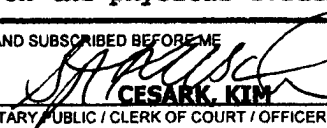
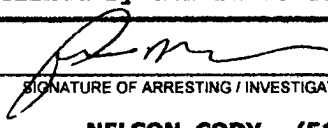


0385830

50-2021-MM-004286-AMB

2943

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile <input checked="" type="checkbox"/> N	
Agency ORI Number FLO 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPT.		Agency Report Number (N.T.A.'s only) 7 8 121 00 25 60					
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		N/A		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) 1325 EMERSON ST APT 406 PB6 FL 33418		Location of Offense (Business Name, Address) 1325 Emerson St APT 406 PB6 FL 33418							
Date of arrest 06.13.21		Time of Arrest 02:01		Booking Date		Booking Time		Jail Date	
Name (Last, First, Middle) VIOLANTE, DANIEL JOSIAH		Alias (Name, DOB, Soc. Sec. #, Etc.) N/A							
Race W - White B - Black O - Oriental		Sex M		Date of Birth 09.15.87		Height 5'10"		Weight 180	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) POSE RIGHT ARM		Marital Status M		Religion N/A		Indication of Alcohol Influence Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) 1325 EMERSON ST APT 406 PB6 FL 33418		(City) PB6		(State) FL		(Zip) 33418		Phone (561) 846-0681	
Permanent Address (Street, Apt. Number) SAME AS ABOVE		(City) PB6		(State) FL		(Zip) 33418		Phone ()	
Business Address (Name, Street) N/A		(City) PB6		(State) FL		(Zip) 33418		Phone ()	
D/L Number, State V453170873350		INS Number		Place of Birth (City, State) Baltimore, MD		Citizenship US			
Co-Defendant Name (Last, First, Middle) N/A		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) N/A		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) N/A		Residence Phone ()		Other Name (Last, First, Middle) N/A		Business Phone ()			
Address (Street, Apt. Number) N/A		(City) PB6		(State) FL		(Zip) 33418			
Notified by: (Name) N/A		Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT DCF 3. Incarcerated			
Released To: (Name) N/A		Relationship		Date		Time			
The above address was provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parent. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		School Attended		Grade					
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property					
Drug Activity N/A		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate	
Drug Type N/A		B. Barbiturate C. Cocaine F. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment		U. Unknown Z. Other	
Charge Description SIMPLE BATTERY * DOMESTIC		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03		Violation of ORD # 1A1	
Drug Activity N/A		Drug Type N/A		Amount / Unit N/A		Offense # 31002560		Warrant / Capias Number N/A	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		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		Drug Type		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		Drug Type		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		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
<input 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 Reverse Side.		Location (Court, Room Number, Address)							
<input 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 Reverse Side.		Court Date and Time Month Day Year Time A.M. P.M.							
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							
HOLD for other Agency Name:		Signature of Arresting Officer X		Name Verification (Printed by Arrestee)					
<input checked="" type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Cody Nelson		(PRINT)					
Intake Deputy D. Nelson		I.D. # 516		Witness here if subject signed with an "X"					
Pouch #		Transporting Officer C. NELSON		I.D. # 516					

