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ADMINISTRATION		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1 Juvenile N			
Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.				Agency Report Number 34-21-037252							
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 Enter Type		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) 1499 S FEDERAL HWY #539 BOYNTON BCH FL 33435						Location of Offense (Business Name, Address) 1499 S FEDERAL HWY #539 BOYNTON BCH FL 33435							
Date of Arrest 07/23/2021		Time of Arrest 0156		Booking Date		Booking Time		Jail Date		Jail Time			
Name (Last, First, Middle) ROMERO, LEYDI, DE JESUS		Alias (Name, DOB, Soc. Sec. #, Etc)											
W - White B - Black		I - American Indian O - Oriental / Asian		Race W		Sex F		Date of Birth 11/4/1985		Height 504			
Weight 105		Eye Color BRO		Hair Color BRO		Complexion TAN		Build SMALL					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Mental Status SINGLE		Religion CHRIST		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) 1499 S FEDERAL HWY #539 BOYNTON BEACH FL 33435						Phone (646) 236-3700		Residence Type 1. City 3. Florida 2. County 4. Out of State		1			
Permanent Address (Street, Apt. Number)						Phone ()		Address Source VERBAL					
Business Address (Street, Apt. Number)						Phone ()		Occupation NAIL TECH					
D/L Number, State				Soc. Sec. Number		INS Number		Place of Birth MEXICO		Citizenship NO			
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
Parent Name (Last)				Name (First)				Name (Middle)				Residence Phone	
Legal Custodian				Other				Address (Street, Apt. Number)				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 <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 561-355-2528) informed of any change of address: <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No, (Reason)								School Attended				Grade	
Property Crime? Yes <input type="checkbox"/> No <input type="checkbox"/>				Description of Property				Value of Property					
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		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 O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other					
Charge Description DOMESTIC BATTERY (Simple)				Counts 1		Domestic Violence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number 784.03.1A1		Violation of ORD#			
Drug Activity NA				Drug Type NA		Amount/Unit NA		Offense # 21-037252		Warrant/Capias Number			
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#			
Drug Activity				Drug Type		Amount/Unit		Offense #		Warrant/Capias Number			
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#			
Drug Activity				Drug Type		Amount/Unit		Offense #		Warrant/Capias Number			
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#			
Drug Activity				Drug Type		Amount/Unit		Offense #		Warrant/Capias Number			
Instruction No. 1 Mandatory Appearance in Court				Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444									
Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.				Court Date and Time Month Day Year Time Month Day Year 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 Name:				Signature of Arresting Officer BJONES				Name Verification (Printed by Arrestee) (PRINT) BU#					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:				I.D. # 954					
Intake Deputy Spann 8:01				Pouch # BJONES				I.D. # 954					
				Transporting Officer BBPD				Agency BBPD					
								Witness here is subject Signed with an "X".					
								Page OF					

SCANNED

JUL 23 2021



**DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT
PALM BEACH COUNTY**



On the 23RD day of JULY 2021 at 0059
Subject: ROMERO, LEYDI, DE JESUS DOB: 11/4/1985 Case #: 21-037252
Charge Description: DOMESTIC BATTERY Statute #: 784.03.1A1.
Victim: JOSEPH PLUMERI DOB: 08/13/1957 Race: W Sex: M
Local Address: 1499 S FEDERAL HWY , BOYNTON BEACH FL, 33435
Personal Contact: 646-408-4275

Narrative:

On above date and time, officers responded to 1499 S Federal HWY #539 in reference to a domestic disturbance. Upon arrival, officers met with H/F Leydi DeJesus Romero and her live in boyfriend of three years, W/M Joseph Plumeri. Romero explained, Plumrei came come intoxicated and the pair began arguing over relationship issues inside the bedroom. Romero explained, she became upset/ angry and as Plumeri was walking out of the room (with his back toward her); she pushed him out of the room. After the push Romero advised Plumeri became upset and then slapped the her in the face. He then grabbed her/ pulled her hair. My visual observation of Romero revealed no signs of injury to her person, photographs taken via BWC. Romero refused medical attention.

Officers then met with Plumeri, who advised the pair began arguing. When questioned further about physical violence occurring in the home, Plumeri became upset and stated even if she did hit me I wouldn't tell. My visual, observation of Plumeri, revealed no signs of injury (medical attention refused).

Based on Romero being the primary aggressor in the above incident, I find probable cause to charge Leydi DeJesus Romero, with one count of Battery (Domestic), contrary to Florida Statute 784.03.1A1.

It should be noted, Plumeri, was extremely uncooperative and refused any documentation and photographs regarding the incident.

Romero was transported to BBPD booking procedures and was later TOT to PBCJ.

Defendant's Statement: Taped Victim's Statement: Taped

Observation Of Victim (Physical and Emotional):

upset and uncooperative

Relationship Between Victim and Suspect:

live in boyfriend and girlfriend

Photographs: Scene: ☐ Yes ☒ No
Victim: ☐ Yes ☒ No
911 Call: ☒ Yes ☐ No Caller: YARISSA PEREZ
Tape Requested: ☒ Yes ☐ No
Weapon Used: ☐ Yes ☒ No Type: _____
Witnesses: ☐ Yes ☒ No
Injuries: ☐ Yes ☒ No
Medical Treatment: ☐ Yes ☒ No
At Scene ☐ Yes ☒ No Paramedics: _____
At Hospital ☐ Yes ☒ No Physician(s): _____
Hospital: _____

Act Committed In Presence Of Minor(s): ☐ Yes ☐ No

Name: _____ Age: _____
Name: _____ Age: _____

F.D.C.F. Notified: ☐ Yes ☒ No Victim Pregnant: ☐ Yes ☒ No
Violation Of Restraining Order: ☐ Yes ☒ No Case #: _____
Prior History Of Domestic Violence: ☐ Yes ☒ No
Alcohol Or Drugs Involved: ☐ Yes ☐ No ☒ Unknown

Victim Contact Information:


Phone Home: 646-4084275 Work: _____
Employer: refused
Relative Name: refused Phone: _____
Address: _____
City/State: _____

State Of Florida
County Of Palm Beach

Appeared before me, BJONES, (print name) 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 me before this 23 day of July, 2021


Notary/Clerk Of Court/Officer (F.S. 117 10)

VICTIM NOTIFICATION FORM

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

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| - Homicide (Ch. 782) | - Sexual Offense (Ch. 794) |
| - Attempted Murder | - Attempted Sexual Offense |
| - Stalking (S. 784.084) | |
| - Domestic Violence (This includes any <i>Assault, Agg. Assault, Battery, Agg. Battery, Sexual Assault, Sexual Battery, Stalking, Agg. Stalking</i> 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 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 #: 21-037252 Agency: Boynton Beach Police Department
Offense: DOMESTIC BATTERY
Suspect/Offender: ROMERO, LEYDI, DE JESUS
DOB: 11/4/1985 Race: H Sex: F

2. Warrant # (s): _____

3. Complete one (1) of the following:
 - A. Victim's Name: JOSEPH PLUMERI
Address: 1499 S FEDERAL HWY
City: BOYNTON BEACH State: FL Zip: 33435
Home #: 646-4084275 Work #: _____ Other: _____

 - B. Victim's Next of Kin: refused
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 specify):

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 Victim: _____

Printed Name of Victim: JOSEPH PLUMERI

Officer's Name: BJONES I.D.# 954 Date: / /

SUSPECT/OFFENDER:

ROMERO, LEYDI, DE JESUS
COURT CASE/ WARRANT #:
(FOR WARRANTS USE ONLY)