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ARREST / NOTICE TO APPEAR

1. Arrest (No Warrant) 3. Request for Warrant
6. Arrest (Warrant) 4. Request for Copy
2. N.T.A. 5. Juvenile Referral

1

JUVENILE

AD M I N I S T R A T I O N	OSTS Number 0500200	Agency ORI Number 0500200	Agency Name Boca Raton Police Department	Agency Report Number (N.T.A.'s only) 3, 2 2021-012091	1. Arrest (No Warrant) 3. Request for Warrant 6. Arrest (Warrant) 4. Request for Copy 2. N.T.A. 5. Juvenile Referral		1	JUVENILE		
D E F E N D A N T	Charge Type: Check as many as apply: <input 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	Location of Arrest (Including Name of Business) 21885 TOWN PLACE DR Boca Raton		If Weapons Seized Weapon Type UNARMED		Multiple Clearance Indicator				
	Date of Arrest 10/14/2021	Time of Arrest 22:34	Booking Date 10/14/2021	Booking Time 22:37	Jail Date	Jail Time	Location of Vehicle			
	Name (Last, First, Middle) SELLERS, DIANNA EVA							Alias (Name, DOB, Sex, etc.)		
	Race W - White 1 - American Indian W F Date of Birth 12/11/1962 Height 5'03 Weight 205 Eye Color BLUE Hair Color BROWN Complexion LIGHT Build Medium									
C O D E F	Sex, Marks, Tattoos, Unusual Physical Features (Location, Type, Description) None							Marital Status S Religion NONE	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
	Local Address (Street, Apt. Number) (City) (State) (Zip) [REDACTED]							Phone (561) 504-3992	Residence Type 1. City 3. Florida 2. County 4. Out of State 1	
	Business Address (Name, Street) (City) (State) (Zip) SELF EMPLOYED,							Phone (561) 504-3992	Address Source OFFENDER	
	Occupation Cosmetic Rep									
I J U V E N I L E	DL Number, State S462165629510 / FL		Sec. Sec. Number [REDACTED]		BNS Number		Place of Birth (City, State) SPRINGFIELD, MA,		Citizenship US	
	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	
	Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)		Residence Phone					
C H A R G E	Legal Custodian		Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone					
	Notified by: (Name)		Date		Time		JUVENILE DEPOSITION 1. Resolved/Processed within Department and Released 2. TOT IAC 3. Incorporated			
	Released To: (Name)		Relationship		Time					
	The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parent(s). 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		Value of Property					
C H A R G E	Drug Activity S. Sell N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Seaggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate	
	Drug Type N. N/A A. Amphetamine		Drug Type B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opioid/Opium		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other	
	Charge Description DOMESTIC BATTERY (SIMPLE)		Statute Violation Number 784.03(1A1)		Violation of ORD #					
	Drug Activity N		Amount / Unit /		Offense # 2021-012091		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
C H A R G E	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 / Copies Number		Bond					
	Charge Description		Statute Violation Number		Violation of ORD #					
I N T A K E	Health / Apparent Physical Condition of Defendant GOOD		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Dehydration <input type="checkbox"/> Injury Explain:							
	Court which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		Released To			
	Transported By LEYVA		Date Transported		Time Transported		Other			
	INSTRUCTION NO. 1 - Mandatory appearance in court		Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time					
N O T I C E T O A P P E A R	<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.									
	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		Signature of Arresting Officer		Name Verification (Printed by Arrestor)					
A D M I N	<input type="checkbox"/> Dangerous <input type="checkbox"/> Released Arrest <input type="checkbox"/> Released		Name of Arresting Officer (Print) LEYVA, C.		I.D. # 828		(PRINT)			
	Transporting Officer LEYVA		I.D. # 828		Agency BOCA					
	Witness here if subject signed with an "X".									
	PAGE 1 OF 1									

OBS 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 ORG Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2021-012091				
	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:		
D E F E N D A N T	Name (Last, First, Middle) SELLERS, DIANNA EVA				Race W		Sex F		Date of Birth 12/11/1962
	Charge Description 784.03(1A1) SIMPLE BATTERY DOMESTIC				Charge Description				
C H A R G E S	Charge Description				Charge Description				
	Charge Description				Charge Description				
V I C T I M	Victim's Name (Last, First, Middle)				Race W		Sex F		Date of Birth
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Address Source		
<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 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 <u>14</u> day of <u>October</u>, <u>2021</u> at <u>22:12</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 10/14/2021 at approximately 2130 hours hours, within the jurisdiction of the City of Boca Raton (21885 Town Place Dr.), the defendant, Diana Sellers, did commit the act of domestic violence (simple battery). Based on my investigation, Seller punched and bit her sister, V1, multiple times leaving V1 with a bloody lip and multiple abrasions to her arms and back. V1 reported that Sellers came into her bedroom and started to beat on her because Seller thinks that V1 poisoned her dog, which she did not. Sellers was placed under arrest under F.S.S 784.03(1A1) Domestic Simple Battery.</p>									
<p>NOT A CERTIFICATE</p>									
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME HARDING, BRANDON BLAZE NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>10/14/2021</u> DATE				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER LEYVA, CARLA (828) NAME OF OFFICER (PLEASE PRINT) <u>10/14/2021</u> DATE				
					PAGE 1 OF 1				

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

VICTIM NOTIFICATION FORM

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

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

1. Incident Report#: 2021-012091 Agency: BRPD
Offense: Simple Battery
Suspect/Offender: Dianna E. Sellers
D.O.B. 12/11/62 Race: W Sex: F
2. Warrant#(s): _____
- 3.a. Victim's name: [REDACTED] D.O.B. [REDACTED] Race: W Sex: F
Address: [REDACTED]
City: [REDACTED] State: [REDACTED]
Home#: [REDACTED] Work#: _____ Other: _____
Cell
- b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____ State: _____ Zip: _____
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:** Pursuant to F.S. 119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).
Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: _____ I.D.# _____ Date: _____
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER: _____

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#: _____



**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: 2021025843	Date: 10/15/2021
	Specialist Name/ID: M.Meek / 33849