

J# 0516744 20MM4487 MB P# 2820

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

OBTS Number  
Agency ORI Number: FLO 5 0 0 0 0 Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number: 06 20-073555

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other  
H Weapon Seized Enter Type Multiple Clearance Indicator 0 1

Location of Arrest (Including Name of Business): 14098 PACIFIC POINT PL APT 103 DELRAY BEACH FL 33484 Location of Offense (Including Name of Business): 14098 PACIFIC POINT PL APT 103 DELRAY BEACH FL 33484

Date of Arrest: May 31, 2020 Time of Arrest: 0130 Booking Date: 05/31/2020 Booking Time: Jail Date: May 31, 2020 Jail Time: Location of Vehicle:

Name (Last, First, Middle): GRECO KRISTINA MARIE Alias (Name, DOB, Soc. Sec. #, Etc.):

Race: W - White | - American Indian W F Date of Birth: 09/24/1995 Height: 4'9 Weight: 100 Eye Color: BROWN Hair Color: BROWN Complexion: MEDIUM Build: SMALL

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): BACK TATTOOS Marital Status: SINGLE Religion: CATHOLIC

Local Address (Street, Apt. Number): 14098 PACIFIC POINT PL APT 103 City: DELRAY BEACH State: FL Zip: 33484 Phone: 561-441-4457

Permanent Address (Street, Apt. Number): 14098 PACIFIC POINT PL APT 103 City: DELRAY BEACH State: FL Zip: 33483 Phone: 561-441-4457 Address Source: FLORIDA DRIVERS LICENSE

Business Address (Street, Apt. Number): City: State: Zip: Phone: Occupation: DEBT COLLECTOR

D/L Number, State: G620513958440 Social S: NS Number: Place of Birth: LONG ISLAND, NY Citizenship: US

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

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

Parent Legal Guardian Other Name (Last, First, Middle): Phone:

Address (Street, Apt. No.): 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 was provided by defendant or defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561-355-2528) informed of any address change. Yes by (Name) No (Reason) School Attended: Grade:

Property Crime? Yes No Description of Property: Value of Property:

Drug Activity: N. N/A B. Buy P. Possess S. Sell R. Smuggle D. Deliver T. Traffic 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 P. Paraphernalia/Equipment U. Unknown Z. Other

Charge Description: SIMPLE BATTERY Counts: Domestic Violence: [X] Y [ ] N Statute Violation Number: 78403(1)(A)(4) Violation or ORD. #:

Drug Activity: N Drug Type: N Amount/Unit: Offense #: 20-073555 Warrant/Capias Number: Bond:

Charge Description: Counts: Domestic Violence: [ ] Y [ ] N Statute Violation Number: Violation or ORD. #:

Drug Activity: Drug Type: Amount/Unit: Offense #: Warrant/Capias Number: Bond:

Charge Description: Counts: Domestic Violence: [ ] Y [ ] N Statute Violation Number: Violation or ORD. #:

Drug Activity: Drug Type: Amount/Unit: Offense #: Warrant/Capias Number: Bond:

Charge Description: Counts: Domestic Violence: [ ] Y [ ] N Statute Violation Number: Violation or ORD. #:

Drug Activity: Drug Type: Amount/Unit: Offense #: Warrant/Capias Number: Bond:

Location (Court, Address, Room Number):

Court Date and Time: Month: Day: Year: Time: AM [ ] PM [ ]

I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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: Name: Signature of Arresting Officer: Name of Arresting Officer: D/S B. MAGGITT ID # 25026 Agency: PBSO Intake Deputy: ID # Pouch # Transporting Officer: D/S B. MAGGITT ID # Agency: PBSO Name Verification (Printed by Arrestee): Date: 05/31/2020 Page 1 of 1

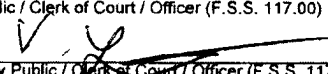

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.	3. Request For Warrant 4. Request For Capias	1	Juvenile	N
Agency ORI Number <b>FLO 5 0 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06 20-073555</b>				
Charge Type Check as many as apply		Special Notes						
<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								
Defendant Name (Last, First, Middle) <b>GRECO KRISTINA MARIE</b>		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>09/24/1995</b>				
Charge <b>SIMPLE BATTERY</b>		Charge						
Charge		Charge						
Victim Name (Last, First, Middle) <b>SCHWENKER JESSE TYLER</b>		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>06/24/1994</b>				
Local Address (Street, Apt. Number) <b>14098 PACIFIC POINT PL APT 103</b>		City <b>DELRAY BEACH</b>	State <b>FL</b>	Zip <b>33484</b>	Phone <b>561-513-7018</b>	Address Source <b>VERBAL</b>		
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation <b>PLUMMER</b>		
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...								
<input type="checkbox"/> committed the below acts in my presence.								
<input checked="" type="checkbox"/> confessed to admitting to the below facts.								
<input type="checkbox"/> was observed by _____ who told that he/she saw the arrested person commit the below acts.								
<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.								
On the <b>31</b> day of <b>MAY</b> 20 <b>2020</b> at <b>0150</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM								

