JKT# 0203907 22CF2236

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number:

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

ADMINISTRATIVE

Agency ORI Number: FLO 500000
Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE
Agency Report Number (N.T.A.'s only): 06- 22-047847

ChargeType: Check as many as apply. [x] 1. Felony [ ] 2. Traffic Felony [x] 3. Misdemeanor [ ] 4. Traffic Misdemeanor [ ] 5. Ordinance [ ] 6. Other
Weapon Seized / Type: 1. Yes 2. No
Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business): 4000 Moridani Park Rd
Location of Offense (Business Name, Address): [redacted]

Date of Arrest: 3/21/22 | Time of Arrest: 1600 | Booking Date: | Booking Time: | Jail Date: | Jail Time: | Location of Vehicle:

DEFENDANT

Name (Last, First, Middle): [redacted]
Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White I - American Indian B - Black 0- Oriental/Asian): W | Sex: M | Date of Birth: 5/8/1967 | Height: 5'6 | Weight: 170 | Eye Color: Brown | Hair Color: Black | Complexion: Light | Build: Medium

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description):
Marital Status: Single | Religion: NONE
Indication of: Alcohol Influence / Drug Influence — Y N Unk.

Local Address (Street, Apt. Number) (City) (State) (Zip): [redacted]
Phone: [redacted]
Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip): ,
Phone: ( )
Address Source: FL DL

Business Address (Name, Street) (City) (State) (Zip):
Phone: ( )
Occupation: Uber Driver

D/L Number, State: G-431-400-67-168-0 , FL
Soc. Sec. Number: [redacted]
INS Number:
Place of Birth (City, State): West Palm Beach, FL
Citizenship: USA

CO-DEF

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | [ ] 1. Arrested [ ] 2. At Large | [ ] 3. Felony [ ] 4. Misdemeanor [ ] 5. Juvenile

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | [ ] 1. Arrested [ ] 2. At Large | [ ] 3. Felony [ ] 4. Misdemeanor [ ] 5. Juvenile

JUVENILE

[ ] Parent [ ] Legal Custodian [ ] Other: Name (Last) (First) (Middle) Residence Phone ( )

VICTIM NOTIFICATION REQUIRED

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 [ ] defendant and / or [ ] 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. [ ] Yes, by: (Name) [ ] No: (Reason)
School Attended | Grade

Property Crime? [ ] Yes [ ] No | Description of Property | Value of Property

CODE

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/Deriv. P. Paraphernalia/ Equipment S. Synthetics U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Assault on a person 65 years or older	1	[x] Y [ ] N	784.08(1)(2)(d) 1ER	NONE

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
NA	NA	NA	22-047847		

CHARGE

Charge Description | Counts | Domestic Violence [ ] Y [ ] N | Statute Violation Number | Violation of ORD #
Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | Bond

CHARGE

Charge Description | Counts | Domestic Violence [ ] Y [ ] N | Statute Violation Number | Violation of ORD #
Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | Bond

CHARGE

Charge Description | Counts | Domestic Violence [ ] Y [ ] N | Statute Violation Number | Violation of ORD #
Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address)

Court Date and Time: Month Day Year Time AM PM

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

FILED 2022 MAR 22 AM 6:17

ADMIN

HOLD for other Agency Name: | Signature of Arresting Officer: X | Name Verification (Printed by Arrestee) (PRINT)

[ ] Dangerous [ ] Suicidal [ ] Resisted Arrest [ ] Other: | Name of Arresting Officer (Print): Det. A. Silvestre I.D. #: 28981 | PAGE 1 OF 1

Intake Deputy: 4777 I.D. #: 29102 | Pouch #: | Transporting Officer: Ritacco | I.D. #: 26132 | Agency: PBSO | Witness here if subject signed with an -X"

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT

PBSO 9140 REV. 8/97

Ritacco

SCANNED MAR 22 2022

PROBABLE CAUSE AFFIDAVIT

OBTS Number | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias | 1 | Juvenile N

ADMIN

Agency ORI Number: FLO 500000 | Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number: 06- 22-047847

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
[redacted]		W	M	5/8/1967

CHARGES

Charge Description	Charge Description
Assault on a person 65 years or older 784.08(1)(2)(d)	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
[redacted]	[redacted]		

Local Address (Street, Apt. Number)	(City)	(State)	(zip)	Phone	Address Source
[redacted]				[redacted]	

Business Address (Name, Street)	(City)	(State)	(zip)	Phone	Occupation
NA				(NA)	

PROBABLE CAUSE STATEMENT

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

- ☐ committed the below acts in my presence.
- ☐ confessed to _____ admitting to the below facts.
- ☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
- ☒ was found to have commited the below acts, resulting from my (described) investigation.

On the 19th day of March 2022 at _____ ☐ A.M. ☒ P.M. (Specifically include facts constituting cause for arrest.)

