

20mm 4874

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

OBTS Number	Agency ORI Number <b>0500800</b>		Agency Name <b>West Palm Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>9, 4   2020-0009341</b>	
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: <b>Hands/feet/teeth</b>		Multiple Clearance Indicator <b>1</b>
Location of Arrest (Including Name of Business) <b>3311 LAKE AVE, WPB FL 33405</b>			Location of Offense (Business Name, Address) <b>3311 LAKE AVE, WEST PALM BEACH, FL 33405</b>			
Date of Arrest <b>06/13/2020</b>	Time of Arrest <b>05:41</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

Name (Last, First, Middle) <b>PRADO GRAVENHORST, LINA MARCEL</b>		Alias:				Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White B - Black O - Asian	I - American Indian A - Asian	Sex <b>W</b>	F <b>F</b>	Date of Birth <b>08/21/1987</b>	Height <b>5'05</b>	Weight <b>110</b>	Eye Color <b>BROWN</b>	Hair Color <b>BLACK</b>	Complexion <b>OLIVE</b>	Build <b>Small</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>M</b>	Religion	Indication of: Alcohol Influence Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>				
Local Address (Street, Apt. Number) <b>3311 LAKE AVE, WEST PALM BEACH, FL 33405</b>				(City)	(State)	(Zip)	Home Phone		Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>1</b>	
Permanent Address (Street, Apt. Number) <b>3311 LAKE AVE, WEST PALM BEACH, FL 33405</b>				(City)	(State)	(Zip)	Mobile Phone		Address Source <b>FL DL</b>	
Business Address (Name, Street)				(City)	(State)	(Zip)	Work Phone		Occupation	
D/L Number, State <b>P632533878010 / FL</b>		Soc. Sec. Number		DNS Number		Place of Birth (City, State) <b>CAJI COLUMBIA</b>		Citizenship		

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

<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian	Name (Last, First, Middle)		Residence Phone		
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone
Notified by: (Name)	Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated		
Released To: (Name)	Relationship	Date	Time		

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:

Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperse/ 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
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Charge Description <b>BATTERY - BATTERY (SIMPLE)</b>	Statute Violation Number <b>784.03(1A1)</b>	Violation of ORD #					
Drug Activity	Drug Type <b>N</b>	Amount / Unit <b>/</b>	Offense #	Counts <b>1</b>	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond

Charge Description	Statute Violation Number	Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond

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"/> Injuries Explain:		
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond	<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health	<input type="checkbox"/> T.O.T. County Jail	
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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian) \_\_\_\_\_ Date Signed \_\_\_\_\_

I CONSENT TO RECEIVE REMINDERS OF COURT DATE(S) AND TIMES FOR THIS CASE BY TEXT MESSAGE TO THE NUMBER IDENTIFIED HERE. I UNDERSTAND THAT STANDARD TEXT MESSAGE RATES MAY APPLY AND THAT I MAY REVOKE THIS CONSENT VIA THE TEXT MESSAGE SYSTEM IF I CHOOSE.

INITIAL \_\_\_\_\_

HOLD for Other Agency	Signature of Arresting Officer <b>MEDINA, ALLEN, JACQUELINE</b>	Name Verification (Printed by Arrestee) <b>SCANNED</b>
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	(PRINT) <b>JUN 14 2020</b>
Intake Deputy <b>D. Kotocavage</b>	Transporting Officer <b>2048</b>	Page <b>1 OF 1</b>

