0538483 23cf1730 592

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0501700

Agency Name: Jupiter Police Department

Agency Report Number (N.T.A.'s only): 5 | 4 | 23-000878

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: UNARMED

Multiple Clearance Indicator

Location of Arrest (Including Name of Business): [redacted]

Location of Offense (Business Name, Address): [redacted]

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
02/24/2023	23:36	02/25/2023	01:25			

DEFENDANT

Name (Last, First, Middle): COLIO, ANGELA JOYCE

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

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	05/30/1978	5'05	180	BROWN	BROWN	FAIR	Large

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):

Marital Status: M

Religion: CHRISTIAN

Indication of: Alcohol Influence ☐ Yes ☐ No ☒ Unk. ☐ Drug Influence

Local Address (Street, Apt. Number): 1217 DAKOTA DR, JUPITER, FL 33458 (City) (State) (Zip)

Phone: (561) 632-5542

Residence Type: 1. City 3. Florida 2. County 4. Out of State: 1

Permanent Address (Street, Apt. Number): 1217 DAKOTA DR, JUPITER, FL 33458 (City) (State) (Zip)

Phone: (561) 632-5542

Address Source: DEFENDANT

Business Address (Name, Street): UNK, (City) (State) (Zip)

Phone:

Occupation: Unk

D/L Number, State: C400010786900 / FL

Soc. Sec. Number: [redacted]

INS Number:

Place of Birth (City, State): BOYNTON BEACH, FL

Citizenship: US

CO-DEF

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

Co-Defendant Name (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): NO BOND. 6. 2. OR

Residence Phone:

Address (Street, Apt. Number) (City) (State) Zip:

VICTIM NOTIFICATION REQUIRED

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:

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 D. Deliver E. Use R. Smuggle K. Disperses/ 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 1

Charge Description: CHILD ABUSE - WITH ASSAULT/BATTERY

Statute Violation Number: 827.03(2)(c)MD

Violation of ORD #:

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☒ Y ☐ N		

CHARGE 2

Charge Description: RESIST/OBSTRUCT OFFICER W/O VIOLENCE

Statute Violation Number: 843.02

Violation of ORD #:

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE

Charge Description:

Statute Violation Number:

Violation of ORD #:

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant

Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries

Explain:

Check which applies: ☐ Released O.R. ☐ Posted Bond ☐ Released to Parent/Guardian ☐ South County Mental Health ☒ T.O.T. County Jail

PROPERTY - Received By | Released By | Released To

Transported By | Date Transported / / | Time Transported : : | Other

NOTICE TO APPEAR

☐ INSTRUCTION NO. 1 - Mandatory appearance in court

☒ 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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

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

No Photo Available

ADMIN

HOLD for Other Agency:

☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other

Intake Deputy: Bonilla I.D.# 1556 Pouch #

Signature of Arresting Officer: M. [redacted] 1256

Name of Arresting Officer (Print): DENIER, MICHAEL I.D.# 1256

Transporting Officer: M. DENIER I.D.# 1256 Agency: JUP PD

Name Verification (Printed by Arrestee) (PRINT)

FEB 25 AM 3:05

Witness here if subject signed with an "X".

PAGE 1 OF 1

☒ COURT ☒ STATE ATTORNEY ☒ AGENCY ☒ CENTRAL RECORDS ☒ JAIL ☒ CRIME ANALYSIS ☒ P.I.O. ☒ DEFENDANT

DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT

Palm Beach County

ADMIN

Date / Time	Agency ORI Number	Agency Name	Agency Report Number
02/24/2023 23:36	FL 0501700	JUPITER POLICE DEPARTMENT	5 | 4 | 23-000878

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
COLIO, ANGELA JOYCE		W	F	05/30/1978

CHRG

Charge Description: 827.03(2)(C) NP
827.03(1) CHILD ABUSE - WITH ASSAULT/BATTERY

VICTIM

[redacted]

ADDITIONAL INFORMATION

	Written	Taped	Oral
DEFENDANT'S STATEMENTS:	☐	☐	☒
VICTIM'S STATEMENTS:	☐	☐	☒

OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): **SCARED**

RELATIONSHIP BETWEEN VICTIM & SUSPECT: [redacted]

