0548172

☐ Marsy's Law: DVI FL. Const. Art.1 § 16(b)

24MM 26026 MB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

☐ Check if Supplement is Attached 24668

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

1

Juvenile? N

ADMINISTRATIVE

OBTS Number

Agency ORI Number	Agency Name	Agency Report Number
FL0 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	0 6 - 24048017

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

Multiple Clearance Indicator: 1

Location of Arrest (including Name of Business)	Location of Offense (Business Name, Address)
9346 NUGENT TRL WEST PALM BEACH, FL 33411	9346 NUGENT TRL WEST PALM BEACH, FL 33411

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
03/28/24	2242					

DEFENDANT

Name (Last, First, Middle): POSTMA ALICIA C

Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	11/29/1978	5'09	160	BLU	BRN	MEDIUM	MEDIUM

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)

Marital Status: Married — Religion: None

Indication of: Alcohol Influence Y ☒ N ☐ Unk ☐ — Drug Influence Y ☐ N ☐ Unk ☒

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Mobile Phone	Residence Type (1. City 2. County 3. Florida 4. Out of State)
9346 NUGENT TRL	WEST PALM BEACH	FL	33411	219-707-1354	2

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
					FL DL

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
					NURSE

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
P235003789290	[redacted]		PHOENIX, AZ	USA

CO-DEF

Co-Defendant (Last, First, Middle)	Race	Sex	Date of Birth	☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
Co-Defendant (Last, First, Middle)	Race	Sex	Date of Birth	☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: 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 Dept. and Released. 2. TOT HRS/DYS 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 (561) 355-6511) informed of any change of address.

☐ Yes, by: (Name) ☐ No (Reason) — 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. 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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
(DOMESTIC) BATTERY	1	☒ Y ☐ N	784.03(1)(a)(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		24048017		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

FILED PBC - 29 MAR 24 09:55

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address)

Court Date and Time

Month Day Year Time A.M. ☐ P.M. ☐

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.

03/28/24

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

I consent to receive text reminders of court date(s) and times for this case by automated technology to the mobile number identified above. I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose. Signature SCANNED

ADMIN

HOLD for other agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy I.D. # Pouch #

Signature of Arresting Officer: X

Name of Arresting Officer (Print) I.D. #: D/S E. PICARD 40352

Transporting Officer I.D. # Agency: D/S E. PICARD 40352 PBSO

Name Verification (Printed By Arrestee) (PRINT) MAR 29 2024

Witness here if subject signed with an "X"

PAGE 1 OF 1

PROBABLE CAUSE AFFIDAVIT

OBTS Number | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias | 1 | Juvenile | N

ADMIN

Agency ORI Number: FLO 500000 | Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number: 06- 24048017

Charge Type (Check as many as apply): [ ] 1. Felony [ ] 2. Traffic Felony [x] 3. Misdemeanor [ ] 4. Traffic Misdemeanor [ ] 5. Ordinance [ ] 6. Other | Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
POSTMA ALICIA C		W	F	11/29/1978

CHARGES

(DOMESTIC) BATTERY 784.03(1)(a)(1)	

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
POSTMA DAVID	W	M	08/28/1977

Local Address (Street, Apt. Number)	(City)	(State)	(zip)	Phone	Address Source
9346 NUGENT TRL	WEST PALM BEACH	FL	33411	219-707-1176	FL DL

Business Address (Name, Street)	(City)	(State)	(zip)	Phone	Occupation
					CONSTRUCTION

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 _____ admitting to the below facts.
- [ ] was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
- [x] was found to have commited the below acts, resulting from my (described) investigation.

On the 28TH day of MARCH 2024 at 2215 [ ] A.M. [x] P.M. (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

[ ] Marsy's Law CVI
FL. Const. Art 1 § 16(b)

On March 28th, 2024, at approximately 2215hrs, I was dispatched to 9346 Nugent Trl, West Palm Beach, FL 33411 in reference to a 911 hangup.

Upon arrival, I made contact with Alicia Postma (DOB 11/29/1978) who would not provide us with any information and stated she did not know what was going on.

