0524841 22MM2167 3848

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

ADMINISTRATION

OBTS Number:

Agency ORI Number: 0500200
Agency Name: Boca Raton Police Department
Agency Report Number (N.T.A.'s only): 3 | 2 | 2022-003549

Charge Type: Check as many as apply: ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other
If Weapon Seized Enter Type: UNARMED
Multiple Clearance Indicator:

Location of Arrest (Including Name of Business): 2700 NW 25TH WAY
Location of Offense (Business Name, Address): 2700 NW 25TH WAY, BOCA RATON, FL 33434

Date of Arrest: 03/17/2022
Time of Arrest: 00:51
Booking Date: 03/17/2022
Booking Time: 01:01
Jail Date:
Jail Time:
Location of Vehicle:

DEFENDANT

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

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian): W
Sex: F
Date of Birth: 04/14/1985
Height: 5'00
Weight: 115
Eye Color: BROWN
Hair Color: BROWN
Complexion: LIGHT
Build: Small

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): TATT UNKNOWN / JUNE
Marital Status: M
Religion: CATHOLIC
Indication of Alcohol Influence: Yes ☐ No ☐ Unk ☒
Drug Influence: Yes ☐ No ☒ Unk ☐

Local Address (Street, Apt. Number) (City) (State) (Zip): 2700 NW 25TH WAY, BOCA RATON, FL 33434
Phone: (518) 256-2792
Residence Type (1 City, 2 County, 3 Florida, 4 Out of State): 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 2700 NW 25TH WAY, BOCA RATON, FL 33434
Phone: (518) 256-2792
Address Source: FL DL

Business Address (Name, Street) (City) (State) (Zip): LEVA NOVA,
Phone:
Occupation: Mdical Consulta

D/L Number, State: S410533856340 / FL
Soc. Sec. Number: [redacted]
INS Number:
Place of Birth (City, State): SCHENECTADY, NY,
Citizenship: US

CO-DEFENDANT

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 ☐ Other: ☐ Legal Custodian
Name (Last, First, Middle):
Residence Phone:
Address (Street, Apt. Number) (City) (State) (Zip): (1) No Bond
Business Phone:
Notified by: (Name) | Date | Time
Juvenile Disposition: 1. Handled/Processed within Department and Released 2. TOT ... 3. ...
Released To: (Name) | Relationship | Date | Time

VICTIM NOTIFICATION REQUIRED

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.
☐ Yes, by: ☐ No:

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. Disperses/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- BATTERY (SIMPLE)
Statute Violation Number: 784.03(1A1)
Violation of ORD #:
Drug Activity: | Drug Type: N | Amount / Unit: / | Offense #: | Counts: 1 | Domestic Violence: ☒ Y ☐ N | Warrant / Capias Number: | Bond:

CHARGE

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

CHARGE

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

INTAKE

Health / Apparent Physical Condition of Defendant: GOOD
Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries
Explain:

Check which applies: ☐ Released O.R. ☐ Posted Bond ☐ Released to Parent/Guardian ☐ South County Mental Health ☒ T.O.T. County Jail
PROPERTY - Received By: | Released By: | Released To:
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:

No Photo Available

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:

ADMIN

HOLD for Other Agency:
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other
Signature of Arresting Officer: 828
Name of Arresting Officer (Print): LEYVA, C. | I.D. #: 828
Name Verification (Printed by Arrestee): (PRINT)
Intake Deputy: (1) Honer Tine | I.D. #: | Pouch #:
Transporting Officer: Leyva | I.D. #: 828 | Agency: BRPD
Witness here if subject signed with an "X":

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

SCANNED MAR 17 2022

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

ADMIN

OBTS Number:

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2022-003549

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
SILVA, LEIGHANN MARIE		W	F	04/14/1985

CHARGES

Charge Description	Charge Description
784.03(1A1) DOMESTIC SIMPLE BATTERY	

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
SILVA, SCOTT ANDREW	W	M	03/07/1979

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
2700 NW 25TH WAY, BOCA RATON, FL 33434	(773) 619-0341	VERBAL
Business Address (Name, Street) (City) (State) (Zip)	**Phone**	**Occupation**
SELF EMPLOYED		

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable 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 committ the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 17 day of March, 2022 at 00:24 (Specifically include facts constituting cause for arrest.)

On 03/16/2022 at approximately 2230 hours, within the jurisdiction of the City of Boca Raton (2700 NW 27th St.), the defendant, Leighann Silva, did commit the act of domestic violence (simple battery). Based on my investigation, Leighann attacked V1 outside of their home causing him to fall and hit his head on the sidewalk, causing a small laceration to his head. V1 reported that while in the process of walking away from Leighann outside of their home, V1 tackled him, causing him to fall and hit his head on the concrete sidewalk. Leighann was placed under arrest under F.S.S 784.03(1A1).

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

SHANNAHAN, TIMOTHY C
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

3/17/22
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

LEYVA, CARLA (828)
NAME OF OFFICER (PLEASE PRINT)

03/17/2022
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

VICTIM NOTIFICATION FORM

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

- 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.

SUSPECT/OFFENDER: _____ COURT CASE/WARRANT#: _____ (FOR WARRANTS USE ONLY)

1. Incident Report#: 2022-003549 Agency: Boca Raton Police
   Offense: (1) Battery (Domestic)
   Suspect/Offender: Leighann Marie Silva
   D.O.B. 04/14/1985 Race: W Sex: F

2. Warrant#(s): _____

3.a. Victim's name: Scott Silva D.O.B. 03/07/79 Race: W Sex: M
   Address: 2700 NW 25th Way
   City: Boca Raton State: FL Zip: 33434
   Home#: 773-619-0341 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 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: Pursuant to F.S.119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).
Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: _____

SCANNED
MAR 17 2022

Printed name of person waiving notification: _____

Officer's Name: Ofc. [signature] I.D.# 567 Date: 3/17/22

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

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	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2022006977	**Date:** 3/17/2022
	Specialist Name/ID: Pinkneya/7796