

Joachim 002079/44778

ARREST / NOTICE TO APPEAR

- 1. ... (No Warrant)
- 2. N.T.A.
- 3. Request for Warrant
- 4. Request for Capias
- 5. Juvenile Referral

3 JUVENILE

ADMI NIST RATION

OBTS Number

Agency ORI Number **0500200** Agency Name **Boca Raton Police Department** Agency Report Number (N.T.A.'s only) **3 | 2 | 2021-002939**

Charge Type: 1. Felony 3. Misdemeanor 5. Ordinance
 2. Traffic Felony 4. Traffic Misdemeanor 6. Other

If Weapon Seized: Enter Type **Hands, Feet, Fist, Teeth** Multiple Clearance Indicator

Location of Arrest (Including Name of Business) **WARRANT FILED, 5500 N MILITARY TRL, BOCA RATON, FL** Location of Offense (Business Name, Address) **5500 N MILITARY TRL, BOCA RATON, FL 33487**

Date of Arrest Time of Arrest Booking Date Booking Time Jail Date Jail Time Location of Vehicle

Alias (Name, DOB, Soc. Sec. #, Etc.)

Name (Last, First, Middle) **KESKINEN, JOAKIM ROBERT ZEFANLAS** Alias:

Race **W - White** Sex **M** Date of Birth **07/17/1995** Height **6'03** Weight **215** Eye Color **HAZEL** Hair Color **BLONDE** Complexion **LIGHT** Build

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): **M** Marital Status Religion Indication of Alcohol Influence Yes No Unk.

Local Address (Street, Apt. Number) (City) (State) (Zip) Phone **(561) 319-2253** Residence Type: 1. City 3. Florida 2. County 4. Out of State **1**

Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone **(561) 319-2253** Address Source **VERBAL**

Business Address (Name, Street) (City) (State) (Zip) Phone Occupation **Owner**

FINISH PRODUCT,

D/L Number, State **K255436952570 / FL** Soc. Sec. Number [Redacted] INS Number Place of Birth (City, State) Citizenship

CO-DEFENDANT

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

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

Parent Other: Name (Last, First, Middle) Residence Phone

Legal Custodian Address (Street, Apt. Number) (City) (State) (Zip) Business Phone

JUVENILE

Notified by: (Name) Date Time JUVENILE DISPOSITION
 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated

Released To: (Name) Relationship Date Time

The above address was provided by defendant and/or defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.

Property Crime? Yes No Description of Property Value of Property

CODE

Drug Activity S. Sell R. Smuggle K. Disperse/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. Synthetic U. Unknown Z. Other

CHARGE

Charge Description **BATTERY / DOMESTIC BATTERY** Statute Violation Number **784.03(1)** Violation of ORD #

Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond

Charge Description Statute Violation Number Violation of ORD #

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INTAKE

Health / Apparent Physical Condition of Defendant Any knowledge of the following: Mental Emotional Medication Disabilities Injuries Explain:

Check which applies: Released O.R. Released to Parent/Guardian T.O.T. County Jail PROPERTY - Received By Released By Released To

Posted Bond South County Mental Health

Transported By Date Transported Time Transported Other

NOTICE TO APPEAR

INSTRUCTION NO. 1 - Mandatory appearance in court
 INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room) **South County 200 W Atlantic Ave Delray Beach, FL 33444**
 Court Date and Time

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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed

No Photo Available

ADMI N

HOLD for Other Agency Signature of Arresting Officer **BENNETT, K. R.** Name Verification (Printed by Arrestee) (PRINT)

Dangerous Resisted Arrest Name of Arresting Officer (Print) **BENNETT, K. R.** I.D. # **655**

Suicidal Other Intake Deputy I.D. # Pouch # Transporting Officer I.D. # Agency

Witness here if subject signed with an "X".

