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ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Administrative section containing OBTs Number, Agency ORI Number (FLO 500000), Agency Name (PALM BEACH COUNTY SHERIFF'S OFFICE), Agency Report Number (06-21-027857), Charge Type (1. Felony, 2. Traffic Felony, 3. Misdemeanor, 4. Traffic Misdemeanor, 5. Ordinance, 6. Other), Weapon Seized (2. No), Multiple Clearance Indicator (1), Location of Arrest (9610 Lancaster Pl, Boca Raton, FL 33434), Location of Offense (9610 Lancaster Pl, Boca Raton, FL 33434), Date of Arrest (01/21/2021), Time of Arrest (2344), Booking Date, Booking Time, Jail Date, Jail Time, and Location of Vehicle.

Defendant section containing Name (Last, First, Middle) Gladney, Leslie, Teresa, Alias (Name, DOB, Soc. Sec. #, Etc.) CC CC, Race (W - White), Sex (F), Date of Birth (1/12/1987), Height (5'07), Weight (150), Eye Color (BROWN), Hair Color (BLONDE), Complexion (6.6), Build (5.1), Scars, Marks, Tattoos, Unique Physical Features, Marital Status (Married), Religion (CATHOLIC), Indication of Alcohol Influence (1. Yes, 2. No, 3. Florida, 4. Out of State), Local Address (9610 Lancaster Pl, Boca Raton, FL 33434), Permanent Address, Business Address (REAL ESTATE AGENT), D/L Number (G435538875126, FL), Soc. Sec. Number, INS Number, Piece of Birth (MIAMI, FL), and Citizenship (USA).

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

Juvenile section containing Parent Name (Last, First, Middle), Address (Street, Apt. Number, City, State, Zip), Business Phone, Notified by (Name, Date, Time), Released To (Name, Relationship, Date, Time), and checkboxes for Parent, Legal Custodian, Other.

Charge section containing Drug Activity (N, P), Charge Description (SIMPLE BATTERY (DOMESTIC)), Counts (1), Domestic Violence (Y), Statute Violation Number (784.03(1A1)), Warrant / Copies Number, and Bond.

Notice to Appear section containing Location (Court, Room Number, Address), Court Date and Time (Month, Day, Year, Time, AM, PM), and a signature line for the Defendant or Parent/Custodian dated 01/21/2021.

Admin section containing HOLD for other Agency, Signature of Arresting Officer (D/S C. GARCIA, ID # 21280), Name Verification (Printed by Arrestee), Intake Copy (I.D. #, Pouch #), and Agency (PBSO).

ADMIN	Agency ORI Number FLO 50000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06-21-027857
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Charge Type: Check as many as apply. <table style="display: inline-table; vertical-align: top;"> <tr> <td><input type="checkbox"/> 1. Felony</td> <td><input checked="" type="checkbox"/> 3. Misdemeanor</td> <td><input type="checkbox"/> 5. Ordinance</td> </tr> <tr> <td><input type="checkbox"/> 2. Traffic Felony</td> <td><input type="checkbox"/> 4. Traffic Misdemeanor</td> <td><input type="checkbox"/> 6. Other</td> </tr> </table>	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	Special Notes:
<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance					
<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other					

Name (Last, First, Middle) Gladnev, Leslie, Teresa	Alias	Race W	Sex F	Date of Birth 1/12/1987
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CHARGES	Charge Description
Charge Description	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) Gladnev, Kyle, R	Race W	Sex M	Date of Birth 04/24/1984
Local Address (Street, Apt. Number) (City) (State) (zip) 9610 Lancaster Pl, Boca Raton, FL 33434	Phone 407-487-9442 (561)-756-0667	Address Source FL DL	
Business Address (Name, Street) (City) (State) (zip)	Phone	Occupation REAL ESTATE AGENT	

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. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

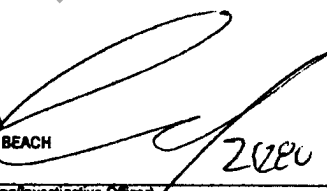
On the **21** day of **JANUARY** 20**21** at **2344** A.M. P.M. (Specifically include facts constituting cause for arrest.)