On the above date and time I responded to 14098 Pacific Point PL apartment 103, unincorporated Delray Beach Palm Beach County Florida in reference to a Domestic Dispute. Upon arrival I made contact with Jesse Schwenker DOB 06/24/1994, who stated that after a night of drinking, he and his live-in girlfriend of 3 and a half years engaged in a verbal altercation. The argument escalated resulting in girlfriend, WF Kristina Marie Greco DOB 09/24/1995 grabbing him repeatedly and scratching him on the neck in several places. During questioning, Greco admitted to striking Schwenker with her open left hand in his face and also scratching his neck with her fingernails.

I observed scratches to the left side of Schwenker's neck and a scratch to Greco's back which she admitted was a result of her falling backwards onto the bed during the argument. Schwenker refused to provide a sworn statement. Photographs of both parties were taken.

Based on my investigation, Kristina Marie Greco did actually and intentionally touch or strike Jesse Tyler Schwenker against his will intentionally causing bodily harm.

Probable cause exists to charge Kristina Marie Greco with Simple Battery in contrary to F.S.S 784.03(1) (A)(2).

The foregoing instrument was sworn to and affirmed before me this <u>31</u> day of <u>MAY</u> 20 <u>20</u> , by:	
<b>D/S V. LAGROTTERIA</b>	<b>D/S B. MAGGITT</b> <b>25026</b>
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer
	
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer
Page <b>1</b> of <b>1</b>	

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

Defendant: GRECO KRISTINA MARIE DOB: 09/24/1995 Case #: 20-073555  
 Victim: SCHWENKER JESSE TYLER DOB: 06/24/1994 Race: W Sex: M  
 Relationship between Victim and Defendant: BOYFRIEND/GIRLFRIEND

Photographs: Scene  Yes  No Victim  Yes  No Defendant  Yes  No  
 911 Call:  Yes  No Caller: JESSE SCHWENKER  
 Weapon Used:  Yes  No Type: \_\_\_\_\_  
 Witness:  Yes  No Name: \_\_\_\_\_  
 Victim Pregnant:  Yes  No If yes, \_\_\_\_\_ Weeks \_\_\_\_\_ Months  
 Injuries:  Yes  No Description: SCRATCHES TO THE NECK  
 Medical Treatment:  Yes  No  
 At Scene:  Yes  No Paramedics: \_\_\_\_\_  
 At Hospital:  Yes  No Hospital: \_\_\_\_\_ Physician: \_\_\_\_\_

Are children living in the 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: "I cant believe he called police"

Victim's statements  Yes  No If yes,  written  recorded  oral  
 First words Victim said when you responded to scene: "She's going crazy, I just want her to leave"

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):  
 Upset  Crying  Fearful  Hysterical  Afraid  Calm  Nervous  
 Complained of pain  Other \_\_\_\_\_

Victim contact information:  
 Local Address: 14098 PACIFIC POINT PL APT 103  
DELRAY BEACH FL 33484

Phone: Home: 561-513-7018 Work: \_\_\_\_\_ Cell: 561-513-7018  
 Employer: \_\_\_\_\_  
 Name of Relative: \_\_\_\_\_ Phone: \_\_\_\_\_

# VICTIM NOTIFICATION FORM

- 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 #: 20-073555 Agency: Palm Beach County Sheriff's Office  
Offense: SIMPLE BATTERY  
Suspect/Offender: GRECO KRISTINA MARIE  
DOB: 09/24/1995 Race: W Sex: F

2. Warrant #(s): \_\_\_\_\_

3.a. Victim's Name: SCHWENKER JESSE TYLER DOB: 06/24/1994 Race: W Sex: M  
Address: 14098 PACIFIC POINT PL APT 103  
City: DELRAY BEACH State: FL Zip: 33484  
Home #: 561-513-7018 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: D/S B. MAGGITT ID #: 25026 Date: 05/31/2020

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 – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
<b>L/E Exemptions</b>	<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.	
<b>Public Info. Exemptions</b>	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(l)	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.	
<b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b>	<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"/>			
<b>Other</b>	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

<b>Booking Number:</b> 2020013894	<b>Date:</b> 5/31/2020
	<b>Specialist Name/ID:</b> B Evans / 23649