

J# 0499097

PA 2813

20mm 736J

ARREST / NOTICE TO APPEAR

1 Arrest 2 NTA 1 Request for Warrant 1 Request for Captus 1 JUVENILE

ORIS Number	Agency ORI Number 0500700	Agency Name Riviera Beach Police Department	Agency Report Number (N.T.A. only) 8 4 20-06998
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	If Weapon Seized Firearm Type Hands/fists/feet/teeth

Location of Arrest (Including Name of Business) 600 W BLUE HERON BLVD RIVIERA BEACH FL 3		Location of Office (Business Name, Address) 2401 OCEAN AVE, RIVIERA BEACH, FL 33404	
Date of Arrest 09/20/2020	Time of Arrest 01:51	Booking Date 09/20/2020	Booking Time 02:01

Name (Last, First, Middle) INDIVERI, JOSEPH		Alias:		Alias (Name, DOB, Soc. Sec. #, Pic)	
Race W - White B - Black O - Oriental/Asian W	Sex M	Date of Birth 08/03/1954	Height 5'05	Weight 200	Eye Color BLUE
Local Address (Street, Apt. Number) 9106 DUCALE WAY 307, PALM BEACH GARDENS, FL 33418		(City)	(State)	(Zip)	Phone
Permanent Address (Street, Apt. Number) 9106 DUCALE WAY 307, PALM BEACH GARDENS, FL 33418		(City)	(State)	(Zip)	Phone
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone
DL Number, State 1531480542830 / FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) UTICH, NY, United	Citizenship US	Occupation Retired

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> Arrested	<input type="checkbox"/> 1 Felony	<input type="checkbox"/> 5 Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 2 At Large	<input type="checkbox"/> 4 Misdemeanor	<input type="checkbox"/> 5 Juvenile
<input type="checkbox"/> Parent <input type="checkbox"/> Other	Name (Last, First, Middle)			Residence Phone		
<input type="checkbox"/> Legal Custodian	Address (Street, Apt. Number)			Business Phone		
Notified by (Name)	Date	Time	Relationship	Date	Time	Relationship
The above address was 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's Office (Phone 355-2526) informed of any change of address.			School Attended			
Property Crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Description of Property			Value of Property

Drug Activity S Self N N/A P Possess	R Smuggle B Buy D Deliver	K Disposes D 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 Description BATTERY-SIMPLE (TOUCH OR STRIKE)				Statute Violation Number 784.03(1)(A)(1)		Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number
	N		20-06998	1	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	

Health - Apparent Physical Condition of Defendant				Any knowledge of the following <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Impacts		
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond				PROPERTY - Received By		Released By
Transported By				Date Transported	Time Transported	Other

<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		Location (Court, Room)	
<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		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 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 SP2 [Signature]	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Susceptible	Name of Arresting Officer (Print) IVORY, B. L.	(PRINT)
Take Prints DS Collins 7622	Transporting Officer CALDERON	ID # 5851
	ID # 6799	Agency RBPB

