

0469236

1194

ARREST / NOTICE TO APPEAR

20CF 357

AD M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0500900		Agency Name Atlantis Police Department		Agency Report Number (N.T.A.'s only) 20-000016		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1		JUVENILE											
	Charge Type: Check as many as apply: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input 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 KNIFE		Multiple Clearance Indicator																	
	Location of Arrest (Including Name of Business) 5352 LINTON BLVD, DELRAY BEACH, FL 33484						Location of Offense (Business Name, Address) [REDACTED]															
D E F E N D A N T	Date of Arrest 01/12/2020		Time of Arrest 00:53		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
	Name (Last, First, Middle) RONDINA, DANA LEA												Alias (Name, DOB, Soc. Sec. #, Etc.)									
	Race W - White B - Black I - American Indian O - Oriental/Asian		Sex		Date of Birth		Height		Weight		Eye Color		Hair Color		Complexion		Build					
C O D E F	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)												Marital Status M		Religion		Indication of: Alcohol Influence Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>					
	Local Address (Street, Apt. Number)				(City)				(State)				(Zip)				Phone					
	Permanent Address (Street, Apt. Number)				(City)				(State)				(Zip)				Phone					
J U V E N I L E	Business Address (Name, Street)				(City)				(State)				(Zip)				Phone					
	D/L Number, State				See Sec. Number				INS Number				Place of Birth (City, State) HONOLULU, HI				Citizenship US					
	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					
C O D E F	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					
	<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)					
N O T I C E T O A P P E A R	Notified by: (Name)				Date				Time				JUVENILE DISPOSITION 1. Held/Processed within 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 Attended		Grade							
C H A R G E	<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 BATTERY - CAUSE BODILY HARM 2ND OR SUBSQ OFFENSE												Statute Violation Number 784.03(2)		Violation of ORD #							
C H A R G E	Drug Activity		Drug Type		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							
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									
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health												PROPERTY - Received By		Released 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 checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.												Location (Court, Room) To Be Assigned By COUNTY		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) JAN 12 AM 4:23							
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other												Name of Arresting Officer (Print) DUNCAN, J.		I.D. # 129							
	Pouch #												Transporting Officer Hospital		I.D. # Agency							
Witness here if subject signs without you												SCANNED		PAGE 1 OF 1								

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

A D M I N I S T R A T I V E	OBTS Number		Agency ORI Number FL FL0500900		Agency Name ATLANTIS POLICE DEPARTMENT		Agency Report Number 20-000016	
	Charge Type: Check as many as apply. <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:					
D E F E N D A N T	Name (Last, First, Middle) RONDINA, DANA LEA						Race	Sex
	Alias						Date of Birth	
C H A R G E S	Charge Description 784.03(2) BATTERY - CAUSE BODILY HARM 2ND OR SUBSQ				Charge Description			
	Charge Description				Charge Description			
V I C T I M	Victim's Name (Last, First, Middle) RONDINA, JOSEPH L						Race W	Sex M
	Local Address (Street, Apt. Number) (City) (State) (Zip) 492 S COUNTRY CLUB DR, LAKE WORTH, FL 33462						Phone (954) 830-5265	Date of Birth 06/28/1969
P R O B A B L E C A U S E S T A T E M E N T	Business Address (Name, Street) (City) (State) (Zip) DORIS ITALIAN MARKET						Address Source	Occupation
<p>The undersigned certifies and swears that he/she has just and resonable 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 committ 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 11 day of January, 2020 at 22:35 (Specifically include facts constituting cause for arrest.)</p> <p>On Saturday 1-11-2020 at 1938 hours, I was dispatched to 492 South Country Club Dr. in reference to a resident (Rondina, Joseph L.; W/M; DOB: 6-28-69) called 911 and is reporting his wife (Rondina, Dana L.; W/F; DOB: _____) hitting him. While en-route to the location dispatch informed SGT Brown and I that Dana had a knife and there was blood all over the kitchen. SGT Brown and I arrived to find Joseph walking out of the house on the phone with 911 still. I asked Joseph what happened and he stated that he was sitting on the couch watching the football game when Dana began to choke him from behind with her right arm. We asked where Dana was and Joseph said she was in the bedroom. SGT Brown and I went into the home to begin to look for Dana. During the search of the home we found blood all over the kitchen floor and wall. SGT Brown and I then made our way to the bedroom where I found blood on the floor in front of the sink. I could hear Dana crying in the bathroom with the door locked. I called out to Dana, identified myself and asked her to open the bathroom door. Dana opened the door holding her right side covered in blood. Dana said Joseph had stabbed her with a knife. When I began to question Dana more in depth she changed her story saying she was sleeping when she was stabbed by someone with something. Dana said she did not know what happened. I asked Dana where the knife was and she told me that she didn't have a knife.</p> <p>I stayed with Dana until SGT Brown retrieved his camera and began taking pictures of the crime scene. SGT Brown stayed with Dana while I went out to the front of the house to get Greenacres Fire/Rescue who was staged a couple houses down the street. Once they pulled up to the house I informed them of the situation and escorted them into the house. Dana was placed onto the stretcher and taken to Delray Beach Hospital as a trauma patient. Detective SGT Hoffman arrived at the house to speak with Joseph about the incident. Joseph told Detective SGT Hoffman that he was sitting on the couch watching the football game when Dana came up behind him and started to choke him. Joseph said he had to bite her arm to make her let go. Dana then started to hit and scratch Joseph on the neck, chest and back. That is when Joseph said he was calling 911. As Joseph started</p>								
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME						SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
	BROWN, CRAIG NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 01/11/2020 DATE						DUNCAN, JONATHAN (129) NAME OF OFFICER (PLEASE PRINT) 01/11/2020 DATE	

