

20MM 3553

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1

Juvenile N

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06- 20063336				
	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 1. Yes 2. No		Multiple Clearance Indicator 01						
	Location of Arrest (Including Name of Business) 9529 SADDLEBROOK DR BOCA RATON FL 33496				Location of Offense (Business Name, Address) 9529 SADDLEBROOK, BOCA RATON FL 33496						
	Date of Arrest 04/27/2020	Time of Arrest 1030	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
DEFENDANT	Name (Last, First, Middle) Salerno, Deandra, Lyn							Alias (Name, DOB, Soc. Sec. #, Etc.)			
	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex F	Date of Birth 9/5/1980	Height 5'04	Weight 125	Eye Color GREEN	Hair Color BROWN	Complexion pc. 2	Build Stock		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATOO RIGHT ANKLE				Marital Status Single	Religion CATHOLIC	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>				
	Local Address (Street, Apt. Number) (City) (State) (Zip) 16520 Gateway Bridge Dr, Delray Beach, FL 33446				Phone () 9175894433		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2				
	Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source				
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation				
D/L Number, State S465172808250, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) BRONX, NY		Citizenship US			
CO-DEF	Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile				
JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last) (First) (Middle)		Residence Phone						
	Address (Street, Apt. Number) (City) (State) (Zip)				Business Phone						
	Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/ processed within Dept. and Released. 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)				School Attended		Grade					
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property			Value of Property						
CHARGE	Drug Activity N. N/A P. Possess	S. Sell T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ 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. Synthetics	U. Unknown Z. Other
	Charge Description SIMPLE BATTERY (DOMESTIC)		Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03 1A1		Violation of ORD #				
Drug Activity N		Drug Type N	Amount / Unit N/A	Offense # 20063336	Warrant / Capias Number N/A		Bond				
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		Bond				
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		Bond				
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		Bond				
Location (Court, Room Number, Address)											
Court Date and Time Month Day Year Time AM PM 04/27/2020											
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 <i>[Signature]</i>				Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) D/S DUTTENHOEFFER				(PRINT)					
Intake Deputy		I.D. #	Pouch #	Transporting Officer D/S DUTTENHOEFFER		Agency PBSO		Witness here if subject signed with an -X-			

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

APR 28 2020

20 AM 6:20

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest	3. Request for Warrant	1	Juvenile	N	
ADMIN	Agency ORI Number	Agency Name	Agency Report Number						
	FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 20063336						
DEF	Charge Type: Check as many as apply.		Special Notes:						
	<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						
CHARGES	Name (Last, First, Middle)		Alias	Race	Sex	Date of Birth			
	Salerno, Deandra, Lvn			W	F	9/5/1980			
VICTIM	Charge Description		Charge Description						
	SIMPLE BATTERY (DOMESTIC)		784.03 1A1						
ADMINISTRATIVE	Victim's Name (Last, First, Middle)		Race	Sex	Date of Birth				
	Leder, Jason, Matthew		W	M	10/25/1978				
	Local Address (Street, Apt. Number)		(City)	(State)	(zip)	Phone		Address Source	
	9529 Saddlebrook Dr, Boca Raton, FL 33496					()			
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. 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 _____</p> <p><input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>27</u> day of <u>APRIL</u> 20<u>2020</u> at <u>1030</u> <input checked="" type="checkbox"/> A. M. <input type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)</p>									
<p>On Monday April 27, 2020 at 1000 hours, I responded to 9529 Saddlebrook Drive, located in the Saddlebrook development, unincorporated Boca Raton FL, 33496 in reference to a domestic disturbance in progress. Upon arrival, I met with complainant/victim Jason Leder.</p> <p>Jason stated his ex-girlfriend, Deandra Salerno, is drunk and she is being belligerent inside the home. Jason stated he and Deandra share a 8 year old child together and their child is currently inside the home as well. Jason stated this morning, he and Deandra were arguing and he decided to separate himself from her inside his bedroom. Jason stated he was inside the bedroom, with his son Joseph Leder and the door was closed. Jason stated Deandra was acting erratic, due to being intoxicated, so he decided to call 911 to report the incident. Jason stated while he was attempting to call 911, Deandra barged into the bedroom. Jason stated Deandra then grabbed his phone and his hand, in an attempt to stop him from calling 911. Jason stated after he reported the incident he then met with D/S Moss #9195 and I, once we arrived on scene. There were no visible marks or injuries on Jason.</p> <p>I then spoke with Joseph Leder, who is the son of Deandra and Jason. Joseph was still inside Jason's bedroom and he was very articulate when speaking. I asked Joseph if he witnessed the incident involving his mother and father and he replied yes. Joseph stated his mother was drunk and she began to argue with his father. Joseph stated he and his father were inside his father's bedroom, while his father was on the phone. Joseph stated his mother then came into the bedroom and she began to grab her father's hand that was holding the phone. Joseph stated his father was able to push his mother off of him and shut the door. Joseph stated his mother is the one who started the argument and initiated contact first.</p> <p>D/S Moss and I then spoke with Deandra, who appeared intoxicated and upset. Deandra was yelling that she lived at the residence and she denied the allegations, which Jason and Joseph had reported. Deandra admitted to being in Jason's bedroom, when he was attempting to call 911, however she denied that she grabbed Jason's hand in an attempt to prevent him from calling 911.</p> <p>After speaking with all parties involved, I find that there is probable cause to arrest Deandra for the charge of Simple Battery (Domestic) per F.S.S. 784.03 1A1. Deandra was transported to the Main Jail and this case is cleared by arrest.</p>									
STATE OF FLORIDA COUNTY OF PALM BEACH		D/S Duttenhoeffer							
(Signature of Arresting/Investigative Officer)									
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>27</u> day of <u>April</u> 20 <u>2020</u> by <u>D/S Duttenhoeffer</u>									
(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced <u>Known</u>									
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)									
								PAGE 1 OF 1	

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VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- Attempted Murder
- Stalking (F.S. 784.048)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense

- **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.**

SUSPECT/OFFENDER:

Salerno, Deandra, Lyn

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#

1. Incident Report #: 20063336 Agency: PBSO
Offense: SIMPLE BATTERY (DOMESTIC)
Suspect/Offender: Salerno, Deandra, Lyn
D.O.B. 9/5/1980 Race: W Sex: F

2. Warrant # (s): _____

3.a. Victim's name: Leder, Jason, Matthew D.O.B. 10/25/1978 Race: W Sex: M
Address: 9529 Saddlebrook Dr
City: Boca Raton, FL 33496
Home #- 0 5613761458 Work #: 0 Other: 5613761458

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: Leder, Jason, Matthew

Deputy's Name: D/S Duttenhoeffer I.D.# 6387 Date: 04/27/2020

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records



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: 2020011370	Date: 04/27/20
	Specialist Name/ID: J. Beck/9007