While speaking with Alicia, I was able to notice a white male pacing back and fourth inside of the garage, who was later identified as Alicia's husband David Postma (DOB 08/28/1977).

I made contact with David who stated Alicia started a physical altercation with him after they returned home from dinner. David stated he saw someone send a message to Alicia on the app "Snapchat" with her in a bra and shorts standing in a mirror. David stated after seeing the message between the individual and Alicia he asked to see her phone. David stated Alicia would not provide him with the phone and proceeded to strike him in the face multiple times. I was able to notice dried blood and minor cuts close to Davids left eye from where he stated Alicia struck him.

After speaking with David I returned and spoke with Alicia, who would not provide me with any statements about the altercation. When I asked Alicia to show me her hands, I noticed dried blood on her left hand, near the fingernail, consistent with the cuts near Davids left eye.

After conducting my investigation, I found probable cause to charge Alicia Postma (DOB 11/29/1978) with (Domestic Battery) F.S.S. 784.03(1)(a)(1).

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH
D/S E. PICARD (ID #) 40352
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 28th day of MARCH 20 24 by D/S E. PICARD 40352

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN LEO

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

PBSO #0004 REV. 01/23 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Name (Last, First, Middle)

Suspect: POSTMA ALICIA C **DOB:** 11/29/1978 **Case #:** 24048017

Name (Last, First)

Victim: POSTMA DAVID **DOB:** 08/28/1977 **Race:** W **Sex:** M

Relationship between Victim and Defendant:

Photographs: Scene × Yes No Victim × Yes No Defendant × Yes No

911 Call: × Yes No **Caller:** POSTMA DAVID

Weapon Used: Yes × No **Type:**

Witness: Yes × No **Name:** (Last) (First) (Middle)

Victim Pregnant: Yes × No **If yes,** weeks months

Injuries: × Yes No **Description:** MINOR CUTS

Medical Treatment: Yes × No

At Scene: Yes No **Paramedics:**

At Hospital: Yes No **Hospital:** **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)

× Upset × Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other

Victim Contact Information: (Last) POSTMA (first) DAVID

Local Address: 9346 NUGENT TRL, WEST PALM BEACH, FL 33411

Phone: 219-707-1176

Employer: (Name) CONSTRUCTION (Employer Address)

Name of Relative: (Last) (First) **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)
- **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.**
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**
- **Dating Violence**

Upon completion, this form must accompany the booking paperwork.
If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: **24048017** Agency: **PBSO**
   Offense: **(DOMESTIC) BATTERY**
   Suspect/Offender: Name (Last) **POSTMA** (First) **ALICIA** (Middle) **C**
   D.O.B. **11/29/1978** Race: **W** Sex: **F**

2. Warrant #(s): _____
   Name (Last, First)

3.a. Victim's name: **POSTMA** **DAVID** D.O.B. **08/28/1977** Race: **W** Sex: **M**
   Address: **9346 NUGENT TRL**
   City: WEST PALM BEACH State: FL Zip: 33411
   Home #: **219-707-1176** Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: (Last) _____ (First) _____
   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:** **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: Name (Last, First) **POSTMA** **DAVID**

Deputy's Name: **D/S E. PICARD** I.D. # **40352** Date: **03/28/24**

SCANNED
MAR 29 2024

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

PBSO #0029A REV. 05/11

SUSPECT/OFFENDER **POSTMA** **ALICIA** **C** COURT CASE/WARRANT #: _____
(FOR WARRANTS USE ONLY)

Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	
	☐	119.071(2)(e)	Confession	
Public Info. Exemptions	☐	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	
	☐	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	☐	119.0712(2)	Personal information contained in a motor vehicle record	
	☐	316.650(11)	Driver information contained in a uniform traffic citation	
	☐	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☐	(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	☐			
	☐			
	☐			
	☐			

REVIEW COMPLETED BY

Booking Number: 2024008391	**Date:** 3/29/2024
	Specialist Name/ID#: T.HOWARD/7185