

0515915

20CF3131 MB 1139

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

OBTS Number	Agency ORI Number 0500800		Agency Name West Palm Beach Police Department		Agency Report Number (N.T.A.'s only) 9 4 2020-0006151
Charge Type: Check as many as apply: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input 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 NOT APPLICABLE		Multiple Clearance Indicator
Location of Arrest (Including Name of Business) 601 GREEN SPRINGS PL			Location of Offense (Business Name, Address)		
Date of Arrest 04/09/2020	Time of Arrest 14:37	Booking Date	Booking Time	Jail Date	Jail Time
Name (Last, First, Middle) ORTINAU, MARLEY ARIELLE			Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White I - American Indian B - Black O - Asian W F	Sex F	Date of Birth 07/22/1997	Height 5'06	Weight 150	Eye Color BLUE
Hair Color BLOND OR		Complexion FAIR	Build Medium		
Local Address (Street, Apt. Number) 601 GREEN SPRINGS PL, WEST PALM BEACH, FL 33407			Home Phone (708) 400-1228	Residence Type: 1. City 3. Florida 2. County 4. Out of State	
Permanent Address (Street, Apt. Number) 601 GREEN SPRINGS PL, WEST PALM BEACH, FL 33407			Mobile Phone	Address Source	
Business Address (Name, Street) 601 GREEN SPRINGS PL, WEST PALM BEACH, FL 33407			Work Phone	Occupation	
D/L Number, State 0635541977620 / FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) CHICAGO IL	Citizenship US	
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)			Residence Phone		
Legal Custodian _____			Business Phone		
Address (Street, Apt. Number) (City) (State) (Zip)			Notified by: (Name) _____ Date _____ Time _____		
Released To: (Name) _____ Relationship _____ Date _____ Time _____			JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated		
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 355-2526) informed of any change of address.			School Attended _____ Grade _____		
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No			Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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. Disperse/ Distribute	M. Manufacture/ Produce Cultivate	Z. Other
Charge Description CHILD NEGLECT			Statute Violation Number 827.03(1)(D) (2)(D)	Violation of ORD #	
Drug Activity	Drug Type N	Amount / Unit	Offense #	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
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
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
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"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail			PROPERTY - Received By	Released By	Released To
Transported By			Date Transported	Time Transported	Other
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.			Location (Court, Room) 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 CONTEMPT 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			(708) 400-1228 INITIAL _____		
HOLD for Other Agency			Signature of Arresting Officer DANIELLE GOLDBERGER	Name Verification (Printed by Arrestee) _____ (PRINT)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Restricted Arrest			Name of Arresting Officer (Print) GOLDBERGER, DANIELLE	ID # 02074	_____ (PRINT)
Intake Date _____			Transporting Officer Kel 2101 1561 WAB	ID # WAB	_____ (PRINT)
Witness here if subject signed with an "X".			PAGE 1 OF 1		

2020 APR 10 AM 5:29
NO PHOTO AVAILABLE
WEST PALM BEACH COUNTY, FL

SCANNED
APR 10 2020

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0500800		Agency Name WEST PALM BEACH POLICE	Agency Report Number 9 4 2020-0006151
Charge Type: Check as many as apply.				Special Notes:
<input checked="" type="checkbox"/> 1. Felony	<input 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) ORTINAU, MARLEY ARIELLE	Race W	Sex F	Date of Birth 07/22/1997
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Charge Description 827.03(1)(E) CHILD NEGLECT	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
Local Address (Street, Apt. Number)	(City)	(State)	(Zip)
Business Address (Name, Street)	(City)	(State)	(Zip)

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.

confessed to **POLICE** admitting to the below facts.

was observed by **WITNESS, FOLEY POLICE** who told that he/she saw the arrested person commit the below acts.

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

On the **9** day of **April**, **2020** at **14:20** (Specifically include facts constituting cause for arrest.)

On 04/09/20 at 0916 hrs I was dispatched to [REDACTED] in reference to a report of two unaccompanied toddlers by the lake.

Upon arriving on scene I met with Ofc. Jones who advised me of the following, as he was the first officer on scene.

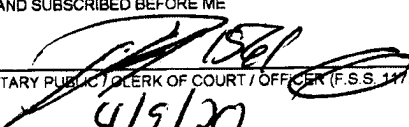
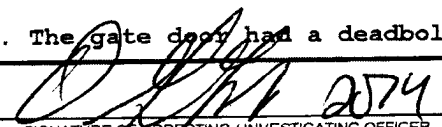
Ofc. Jones advised that upon arriving on scene he made contact with the caller, Foly, Danelle w/f 06/10/91. She stated that she was outside her unit (585 Green Springs Pl) when she saw two toddlers playing near the development lake and not supervised. She stated that she knew the children lived in [REDACTED] but did not see anyone in the area. The children were later identified as [REDACTED] w/m 02/28/16 and [REDACTED] w/f 11/19/17.

In addition, other residents in the area who refused to identify themselves stated that they observed the children running around the parking lot on east side of the unit unsupervised at approximately 0830 hrs.

When I arrived on scene Ofc. Conde and Ofc. Jones were with the children. The children appeared in good spirits and unharmed. The children stayed outside the residence with Ofc. Conde while myself and Ofc. Jones went to clear the residence.

