATTERY (DOMESTIC)  
Suspect/Offender: CURTIS HUNTER PRESNELL  
D.O.B. 12/2/91 Race: WHITE Sex: MALE

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

3. Complete one (1) of the following:

a. Victim's name: MELISSA ANDREA QUINTERO-SANCHEZ  
Address: 1400 VILLAGE BLVD APT #409  
City: WEST PALM BEACH State: FL Zip: 33401  
Home #: 561-788-9436 Work #: \_\_\_\_\_ Other: \_\_\_\_\_

b. Victim's next of kin:  
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: TAVERAS I.D.: 2179 Date: 11/14/2020

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> 2020026801	<b>Date:</b> 11/15/2020
	<b>Specialist Name/ID:</b> AM/31562

NOV 18 2020