PAGE 1 OF 1

JOSEPH ABRUZZO
 PALM BEACH COUNTY CLERK
 COUNTY ORIGINAL
 2/21/21
 MAR 18 2021
 FILED

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 03/10/2021 12:12		Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2021-002939		
	Name (Last, First, Middle) KESKINEN, JOAKIM ROBERT ZEFANIAS							Race W	Sex M
C H A R G E S	Charge Description 784.03(1) BATTERY / DOMESTIC BATTERY								
	Victim's Name (Last, First, Middle) VIEIRA, AMANDA							Race W	Sex F
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) 5500 N MILITARY TRL 551, BOCA RATON, FL 33487				Phone (561) 440-0766		Address Source VERBAL		
	Business Address (Name, Street) (City) (State) (Zip) UNEMPLOYED				Phone		Occupation		
	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): DISTRAUGHT								
DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input type="checkbox"/>									
VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>									
RELATIONSHIP BETWEEN VICTIM & SUSPECT SPOUSE									
A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS: Scene:		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>					
	Victim:		<input checked="" type="checkbox"/>	<input type="checkbox"/>					
	911 CALL:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: AMANDA VIEIRA				
	WEAPON USED:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	TYPE: HANDS				
	WITNESSES:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If YES, attach witness list)				
	INJURIES:		<input checked="" type="checkbox"/>	<input type="checkbox"/>					
	MEDICAL TREATMENT:		<input checked="" type="checkbox"/>	<input type="checkbox"/>					
	AT: Scene:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	PARAMEDICS: BRFD				
	Hospital:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:				
	ACT COMMITTED IN PRESENCE OF MINOR(S):		<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES/AGES:				
H. R. S. NOTIFIED:		<input type="checkbox"/>	<input checked="" type="checkbox"/>						
VICTIM PREGNANT:		<input type="checkbox"/>	<input checked="" type="checkbox"/>						
VIOLATION OF RESTRAINING ORDER:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #:					
PRIOR HISTORY OF DOMESTIC VIOLENCE:		<input type="checkbox"/>	<input checked="" type="checkbox"/>						
ALCOHOL OR DRUGS INVOLVED:		<input type="checkbox"/>	<input checked="" type="checkbox"/>						
N A R R	This incident was captured on Mobile Video Recorder.								
	On 03/10/20 at approximately 1035 hours Ofc. Fowler, Ofc. Timoney and I were dispatched to 5500 N Military Trl (Altis) apartment #551 in reference to a domestic trouble call. Upon our arrival, we met with Amanda Vieira								
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true. _____ SIGNATURE OF ARRESTING OFFICER Sworn to and subscribed to before me this <u>10</u> day of <u>March</u> , <u>2021</u> . LAWLOR, MICHAEL D NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)									

CERTIFIED COPY

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N I S T R A T I V E	Date / Time	03/10/2021 12:12	
	Agency ORI Number	Agency Name	Agency Report Number
	FL 0500200	BOCA RATON POLICE DEPARTMENT	3 2 2021-002939

who stated her husband pushed her down onto to the floor.

Vieira further advised she had been married to Joakim Keskinen for approximately four months. According to Vieira they began to have a verbal argument when Keskinen was yelling about his problems with work. Vieira was upset because Keskinen promised he would take care of her and she left her family in Brazil to move in with him. At some point during the argument, Vieira told Keskinen that she would pack her belongings and move home. At that point, Keskinen threw her onto the living room floor and placing one of his hands around her neck. Vieira's air supply was not cut off and she did not lose the ability to breath. He held her neck with one hand while punching the floor next to her head with the other hand. Keskinen yelled "I'll kill you; you destroyed my life" while holding her down. I observed slight redness and small scratches around Vieira's throat area. City of Boca Raton Fire Rescue Steven Betincourt Medic 6 was on scene and treated Vieira at the scene.

Keskinen fled from the apartment in his white colored Hyundai Tuscan Florida tag #JUCN87. Units checked the area but could not locate him. A BOLO was issued. Probable cause exists to charge Keskinen with Domestic Battery Florida State Statute 784.03(1). Keskinen knowingly and intentionally, against the will of Vieira pushed her onto the floor and held her the neck with his hand while she was on the floor. Photos of Vieira injuries were taken. The photos and recorded witness statement were submitted into evidence.

NOT A CERTIFIED COPY

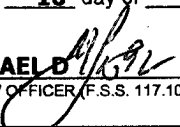
STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.



SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 10 day of March, 2021.

LAWLOR, MICHAEL D 

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)