The residence is located on the north west corner of a quadruplex. The unit has its personal courtyard that is surrounded by an approximately 6ft wooden gate with the gate door on the north side. On the west side of the gate is a large lake that is not fenced and has posted signs that there are alligators and that children should not be unsupervised.

The exterior wooden gate was unlocked and opened. The gate door had a deadbolt lock and

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	GOLDBERGER, DANIELLE (02074)
4/9/20	NAME OF OFFICER (PLEASE PRINT)
DATE	04/09/2020
	DATE

Agency ORI Number: **FL 0500800** Agency Name: **WEST PALM BEACH POLICE** Agency Report Number: **9 4 2020-0006151**

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Name (Last, First, Middle): **ORTINAU, MARLEY ARIELLE** Race: **W** Sex: **F** Date of Birth: **07/22/1997**

sliding lock.

Upon entering the residence Ofc. Jones and I announced our presence and entered the residence through the unlocked front door that had a doorknob lock and deadbolt that do lock but at the time were unsecured. The staircase leading to the second floor had a child's safety gate that was open.

Ofc. Jones and I cleared the first floor of the unit. Upon ascending to the second floor a white female was located in the guest room sleeping. She woke up after the numerous times myself and Ofc. Jones announced our presence in the residence.

The female was identified by her FL DL (0635541977620) as Ortinau, Marley w/f 07/22/97, the [redacted] of both [redacted] and [redacted].

On BWC Marley advised me of the following: She stated that she lives at the residence with both of [redacted]. She further informed me that she was prescribed thirty (30 pills) Clonazepam (1mg) by her doctor, Dr. Agresti (561)386-7743 on 04/6/20 for anti-insomnia and anxiety. Marley advised me that she was to take one pill (1mg) at night at bedtime. On 04/06/20 she advised that she took one pill.

On 04/07/20 she stated that she contacted her doctor via, text message and advised him that the prescribed dosage was not working, and he responded that she could increase her dosage to 2mg. On 04/07/20 she took 2mg (2 pills) and again the same dosage on 04/08/20. Marley showed me her prescription bottle that confirmed that the prescription was filled on 04/06/20 for thirty (30) pills. However, upon further investigation the prescription bottle only contained twenty (20) pills which in fact should only contain 25 pills based on Marley's account.

Marley further informed me that she lives alone in the residence with [redacted] and did not have anyone one else present. She advised me that she is the sole [redacted] in the residence but that [redacted] takes [redacted] to his residence [redacted] on the weekends.

Upon walking the area of the lake that is located on the west side of the unit, I located [redacted] toys in the water and along the shore in the area that [redacted] were observed playing.

Marley denied taking more medication then the prescribed amount. However, she did admit that the prescriptions did affect her sleeping habit and did not hear [redacted] leave the bedroom that she was in. It is unknown if the bedroom door was secured or not.

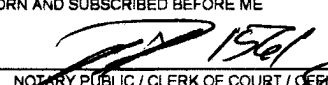
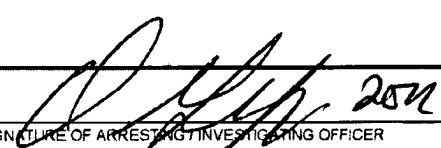
I attempted to contact Dr. Agresti but had negative results.

SWORN AND SUBSCRIBED BEFORE ME

[Signature]
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.18)
 4/9/20
 DATE

[Signature] 2074
 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
GOLDBERGER, DANIELLE (02074)
 NAME OF OFFICER (PLEASE PRINT)
04/09/2020
 DATE

PAGE 2 OF 3

OBTS Number Agency ORI Number FL 0500800	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE
Agency Name WEST PALM BEACH POLICE	Agency Report Number 9 4 2020-0006151			
Charge Type: Check as many as apply. <input checked="" type="checkbox"/> 1. Felony <input 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:	
Name (Last, First, Middle) ORTINAU, MARLEY ARIELLE			Race W	Sex F
Date of Birth 07/22/1997				
<p>I made contact with [REDACTED] at [REDACTED] who advised me that he and Marley are not in a relationship and live in separate residences. He was informed of the circumstances of the incident. He stated that he has had concerns for the well-being of [REDACTED] due to past situations where [REDACTED] are alone with Marley and would come to his residence on the weekends.</p> <p>I contacted DCF and was put in touch with intake employee Cristian, ID # 179. I requested an immediate response in which DCF Worker Archer, Kelly (561-308-5463), ID # KA10179 in regard to intake # 2020-109236-01.</p> <p>Archer administered a voluntary field urine analysis that Marley agreed to take. The results gave presumptive positive results of Benzodiazepines which is in the prescribed medication Clonazepam</p> <p>Based on my investigation I found probable cause for the arrest of Ortinau, Marley for F.S.S 827.03(1)(E) for child neglect. Due to Marley, being [REDACTED] caregiver failing to provide [REDACTED] with the care, supervision necessary to maintain the children's physical and mental health.</p>				
SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 4/9/20 DATE	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER GOLDBERGER, DANIELLE (02074) NAME OF OFFICER (PLEASE PRINT) 04/09/2020 DATE			

NOT A CERTIFIED COPY

PAGE 3 OF 3
 SCANNED
 APR 10 2020 o.



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	<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"/>	(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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020010202	Date: 04/09/20
	Specialist Name/ID: J. Beck/9007

SCANNED
APR 10 2020