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS P.D.O. DEFENDANT

SCANNED
SEP 20 2020

VICTIM NOTIFICATION
REQUIRED


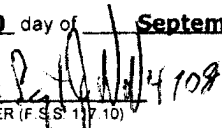
No Photo Available

2021 SEP 22 10 01 AM
COUNTY CLERK'S OFFICE

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 09/20/2020 01:51		Agency Name Riviera Beach Police Department		Agency Report Number 8 4 20-06998
	Agency ORI Number FL FL0500700		Name (Last, First, Middle) INDIVERI, JOSEPH		Race W
D I C E	Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)		Sex M	Date of Birth 08/03/1954	
	Victim's Name (Last, First, Middle) WELTON, MARGARET ROSE		Race W	Sex F	Date of Birth 11/09/1954
C H R G E	Local Address (Street, Apt. Number) (City) (State) (Zip) 9106 DUCALE WAY 307, PALM BCH GDNS, FL 33418		Phone (315) 264-0182		Address Source
	Business Address (Name, Street) (City) (State) (Zip)		Phone		Occupation
V I C T I M	Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):		
	DEFENDANT'S STATEMENTS: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		INTOXICATED/BATTERED		
A D D I T I O N A L	RELATIONSHIP BETWEEN VICTIM & SUSPECT BOY/GIRLFRIEND		PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		
	911 CALL: <input type="checkbox"/> CALLER: <input checked="" type="checkbox"/>		WEAPON USED: <input checked="" type="checkbox"/> TYPE: HANDS/FEET/TEETH		
I N F O R M A T I O N	WITNESSES: <input type="checkbox"/> (If YES, attach witness list) <input checked="" type="checkbox"/>		INJURIES: <input checked="" type="checkbox"/>		
	MEDICAL TREATMENT: <input checked="" type="checkbox"/>		AT: Scene: <input checked="" type="checkbox"/> PARAMEDICS: PBGFR		
N A R R	ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> NAMES/AGES: <input checked="" type="checkbox"/>		Hospital: <input checked="" type="checkbox"/> PHYSICIAN(S) / HOSPITAL: PBG MEDICAL CENTER		
	H. R. S. NOTIFIED: <input type="checkbox"/>		VICTIM PREGNANT: <input type="checkbox"/>		
VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> CASE #: <input checked="" type="checkbox"/>		PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/>			
ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/>		On September 19th, 2020, at approximately 2337 hours, officers responded to Palm Beach Gardens Medical Center located at 3360 Burns Road, Palm Beach Gardens, Fl. 33410. Incident Captured on Body Worn Camera (BWC).			
STATE OF FLORIDA COUNTY OF PALM BEACH		Contact was made with Margaret Welton (W/F 11/9/54) who was located inside of Room 5 of the Emergency Room.			
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>20</u> day of <u>September</u> , 2020.		 NUBIN, JENNIFER R NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)			

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

SCANNED
SEP 20 2020

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 09/20/2020 01:51	Agency Name Riviera Beach Police Department		Agency Report Number 8 4 20-06998
	Agency ORI Number FL FL0500700			