On Saturday, March 19th, 2022, at approximately 20:20 hours, I responded to [redacted] to assist District 4 Road Patrol with a domestic-related assault investigation. When I arrived on the scene, I contacted Deputy J. Petti ID 19327, who advised [redacted] was threatened by her son, now known to me as [redacted]

I then met with [redacted] who explained she was evicting her adult son, [redacted]. [redacted] stated she and her husband [redacted] have financially supported [redacted] for his entire life. [redacted] stated [redacted] has become increasingly hostile towards them, threatening them, and has been very verbally abusive. [redacted] advised on today's date (3/19/22) when [redacted] came home, he was very angry. [redacted] began to verbally abuse [redacted], calling her a "cunt" and saying she was "the enemy." [redacted] then began to threatened [redacted], stating, " I am going to stick a knife in you and watch you bleed." Fearing for her safety and that violence was imminent, [redacted] fled to her bedroom and locked the door. [redacted] pursued [redacted] to her bedroom and began to violently bang on the door. [redacted] explained [redacted] has threatened them like this before in the past. After threatening [redacted] fled the residence once he learned Law Enforcement had been notified.

I then spoke with [redacted] who explained he has had numerous issues with his son, [redacted], and is evicting him because he is verbally abusive towards him and his wife. [redacted] stated he was outside the residence when he heard loud banging and Ian screaming from inside the residence. When [redacted] entered the home, he saw his son violently banging on the bedroom door, so he called 911. After speaking with [redacted] and [redacted] I made contact with [redacted] who refused to return to the residence and meet with me.

Based on my observations, investigation, and the statements from all parties, I believe probable cause exists that [redacted] violated following Florida State Statute784.08(1)(2)(d) Assault on a person 65 years or older.

B ER

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

Det. A. Silvestre
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19 day of March 2022 by Det. A. Silvestre

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____

Det. E. Miranda ID 19477
Notary Public, Clerk of Court, Officer (F.S. 117.10)

PAGE 1 OF 1

PBSO 00004 REV. 04/01 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Suspect: [redacted] **DOB:** 5/8/1967 **Case #:** 22-047847

Victim: [redacted] **DOB:** [redacted] **Race:** [redacted] **Sex:** [redacted]

Relationship between Victim and Defendant: _____

Photographs: Scene ☐ Yes ☒ No Victim ☐ Yes ☒ No Defendant ☐ Yes ☒ No

911 Call: ☒ Yes ☐ No **Caller:** _____

Weapon Used: ☒ Yes ☐ No **Type:** Knife

Witness: ☐ Yes ☒ No **Name:** _____

Victim Pregnant: ☐ Yes ☒ No **If yes,** ___ **weeks** _____ **months**

Injuries: ☐ Yes ☒ No **Description:** _____

Medical Treatment: ☐ Yes ☒ No

At Scene: ☐ Yes ☐ No **Paramedics:** _____

At Hospital: ☐ Yes ☐ No **Hospital:** _____ **Physician:** _____

Are Children Living in Home? ☐ Yes ☒ No **DCF Notified?** ☐ Yes ☐ No

Name: _____ **DOB:** __/__/____

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: _____

_____

Victim's Statements ☒ Yes ☐ No **If yes,** ☐ written ☒ recorded ☐ oral

First words Victim said when you responded to scene: _____

_____

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

☐ Yes ☒ No **If yes, name:** _____ **phone** (__)___ -_____

Observations of Victim (Physical & Emotional): _____

☐ Upset ☐ Crying ☐ Fearful ☐ Hysterical ☐ Afraid ☐ Calm ☒ Nervous

☐ Complained of pain ☐ Other _____

Victim Contact Information:

Local Address: [redacted] _____

_____

Phone: **Home** [redacted] **Work** (NA)___ -_____ **Cell** (__)___ -_____

Employer: NA

Name of Relative: _____ **Phone** (__)_____-_____

Address: _____

PBSO #0004A REV. 05/11

VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER: **Goldberg, Ian,** (FOR WARRANTS USE ONLY) COURT CASE/WARRANT#.

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

- **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 #: **22-047847** Agency: _____
   Offense: **Assault on a person 65 years or older**
   Suspect/Offender: [redacted]
   D.O.B. **5/8/1967** Race: **W** Sex: **M**

2. Warrant # (s): _____

3.a. Victim's name: [redacted] D.O.B. [redacted] Race: [redacted] Sex [redacted]
   Address: [redacted]
   City: [redacted]
   Home #- [redacted] Work #: **(NA)** Other: _____

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: [redacted]

Deputy's Name: **Det. A. Silvestre** I.D.# **28981** Date: _____

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

PBSO 00029A REV. 4199

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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☒	415.107 (1)	Other: Elderly Abuse	1-5
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2022007343	**Date:** 3/22/2022
	Specialist Name/ID: M. Tooks #8557