SCANNED
PAGE 1 OF 2
JAN 12 2020

**PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT**

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

1

JUVENILE

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OBT Number

Agency ORI Number
FL FL0500900

Agency Name
ATLANTIS POLICE DEPARTMENT

Agency Report Number
20-000016

Charge Type:
Check as many as apply
☒ 1. Felony
☐ 2. Traffic Felony
☐ 3. Misdemeanor
☐ 4. Traffic Misdemeanor
☐ 5. Ordinance
☐ 6. Other


Special Notes:

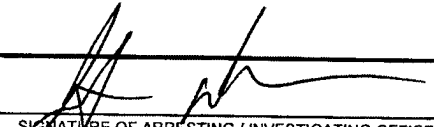
Name (Last, First, Middle)
RONDINA, DANA LEA

Race Sex Date of Birth

to call 911, Dana pulled out a large knife from the knife block. Dana told Joseph that she was going to kill him and swung the knife at Joseph making a small cut on his left side. Joseph was not aware that she had cut him. Joseph was able to make contact with our dispatch and kept dispatch informed of what was happening until we arrived. Joseph said Dana had grabbed another knife from the block when he walked away from the kitchen and when he returned to the kitchen there was blood everywhere from Dana stabbing herself. I stayed with Joseph in the kitchen while SGT Brown and Detective SGT Hoffman searched the house. Joseph saw the knife in the garbage disposal and pointed it out to me. The knife was placed in the garbage disposal with the handle down and blade (with blood on it) sticking up. SGT Brown took photos and gathered all evidence at the scene. Joseph was not charged but photographed his injuries. Joseph refused to write statement and signed a refusal to prosecute. I had Joseph sign a victim notification form before leaving and going to the station. After speaking with Detective SGT Hoffman about what charges to charge Dana I went to Delray Beach Hospital to sit with Dana. Dana was arrested at 2235 hours for FSS 784.03(2) BATTERY- CAUSE BODILY HARM 2ND OR SUBSQ OFFENSE. Dana was also Baker Acted for her actions (stabbing herself).

NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED BEFORE ME

BROWN, CRAIG
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)
01/11/2020
DATE


SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
DUNCAN, JONATHAN (129)
NAME OF OFFICER (PLEASE PRINT)
01/11/2020
DATE