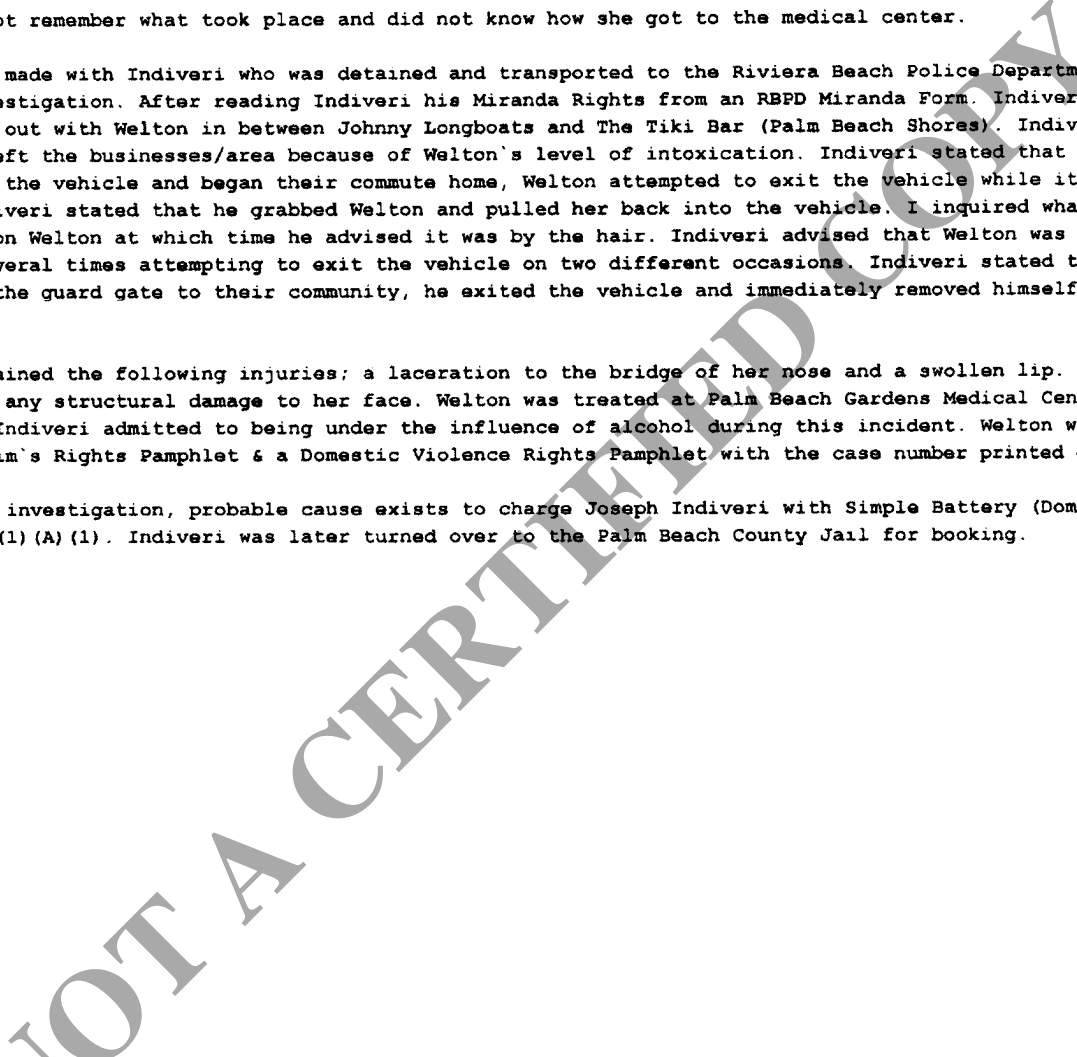
N
A
R
R
A
T
I
V
E

Welton stated that she was involved in a Domestic Incident involving her and her significant other, Joseph Indiveri (W/M 8/3/54). Welton stated that Indiveri battered her when they were inside of her light blue Hyundai Genesis. Welton stated that Indiveri was upset with her because of a conversation they had at the bar. Welton stated that when they entered the vehicle, Indiveri hit her in the face and then grabbed her by her hair. Welton stated that she attempted to exit the vehicle but was unable to when Welton grabbed her by her hair and pulled her back into the vehicle. Welton stated that they continued to fight one another and she again attempted to exit the vehicle but was unable to. Welton stated that when they returned to her community she could not remember what took place and did not know how she got to the medical center.

Contact was made with Indiveri who was detained and transported to the Riviera Beach Police Department pending further investigation. After reading Indiveri his Miranda Rights from an RBPD Miranda Form. Indiveri stated that he was out with Welton in between Johnny Longboats and The Tiki Bar (Palm Beach Shores). Indiveri stated that they left the businesses/area because of Welton's level of intoxication. Indiveri stated that once he got Welton into the vehicle and began their commute home, Welton attempted to exit the vehicle while it was in motion. Indiveri stated that he grabbed Welton and pulled her back into the vehicle. I inquired what body part he grabbed on Welton at which time he advised it was by the hair. Indiveri advised that Welton was kicking the door several times attempting to exit the vehicle on two different occasions. Indiveri stated that when he arrived at the guard gate to their community, he exited the vehicle and immediately removed himself from the situation.

Welton sustained the following injuries; a laceration to the bridge of her nose and a swollen lip. Welton did not sustain any structural damage to her face. Welton was treated at Palm Beach Gardens Medical Center. Both Welton and Indiveri admitted to being under the influence of alcohol during this incident. Welton was provided with a Victim's Rights Pamphlet & a Domestic Violence Rights Pamphlet with the case number printed on both.

Based on my investigation, probable cause exists to charge Joseph Indiveri with Simple Battery (Domestic) per FSS 784.03 (1) (A) (1). Indiveri was later turned over to the Palm Beach County Jail for booking.



STATE OF FLORIDA
COUNTY OF PALM BEACH

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

[Signature]
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 20 day of September, 2020.

NUBIN, JENNIFER R
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- Homicide (Ch. 782)
- Attempted Murder
- Stalking (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.

1. Incident Report 20-06998 Agency Riviera Beach Police Department
Offense: Simple Battery
Suspect/Offender: Joseph Indiveri
D. O. B.: 8/3/54 Race: White Sex: Male
2. Warrant #(s): _____
3. Complete one (1) of the following:
 - a. Victim's Name: Margaret Rose Welton
Address: 9106 Ducale Way #307
City: Palm Beach Gardens State: FL Zip: 33418
Home #: _____ Work #: _____ Other: 315-264-0182
 - b. Victim's next of kin:
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____
 - c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____
4. Relevant identification or case numbers assigned to the case (please

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: B. Ivory I.D. # 5851 Date: 9/20/20

SUSPECT/OFFENDER

Joseph

COURT CASE/WARRANT#
(FOR WARRANTS USE ONLY)

UNPLANNED
SEP 20 2020



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"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020022224	Date: 9/20/2020
	Specialist Name/ID: Gammage/5660

SCANNED
SEP 20 2020