	YES	NO	
PHOTOGRAPHS: Scene:	☐	☒	
Victim:	☒	☐	
911 CALL:	☒	☐	CALLER: **VICTIM**
WEAPON USED:	☒	☐	TYPE: **HANDS**
WITNESSES:	☒	☐	(If YES, attach witness list)
INJURIES:	☒	☐	
MEDICAL TREATMENT:	☐	☒	
AT: Scene:	☐	☐	PARAMEDICS:
Hospital:	☐	☐	PHYSICIAN(S) / HOSPITAL:
ACT COMMITTED IN PRESENCE OF MINOR(S):	☒	☐	NAMES/AGES: **VICTIM**
H. R. S. NOTIFIED:	☐	☒	
VICTIM PREGNANT:	☐	☒	
VIOLATION OF RESTRAINING ORDER:	☐	☒	CASE #:
PRIOR HISTORY OF DOMESTIC VIOLENCE:	☐	☒	
ALCOHOL OR DRUGS INVOLVED:	☐	☒	

NARR

My Body-worn camera was activated during this incident:

On Friday, 2/24/23, at 2309 hours, I was dispatched to [redacted] in regards to a domestic violence situation.

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] 1256
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 25 day of February, 2023.

SCHNEIDER, RILEY [signature]
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT
Palm Beach County
Narrative Continuation

ADMIN

Date / Time		
02/24/2023 23:36		
Agency ORI Number	Agency Name	Agency Report Number
FL 0501700	JUPITER POLICE DEPARTMENT	5 | 4 | 23-000878

NARRATIVE

The caller left the residence and went to 3319 E Mallory Dr., Jupiter, Fl 33458. I arrived at 3319 E. Mallory Dr at approximately 2317 hours and met with the complainant [redacted] who is under the age of 18. [redacted] stated she was in her bedroom and heard [redacted] Angela Joyce Colio (W/F DOB 05/30/1978), arguing. As [redacted] was exiting her bedroom to go to the bathroom, Colio went to [redacted] and shoved her back into her bedroom. While being shoved by Colio, [redacted] right forearm was scrapped by the bedroom doorframe. [redacted] then showed me her right forearm, and I was able to see the scrape mark consistent with her statement.

I then went to [redacted] and met with Colio. Colio stated that she was arguing with [redacted] and saw [redacted] standing by her doorway. Colio said she did not want [redacted] to see or hear the argument and told her to go into her room. When [redacted] refused, Colio pushed her back into her room and said she was disrespectful.

Officers on the scene advised me that they spoke with [redacted] (W/M DOB 02/11/1979), who advised them that he was involved in a verbal argument with [redacted] and did not see [redacted] touch [redacted]

With the statements given to me by [redacted] and Colio, I found that probable cause exists to charge Colio with F.S.S. 827.03(1)(b) - CHILD ABUSE did intentionally inflict physical or mental injury upon [redacted], a child, {or} did an intentional act or actively encouraged another to do an act that resulted or could have reasonably been expected to result in physical or mental injury to [redacted], a child, contrary to Florida Statute 827.03(1)(b) and (2)(c).

While placing Colio under arrest, she attempted to pull her arms away from me, which took Pfc. Schneider, Ofc. Gonzalez and I hold her arms and hands in place in order to handcuff her. Due to Colio actively resisting me by tensing her wrists and pulling her arms away, I found that probable cause exists to charge Colio with F.S.S. 843.02 - RESIST OFFICER WITHOUT VIOLENCE did resist, obstruct or oppose Ofc. Denier, a law enforcement officer of the Jupiter Police Department, in the execution of a legal process or the lawful execution of a legal duty, without offering or doing violence to the person of such officer, contrary to Florida Statute 843.02.

Once I placed Colio in handcuffs, I checked them for proper fitness and transported her to the Palm Beach County Jail without further incident.

I contacted the Florida State Department of Children and Families and informed them of this incident. D.C.F. Agent 158 stated that they would follow up with this case.

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.

R. [redacted] 1256
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 25 day of February, 2023.

SCHNEIDER, RILEY [redacted]
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

COURT | STATE ATTORNEY | CENTRAL RECORDS | JAIL | CRIME ANALYSIS | P. I. O.

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**
- **Dating Violence**
- **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.

SUSPECT/OFFENDER: _____ COURT CASE/WARRANT #: _____ **(FOR WARRANT USE ONLY)**

1. Incident Report #: **23000878** Agency: **Jupiter Police Department**
   Offense: **Domestic Battery**
   Suspect/Offender: **Angela J Colio**
   D.O.B. **05/30/1978** Race: **White** Sex: **Female**

2. Warrant #(s): _____

3a. [redacted]

3b. Victim's Next of Kin, Friend or Neighbor: _____
   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: _____

Officer's Name: _____ I.D. # _____ Date: _____

1 copy = Corrections or State Attorney (Warrant Application) 1 Copy = Warrants Section 1 copy = Central Records

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(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	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2023005266	**Date:** 2/25/2023
	Specialist Name/ID: Chantel Daniels/30347