

0519765

20CF7885 MB

36609

OBTS Number		ARREST/NOTICE TO APPEAR Juvenile Referral Report		1 Arrest 2 N/A		3. Request for Warrant 4 Request for Capias		1		Juvenile											
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 06- 20-111015															
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		Weapon Seized / Type <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No		Multiple Clearance Indicator <input type="checkbox"/> 1																	
Location of Arrest (Including Name of Business) 13001 S.R. 80 Palms west hospital, wellington				Location of Offense (Business Name, Address) 630 CARNATION COURT Wellington, FL																	
Date of Arrest 09/27/20		Time of Arrest 0300 HRS		Booking Date		Booking Time		Jail Date		Jail Time											
Name (Last) SMOLEN		Name (First) FALENE		Name (Middle) ARTURO		Alias (Name, DOB, Soc Sec #, Etc)															
Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex F		Date of Birth 10/19/73		Height 5'4"		Weight 120		Eye Color Brown		Hair Color BLONDE		Complexion Light		Build SMALL					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status		Religion		Indication of Alcohol Influence Drug Influence Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>													
Local Address (Street, Apt. Number) 630 CARNATION COURT WELLINGTON FL 33414				Phone		Residence Type 1. City 3. Florida 2. County 4. Out of State 2															
Permanent Address (Street, Apt. Number)				Phone		Address Source VERBAL															
Business Address (Name, Street)				Phone		Occupation															
D/L Number, State S 545 241 73 879 0		Soc. Sec. Number		INS Number		Place of Birth (City, State) NEW YORK		Citizenship U.S.													
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											
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"/> Legal <input type="checkbox"/> Other		(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															
Drug Activity N N/A P Possess		S Sell B Buy 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/Derv.		P Paraphernalia/ Equipment S Synthetics		U Unknown Z Other	
Charge Description BATTERY ON PERSON OVER 65 (DOMES		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.08 (2) (C)		Violation of ORD #													
Drug Activity N		Drug Type N		Amount / Unit		Offense # 20-111015		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											
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) TO BE SET																					
Court Date and time Month <input type="checkbox"/> Day <input type="checkbox"/> Year <input type="checkbox"/> Time <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/>																					
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. 09/27/20																					
Signature of Defendant (or Juvenile and Parent / Custodian)										Date Signed											
HOLD for other Agency Name		Signature of Arresting Officer <i>Paul Decker</i>				Name Verification (Printed by Arresting Officer) PAUL DECKLER															
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Arresting Officer (Print) PAUL DECKLER		ID # 6609		(PRINT)													
Intake Deputy		Pouch #		Transporting Officer <i>D/S Anderson</i>		ID # 24100		Agency PB20													
Witness here if subject signed with an -X																					

Anderson 24100

SCANNED
SEP 28 2020

OBTS Number		PROBABLE CAUSE AFFIDAVIT				1 Arrest	3 Request For Warrant	1	Juvenile
Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 06		20-111015		
Charge Type <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			
Defendant Name (Last, First, Middle) SMOLEN FALENE		A		Race W	Sex F	Date of Birth 10/19/73			
Charge BATTERY ON PERSON OVER 65 (DOMESTIC)		Charge							
Victim Name (Last, First, Middle) GRANVILLE RENAY		W		Sex F	Date of Birth 01/25/1931				
Local Address (Street, Apt Number) 630 CARNATION COURT		City WELLINGTON	State FL	Zip 33414	Phone	Address Source VERBAL			
Business Address (Street, Apt Number)		City	State	Zip	Phone	Occupation			
<p>The undersign 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</p> <p><input type="checkbox"/> confessed to admitting to the below facts</p> <p><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"/> was found to have committed the below acts resulting from (described) investigation</p> <p>On the 27 day of SEPTEMBER 20 20 at 1:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</p>									

ON THE ABOVE DATE AND TIME I RESPONDED TO PALMS WEST HOSPITAL IN REFERENCE TO A POSSIBLE ELDER ABUSE CASE CALLED IN BY PBCFR, STATION 21 UPON ARRIVAL I MET WITH FIRE RESCUE WHO ADVISED ME OF THE FOLLOWING. THEY RESPONDED TO 630 CARNATION CT, WELLINGTON IN REFERENCE TO A MEDICAL CALL. ONCE THEY ARRIVED THE DAUGHTER / SUSPECT MET THEM AT THE DOOR AND WOULD NOT LET THEM BRING THE STRETCHER INTO THE HOME AND JUST WANTED HER BLOOD PRESSURE CHECKED. ONCE THEY FINALLY GOT INSIDE THEY FOUND THE VICTIM SEATED IN A CHAIR. THEY STATED THAT SHE WAS ALERT AND AWARE OF THE DATE AND HER SURROUNDINGS. AS THEY WERE CONDUCTING THERE ASSESSMENT OF THE VICTIM THEY RAISED THE SLEEVE ON HER GOWN TO CHECK HER BLOOD PRESSURE AND SHE TOLD THEM THAT THE MARKS ON HER ARMS WERE FROM HER DAUGHTERS FINGER NAILS. SHE THEN TOLD THEM THAT SHE ALSO HAD MARKS ON HER LOWER LEGS ALSO CAUSED BY THE DAUGHTER AND THAT SHE WAS ALSO KICKED. THEY OBSERVED THAT HER LEGS HAD MARKS, SWELLING AND DISCOLORATION WHICH APPEARED TO HAVE FINGER NAIL MARKS IN THE BRUISE. VICTIM STATED TO THEM THAT SHE WANTED TO GO SEE A DOCTOR AND DIDNT WANT TO STAY THERE BECAUSE HER DAUGHTER WOULD YELL AT HER AND POSSIBLY HURT HER SOMEMORE.