On Friday, January 21, at approximately 2326 hours, I was dispatched to 9610 Lancaster Pl, located in unincorporated Boca Raton within Palm Beach County, Florida, 33434 in reference to a Domestic Disturbance.


Upon my arrival, I met with Complainant/victim, later identified as Kyle Gladnev. I noticed multiple scratches that appeared recent on both of Kyle's arms, forearms, and biceps. Upon speaking to Kyle, he stated that his wife, later identified as Lesley Gladnev, attacked him over a female. He and Lesley are currently in a divorce process and sleep in different bedrooms in the house. Kyle was in his bedroom talking to another female via the social media application Tinder. Lesley suddenly entered the room and saw him talking to the female on his phone. Lesley grabbed his phone away and started to attack him, and all he could do was put his arms up to defend himself. He was able to grab a hold of his phone, exited the residence, and dialed 9-1-1. Kyle had multiple scratches to both of his arms, consistent with his statements.

I then made contact with Lesley Gladnev, who was inside the residence. Lesley was screaming and appeared very upset. Lesley immediately stated that she and Kyle were in an physical altercation. She stated that Kyle had invited her into his room to talk when she suddenly observed him texting on his cellphone with who she believed was a female. Lesley then snatched the phone away from him. Kyle attempted to retrieve the phone back and she slapped him on his arm. Kyle then was able to take the phone away from her and called 9-1-1. I observed light redness on one of Lesley's arms.

Based on the following investigation: I found probable cause exist for the arrest of Lesley Gladnev for Simple Battery (Domestic), contrary to F.S.S 784.03(1)(A)(1).

STATE OF FLORIDA
 COUNTY OF PALM BEACH

 2021 D/S C. GARCIA
 (Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this **21** day of **Jan** 20**21** by **D/S C. GARCIA**
 (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced **Known**

Notary Public, Clerk of Court, Officer (F.S.S. 117.20)

 PAGE 1 OF 1

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

Suspect: Gladney, Leslie, Teresa DOB: 1/12/1987 Case #: 21-027857

Victim: Gladney, Kyle, R DOB: 04/24/1984 Race: W Sex: M

Relationship between Victim and Defendant: _____

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: Gladney, Kyle, R

Weapon Used: Yes No Type: _____

Witness: Yes No Name: _____

Victim Pregnant: Yes No If yes, ___ weeks ___ months

Injuries: Yes No Description: SCRATCHES

Medical Treatment: Yes No

At Scene: Yes No Paramedics: PBCFR 54 (21-8475)

At Hospital: Yes No Hospital: WEST BOCA MEDICAL CENTER Physician: ER DOCTOR

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): SCRATCHES

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other _____

Victim Contact Information:

Local Address: 9610 Lancaster Pl, Boca Raton, FL 33434

Phone: Home (561) 756-0667 Work () - Cell () -

Employer: _____

Name of Relative: _____ Phone () -

Address: _____

VICTIM NOTIFICATION FORM

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

- Homicide (Ch. 782)
- Attempted Murder
- Stalking (F.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 #: 21-027857 Agency: PBSO
Offense: SIMPLE BATTERY (DOMESTIC)
Suspect/Offender: Gladney, Leslie, Teresa
D.O.B. 1/12/1987 Race: W Sex: F

2. Warrant # (s): _____

3.a. Victim's name: Gladney, Kyle, R D.O.B. 04/24/1984 Race: W Sex: M
Address: 9610 Lancaster Pl
City: Boca Raton, FL 33434
Home #- (561) 756-0667 Work #: 0 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: Gladney, Kyle, R

Deputy's Name: D/S C. GARCIA I.D.# 21280 Date: 01/21/2021

SUSPECT/OFFENDER: **Gladney, Leslie, Teresa**
COURT CASE/WARRANT#: _____
(FOR WARRANTS USE ONLY)



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"/>	(vii) 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: 2021001794	Date: 01/22/2021
	Specialist Name/ID: C. Denzel/8691