OBT Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		1	JUVENILE	
A D M I N I S T R A T I V E	Agency ORI Number FL 0502600		Agency Name Palm Beach Gardens Police Department		Agency Report Number 7 8 21-002560					
	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"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Special Notes:							
D E F E N D A N T	Name (Last, First, Middle) VIOLANTE, DANIEL JOSIAH				Race W	Sex M	Date of Birth 09/15/1987			
	Alias									
C H A R G E S	Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)				Charge Description					
	Charge Description				Charge Description					
V I C T I M	Victim's Name (Last, First, Middle) VIOLANTE, SHAWN A				Race W	Sex M	Date of Birth 04/12/1988			
	Local Address (Street, Apt. Number) (City) (State) (Zip) 13825 EMERSON ST 406, PALM BEACH GARDENS, FL 33418				Phone (561) 846-0681		Address Source			
	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 checked="" type="checkbox"/> confessed to OFC NELSON 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>13</u> day of <u>June</u>, <u>2021</u> at <u>03:12</u> (Specifically include facts constituting cause for arrest.)</p> <p>On June 13, 2021, at approximately 12:58 a.m. I was dispatched to 13825 Emerson St. Apt 406, Palm Beach Gardens, FL., in reference to a suicide attempt. My body worn camera was worn during this investigation.</p> <p>Upon my arrival, I made contact with a w/m who was laying naked on his kitchen floor and was bleeding from a laceration on his left wrist. The w/m was identified by his Florida driver's license as Daniel Violante. D. Violante stated that he was suffering from a PTSD episode and cut his own wrist with a piece of glass. I held pressure on the laceration with a kitchen towel until Palm Beach Gardens Fire Rescue arrived on scene. I asked D. Violante what caused the PTSD episode this evening and he stated that he got into an altercation with his husband Shawn Violante. I asked D. Violante if at any point during the altercation with his husband did it ever get physical, to which he stated that he hit his husband in the face. I asked D. Violante where his husband was, to which he stated that S. Violante ran out of the apartment after it had gotten physical. Palm Beach Gardens Fire Rescue arrived on scene and transported Daniel Violante Jupiter Medical.</p> <p>Officer Lovett (ID 523) and I made contact with Shawn Violante in the parking lot of the parking complex. S. Violante was visibly upset, crying and not wanting to talk because he did not want to get his husband in trouble. S. Violante stated that he and D. Violante went and had some drinks at Lynora's in Alton and when they arrived home D. Violante started having a PTSD episode. S. Violante said that D. Violante mixes his prescription medication when he drinks and gets physical with him. S. Violante said that D. Violante hit him in the neck and in the arm. I examined S. Violante for injury and observed scratches and red marks on his neck, two quarter sized bruises on his right bicep, and a small cut on his left shoulder blade.</p> <p>Based on the physical evidence and statements obtained by all involved parties, I have</p>										
S W O R N	SWORN AND SUBSCRIBED BEFORE ME  CESARK, KIM NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)				 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER NELSON, CODY (516) NAME OF OFFICER (PLEASE PRINT)					
	<u>06/13/2021</u> DATE				<u>06/13/2021</u> DATE					
PAGE 1 of 2										

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

OETS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		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	Agency ORI Number FL 0502600	Agency Name Palm Beach Gardens Police Department	Agency Report Number 7 8 21-002560						
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:					
Name (Last, First, Middle) VIOLANTE, DANIEL JOSIAH		Alias		Race W	Sex M	Date of Birth 09/15/1987			
<p>established probable cause to arrest Daniel Violante for Simple Battery (Domestic) in violation of F.S.S. 784.03 (1)(A)(1). D. Violante was cleared medically by Jupiter Medical, processed at Palm Beach Gardens Police Department, and transported to Palm Beach County Jail without incident.</p>									
<p style="font-size: 48px; opacity: 0.3; transform: rotate(-30deg);">NOT A CERTIFIED COPY</p>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p></p> <p>CESARK, KIM</p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p>06/13/2021</p> <p>DATE</p> </div> <div style="width: 45%;"> <p></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>NELSON, CODY (516)</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p>06/13/2021</p> <p>DATE</p> </div> </div>									
								PAGE	2 OF 2

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

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 #: 21002560 Agency: PBGPID
Offense: Battery (Domestic)
Suspect/Offender: Daniel J. Violante
D.O.B. 09/15/1987 Race: W Sex: M
2. Warrant #(s): _____
3. Complete one (1) of the following:
 - a. Victim's name: Shawn A. Violante
Address: 13825 Emerson St. Apt. 406
City: Palm Beach Gardens State: FL Zip: 33410
Home #: 561-846-0681 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: James Lovett I.D.: 523 Date: 06/13/2021

White-Warrants Division Yellow-Corrections or State Attorney (Warrant Application) Pink-Central Records

SUSPECT/OFFENDER: Daniel J. Violante
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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021014385

Date: 06/13/2021

Specialist Name/ID: T Howard/7185