I THEN SPOKE WITH THE VICTIM AND WHEN I ASKED HER WHAT HAPPENED SHE TOLD ME THAT SHE DIDNT WANT TO BE A RAT BECAUSE HER GRANDDAUGHTER NEEDED HER MOTHER. AFTER CALMING HER DOWN I WAS ABLE TO OBTAIN THAT HER DAUGHTER HAD PULLED HER HAIR OUT OF HER HEAD AND THAT SHE GRABBED HER BY THE ARMS AND BY THE LEGS BECAUSE SHE SAID THAT SHE AGGRAVATES HER. I WAS SHOWN THE BRUISE ON HER LEG AND YOU COULD PHYSICALLY SEE THE FINGER NAIL MARKS IN THE BRUISE WHICH WAS SWOLLEN AND PURPLE IN COLOR. AS WE CONTINUED TO TALK SHE TOLD ME THAT HER DAUGHTER TOLD HER TONIGHT THAT SHE WISHED SHE WOULD DIE AND THAT IF SHE HAD A PAIR OF SCISSORS THAT SHE WOULD CUT HER TOUNGE OUT SO SHE COULDNT TALK. THE VICTIM WAS VISIBLY SHAKEN AND TRULY SCARED OF HER DAUGHTER AND BELIEVES THAT MORE PHYSICAL HARM COULD COME TO HER.

DUE TO THE STATEMENT FROM FIRE RESCUE, THE STATEMENTS OF THE VICTIM AND THE INJURIES PRESENT I ARRESTED THE SUSPECT ON 1 COUNT OF DOMESTIC BATTERY ON A PERSON OVER 65 YEARS OLD AND TRANSPORTED TO THE COUNTY JAIL.

The foregoing instrument was sworn to and affirmed before me this 27 day of SEPTEMBER 20 20 by	
D162 Legado 20424 Name of Notary Public / Clerk of Court / Officer (F S S 117 00)	PAUL HECKLER 6609 Name of Arresting/Investigating Officer
D147-2-97102004 Signature of Notary Public / Clerk of Court / Officer (F S S 117 00)	<i>[Signature]</i> Signature of Arresting/Investigating Officer
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VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER

- Homicide (Ch.782)
- Attempted Murder
- 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.)
- Sexual Offense (Ch.794)
- Attempted Sexual Offense
- Dating Violence

Upon completion, this form must accompany the booking paperwork.
If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 20-111015 Agency: Palm Beach County Sheriff's Office
Offense: BATTERY ON PERSON OVER 65 (DOMESTIC)
Suspect/Offender: SMOLEN FALENE A
DOB: 10/19/73 Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's Name: GRANVILLE RENAY DOB: 01/25/1931 Race: W Sex: F
Address: 630 CARNATION COURT
City: WELLINGTON State: FL Zip: 33414
Home #: _____ Work #: _____ Other #: _____

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 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: _____

Deputy's Name: PAUL HECKLER ID #: 6609 Date: 09/27/2020

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

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SEP 28 2020

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
 (Submit this form with the original Probable Cause Affidavit)

Defendant: SMOLEN FAENE A DOB: 10/19/73 Case #: 20-111015
 Victim: GRANVILLE RENAY DOB: 01/25/1931 Race: W Sex: F
 Relationship between Victim and Defendant: MOTHER / DAUGHTER

Photographs: Scene Yes No Victim Yes No Defendant Yes No
 911 Call: Yes No Caller: FAENE SMOLEN
 Weapon Used: Yes No Type: _____
 Witness: Yes No Name: _____
 Victim Pregnant: Yes No If yes, _____ Weeks _____ Months
 Injuries: Yes No Description: BRUISE ON RIGHT LEG AND FINGER NAIL MARKS
 Medical Treatment: Yes No
 At Scene: Yes No Paramedics: PBCFR STATION # 21
 At Hospital: Yes No Hospital: PALMS WEST HOSPITAL Physician: R. GRIoux

Are children living in the home? Yes No DCF Notified? Yes No
 Name: MADELYN INWARD DOB: UNKNOWN
 Name: _____ DOB: _____
 Name: _____ DOB: _____

Injunction: Yes No Case #: _____
 No Contact Order: Yes No Case #: _____
 Alcohol or Drugs: Yes No Unknown
 Prior history of Domestic/Dating Violence Yes No
 Defendant's statements Yes No If yes, written recorded oral
 First words Defendant said when you responded to scene: AT HOSPITAL, SHE STATED BRUISE WAS CAUSED BY CAREGIVER 2 DAYS AGO PUTTING ON SOCKS

Victim's statements Yes No If yes, written recorded oral
 First words Victim said when you responded to scene: STATED SHE DID NOT WANT TO RAT ON HER DAUGHTER BECAUSE SHE DID NOT WANT HER GRANDDAUGHTER TO BE WITHOUT HER MOTHER

Did the Victim contact anyone other than the police within an hour of the incident regarding the incident?
 Yes No If yes, name: _____ phone: _____
 Observations of Victim (Physical & Emotional): APPEARED TO BE VERY AFRAID OF HER DAUGHTER
 Upset Crying Fearful Hysterical Afraid Calm Nervous
 Complained of pain Other _____

Victim contact information:
 Local Address: 630 CARNATION COURT
WELLINGTON FL 33414
 Phone: Home: _____ Work: _____ Cell: _____
 Employer: N/A
 Name of Relative: MELINDA GRANVILLE Phone: 917-941-2306

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 SEP 28 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)
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"/>	415.107(1)	Other: Vulnerable Adults	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020022847 WDC	Date: 9/27/2020
	Specialist Name/ID: Gammage/5660

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 SEP 28 2020