No Photo Available

INITIAL

SCANNED


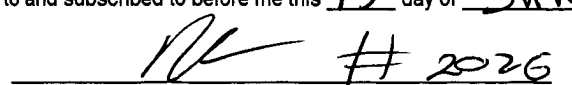
JUN 14 2020

PAGE 1 OF 1

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>06/13/2020 04:34</b>	
	Agency ORI Number <b>FL 0500800</b>	Agency Name <b>WEST PALM BEACH POLICE</b>
D E T A I L	Agency Report Number <b>9   4   2020-0009341</b>	
	Name (Last, First, Middle) <b>PRADO GRAVENHORST, LINA MARCEL</b>	Alias
C H A R G E	Race <b>W</b>	Sex <b>F</b>
	Date of Birth <b>08/21/1987</b>	
V I C T I M	Charge Description <b>784.03(1A1) BATTERY- BATTERY (SIMPLE)</b>	
	Victim's Name (Last, First, Middle) <b>MIRANDA ROMAN, MANUEL</b>	Alias
A D D I T I O N A L	Race <b>W</b>	Sex <b>M</b>
	Date of Birth <b>12/23/1996</b>	
I N F O R M A T I O N	Local Address (Street, Apt. Number) <b>3311 LAKE AVE, WEST PALM BEACH, FL 33405</b>	Phone <b>(321) 514-8072</b>
	Business Address (Name, Street) <b>3311 LAKE AVE, WEST PALM BEACH, FL 33405</b>	Address Source <b>FL DL</b>
N A R R	Occupation	
	Relationship Between Victim & Suspect <b>MARRIED</b>	
DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/> VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>UPSET</b>
PHOTOGRAPHS: Scene: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Victim: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 911 CALL: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> CALLER: <b>MANUEL MIRANDA</b> WEAPON USED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TYPE: WITNESSES: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> (If YES, attach witness list) INJURIES: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> MEDICAL TREATMENT: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> AT: Scene: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> PARAMEDICS: Hospital: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> PHYSICIAN(S) / HOSPITAL: ACT COMMITTED IN PRESENCE OF MINOR(S): YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NAMES/AGES: <b>HANNA BUITRAGO 13 MARIANA MIRA</b> H. R. S. NOTIFIED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> VICTIM PREGNANT: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> VIOLATION OF RESTRAINING ORDER: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> CASE #: PRIOR HISTORY OF DOMESTIC VIOLENCE: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ALCOHOL OR DRUGS INVOLVED: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
On 6/13/2020 at approximately 0329 hours, I was dispatched to 3311 Lake Ave in reference to a domestic. Upon arrival I made contact with the victim, Manuel Miranda Roman (w/m, 12/23/1996), who informed me of the following:		
STATE OF FLORIDA COUNTY OF PALM BEACH 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>13</u> day of <u>JUNE</u> , 2020  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		

NOT A CERTIFIED COPY

SCANNED  
JUN 14 2020

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County  
Narrative Continuation

A D M I N I S T R A T I V E	Date / Time <b>06/13/2020 04:34</b>	
	Agency ORI Number <b>FL 0500800</b>	Agency Report Number <b>9   4   2020-0009341</b>
	Agency Name <b>WEST PALM BEACH POLICE</b>	

At approximately 0330 hours, Miranda heard a banging on the door located to the rear of the residence. Miranda awoke from his sleep, opened the rear door and observed his wife, Lina Prado Gravenhorst (w/f, 8/21/87), outside of the door. As soon as Miranda opened the door, Prado began hitting Miranda and grabbing onto his neck. Miranda attempted to exit the residence to call police, but Prado continued to grab onto him. As Miranda exited the residence, Prado continued to grab onto him and then fell in the pool located in the backyard. At this time, Miranda called police and stood on scene until our arrival.

Miranda sustained scratches throughout his upper body, mostly on the right side of his neck, shoulder and arm. Manual informed me that he has been married to Prado approximately 3 years and they have a child in common, Mariana Miranda (03/15/2017). Prado and Miranda currently reside with Mariana and Prado's other daughter (different father), Hanna Buitrago (w/f, 12/24/2007). It should be known that the incident happened in front of Buitrago and Mariana. Miranda also informed me that he has recently filed for a divorce.

I made contact with Buitrago, who informed me that she was at a party with Prado and Marina prior to the incident. At the party, Prado became intoxicated. After the party, Prado drove Mariana and Buitrago back to their residence. During the drive back, Prado crashed the vehicle and did not notify police (unk where accident occurred). Prado then continued to drive home and got into a physical altercation with Miranda. Buitrago advised that she did not see Miranda hit Prado at any time during the altercation.

I made contact with Prado who informed me she was in an altercation with Miranda due to Miranda locking her out of the residence. Prado denies ever harming Miranda and stated Miranda threw her in the pool located in the rear of the residence. It should be known that Prado did not have any visible injuries but complained that her arms and legs hurt from being pushed in the pool. Prado was very emotional and alcoholic beverage omitted from her person.

Based on the above stated facts, probable cause exists to arrest Lina Prado Gravenhorst for one count of simple battery per F.S.S. 784.03(1A1).

NOT A CERTIFIED COPY

STATE OF FLORIDA  
COUNTY OF PALM BEACH

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 13 day of June, 2020

  
 \_\_\_\_\_  
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED  
 JUN 14 2020

# 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. 784.048)
- Domestic Violence - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. 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 #. 2020-0009341 Agency: \_\_\_\_\_  
Offense: Simple Battery  
Suspect/Offender: Lina Prado Graevenherst  
D.O.B. 8-21-87 Race: W Sex: F

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

3. Complete one (1) of the following:

a. Victim's name: Manuel Miranda Roman  
Address: 3311 Lake Ave.  
City: WPB State: FL Zip: 33405  
Home #: 321-514-8072 Work#: \_\_\_\_\_ Other: \_\_\_\_\_

b. Victim's next of kin: N/A  
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 person waiving notification: \_\_\_\_\_  
Printed name of person waiving notification: \_\_\_\_\_

Officer's Name: Medina I.D.: 2048 Date: 6-18-20

SUSPECT/OFFENDER: Lina Prado Graevenherst CASE/WARRANT # \_\_\_\_\_  
(FOR WARRANTS USE ONLY)