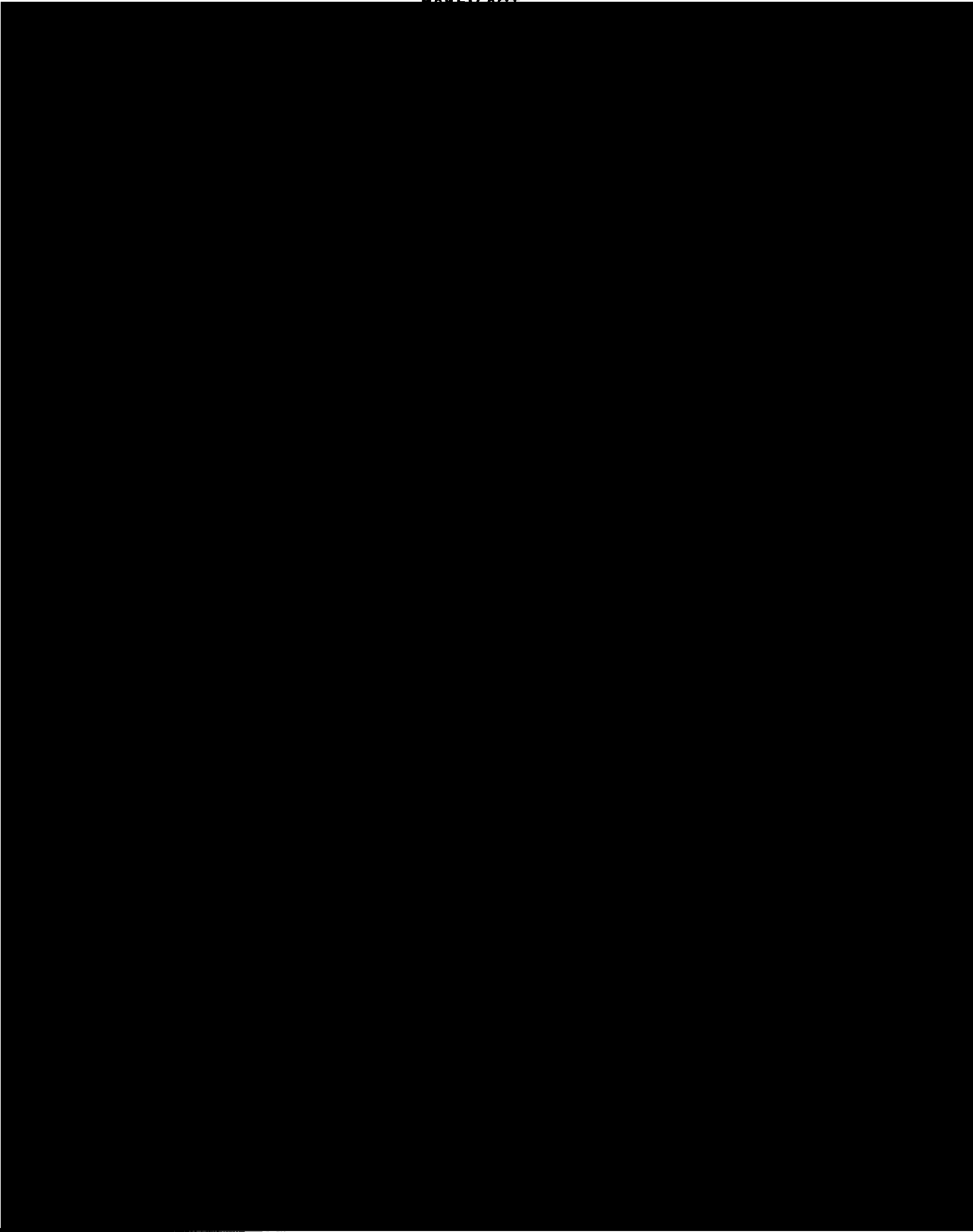
SCANNED
JAN 12 2020
2 OF 2

01/12/2020 SUN 4:24 FAX

0003/005

01/12/2020 SUN 4:24 FAX

002/005



NOT A CERTIFIED COPY

SCANNED
JAN 12 2020

01/12/2020 SUN 4:24 FAX

005/005

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.

- Incident Report #: 20000016 Agency: Atlanta Police Dept
Offense: Aggravated Domestic Battery
Suspect/Offender: Dana Lea Potter-Randina
D.O.B. [REDACTED]
- Warrant #(s): _____
- Complete one (1) of the following:
 - Victim's name: Joseph Louis Randina
Address: 492 S. County Club Dr
City: Atlanta State: GA Zip: 33462
Home #: 954-830-5265 Work #: _____ Other: _____
 - Victim's next of kin: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____
 - Victim's designated contact other than next of kin (for example: a friend or neighbor):
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____
- 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 : Duncan, Jonathan I.D.: 125 Date: 1-11-20

White - Corrections or State Attorney (Warrant Application)

Yellow - Warrants Section

Pink - Central Records

SUSPECT/OFFENDER: Potter-Randina, Dana
COURT CASE/WARRANT #: _____
(FOR WARRANTS USE ONLY)

SCANNED

JAN 17 2020



**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)
I/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

Booking Number: 2020001253

Date: 01/12/2020

Specialist Name/ID: T Howard/7185

SCANNED
JAN 12 2020