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ARREST / NOTICE TO APPEAR

- 1. Arrest (No Warrant) 3. Request for Warrant
- 2. N.T.A. 4. Request for Capias
- 5. Juvenile Referral

1 JUVENILE N

Agency ORI Number: **0500200** Agency Name: **Boca Raton Police Department** Agency Report Number (N.T.A.'s only): **3 | 2 | 2024-001973**

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

Multiple Circumstance Indicator: Enter Type: **UNARMED**

Location of Arrest (Including Name of Business): **9 PLAZA REAL S, BOCA RATON, FL 33432** Location of Offense (Business Name, Address): **9 PLAZA REAL S, BOCA RATON, FL 33432**

Date of Arrest: **02/17/2024** Time of Arrest: **00:03** Booking Date: Booking Time: Jail Date: Jail Time: Location of Vehicle:

Name (Last, First, Middle): **ROSENBERG, CAITLYN ISABEL** Alias: Alias (Name, DOB, Soc. Sec. #, Etc.):

Race: **W** Sex: **F** Date of Birth: **01/03/2000** Height: **5'03** Weight: **170** Eye Color: **BROWN** Hair Color: **BROWN** Complexion: **LIGHT** Build: **Medium**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): **TATT M BACK / ANGEL WINGS; TATT L FORE ARM / AND SO IT** Marital Status: **S** Religion: **JEWISH** Indication of Alcohol Influence: Yes No Unk. Drug Influence: Yes No Unk.

Local Address (Street, Apt. Number): **501 SE 8TH ST 210, DEERFIELD BEACH, FL 33441** (City) (State) (Zip) Phone: **(561) 215-3149** Residence Type: 1. City 3. Florida 2. County 4. Out of State

Permanent Address (Street, Apt. Number): **501 SE 8TH ST 210, DEERFIELD BEACH, FL 33441** (City) (State) (Zip) Phone: **(561) 215-3149** Address Source: **DEF**

Business Address (Name, Street): (City) (State) (Zip) Phone: **(561) -** Occupation: **Student**

D/L Number, State: **R251109005030 / FL** Soc. Sec. Number: [REDACTED] INS Number: Place of Birth (City, State): **LONG ISLAND, NJ** Citizenship: **US**

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

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

Parent Other: Name (Last, First, Middle): Residence Phone: Legal Custodian Address (Street, Apt. Number): (City) (State) (Zip) Business Phone:

Notified by (Name): Date: Time: Relationship: Date: Time: **MAEY'S LAW**

Released To (Name): Relationship: Date: Time: **MAEY'S LAW**

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.

Property Crime? Yes No Description of Property: Value of Property:

Drug Activity: S. Sell R. Smuggle K. Dispense/Distribute M. Manufacture/Produce/Cultivate Z. Other Drug Type: 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: **BATTERY - BATTERY (SIMPLE)** Statute Violation Number: **784.03(1A1)** Violation of ORD #: Bond:

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

Charge Description: Statute Violation Number: Violation of ORD #: Bond:

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

Charge Description: Statute Violation Number: Violation of ORD #: Bond:

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

Health / Apparent Physical Condition of Defendant: Any knowledge of the following: Medication Deformities Injuries Explain:

Check which applies: Released O.R. Released to Parent/Guardian T.O.T. County Jail PROPERTY - Received By: Released By: Released To:

Transported By: Date Transported: Time Transported: Other:

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): **South County 200 W Atlantic Ave Delray Beach, FL 33444** Court Date and Time: **24 FEB 17 AM 7:00**

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: **SCANNED**

HOLD for Other Agency: Signature of Arresting Officer: **874** Name Verification (Printed by Arrestee): **FEB 17 2024**

Dangerous Resisted Arrest Suicidal Other: Name of Arresting Officer (Print): **BAGWELL, K. L.** I.D. #: **874** (PRINT) **FEB 17 2024**

Impress Deputy: **Benillo** I.D. #: **18342** Patch #: **874** Agency: **BXPD** Page: **1 OF 1**

Witness here if subject signed with an "X":

0496916


1027

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

A D M I N I S T R A T I V E	OBTS Number		Agency ORI Number FL FL0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2024-001973				
	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		Special Notes		Race W		Sex F		Date of Birth 01/03/2000		
D E F E N D E N T	Name (Last, First, Middle) ROSENBERG, CAITLYN ISABEL		Alias		Race W		Sex F		Date of Birth 01/03/2000		
	Charge Description 784.03(1A1) BATTERY- BATTERY (SIMPLE)		Charge Description		Charge Description		Charge Description		Charge Description		
V I C T I M	Victim's Name (Last, First, Middle) GONZALES, JEFFRIE ALLEN		Race W		Sex M		Date of Birth 12/11/1990		Address Source		
	Local Address (Street, Apt. Number) 9 PLAZA REAL S 507, BOCA RATON, FL 33432		(City) (State) (Zip)		Phone		Address Source		Occupation		
	Business Address (Name, Street) 9 PLAZA REAL S 507, BOCA RATON, FL 33432		(City) (State) (Zip)		Phone		Occupation				
<p>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.</p> <p>The Person taken into custody . . .</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>17</u> day of <u>February</u>, <u>2024</u> at <u>01:17</u> (Specifically include facts constituting cause for arrest.)</p> <p>The victim invokes his Marcy's Rights.</p> <p>MVR Available.</p> <p>On February 17, 2024 at approximately 2325 hours, I was dispatched to 9 Plaza Real S in reference to a physical domestic. Prior to arrival, the witness advised that he saw a male and female physically fighting near a parking garage.</p> <p>Upon arrival, I met with the victim, Jeffrie Gonzales, who advised during an argument with his girlfriend (Caitlyn Rosenberg) she punched him in the face multiple times. It should be noted that I observed that Gonzales had a swollen left eye, and there was a laceration above his left eye that was bleeding. Gonzales advised that Caitlyn was upset with him because he did not say anything to the bartender that made a comment to her.</p> <p>I then made contact with Caitlyn Rosenberg who advised that she was in an argument with her boyfriend approximately 10 minutes before. Rosenberg advised that things were physical between her and the victim in a "kinky" way. Rosenberg told Officers that any injuries that the victim had was not from being kinky, that it was from the argument. Caitlyn was uncooperative when telling the events of what took place.</p> <p>Based upon my investigation, Gonzales` and Rosenberg`s statements, and independent witness statements, I was able to develop probable cause against Caitlyn Rosenberg for simple battery (domestic) pursuant to F.S.S 784.03(1) (a) (1). Rosenberg was then transported to the BRPD for initial processing and then to Palm Beach County Jail.</p>											
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER				PAGE		
	CARNEY, DANIEL CHARLES NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>02/17/2024</u> DATE				 BAGWELL, KIRBY LYNN (874) NAME OF OFFICER (PLEASE PRINT) <u>02/17/2024</u> DATE				1 OF 1		

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

SCANNED FEB 17 2024

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- 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.)

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

1. Incident Report#: 2024001973 Agency: Boca Raton Police Department
Offense: Simple Battery
Suspect/Offender: Caitlyn Rosenberg
D.O.B. 01/03/2000 Race: White Sex: Female

2. Warrant#(s): _____

3.a. Victim's name: JEFFREY GONZALES D.O.B. 12-11-90 Race: White Sex: M
Address: 11 Pal Plaza Real S Apt. 507
City: Boca Raton State: FL Zip: 33432
Home#: 682-220-8323 Work#: _____ Other: _____

b. 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: Pursuant to F.S. 119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).
Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: Stephenson I.D.# 876 Date: FFR 17 2024
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

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

SCANNED



Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel	
	<input type="checkbox"/>	119.071(2)(e)	Confession	
Public Info. Exemptions	<input type="checkbox"/>	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)	
	<input type="checkbox"/>	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	
	<input type="checkbox"/>	119.0712(2)	Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	316.650(11)	Driver information contained in a uniform traffic citation	
	<input type="checkbox"/>	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	<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"/>	(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"/>			
Other	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

REVIEW COMPLETED BY

Booking Number: 2024004437	Date: 2/17/2024
	Specialist Name/ID#: C.Daniels 30347

SCANNED

FFR 17 2024