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

Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 016-24-041751
Agency ORI Number FLO: 5 0 0 0 0 0			
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		Multiple Clearance Indicator
Location of Arrest (including Name of Business)		Location of Offense (Business Name, Address)	
Date of Arrest 03/08/24	Time of Arrest 1625	Booking Date	Booking Time
Jail Date	Jail Time	Location of Vehicle	

Name (Last, First, Middle) LANDAN CHARLES DAVID		Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White B - Black w	Sex M - Male F - Female m	Date of Birth 07/18/1957	Height 5'07
Weight 220	Eye Color BROWN	Hair Color BROWN	Complexion PALE
Build LARGE	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE		
Local Address (Street, Apt. Number) (City) (State) (Zip)		Marital Status Single	Religion
Permanent Address (Street, Apt. Number) (City) (State) (Zip)		Indication of: Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk	
Business Address (Name, Street) (City) (State) (Zip)		Mobile Phone 702-595-5264	Residence Type: 1. City 2. County 3. Florida 4. Out of State 2
D/L Number, State L535144572580		Soc. Sec. Number	INS Number
Place of Birth (City, State) PHILADELPHIA, PA		Citizenship US	

Co-Defendant (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 (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 <input type="checkbox"/> Other	Name (Last) (First) (Middle)	Residence Phone
Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone
Notified by: (Name)	Date	Time
Released To: (Name)	Relationship	Juvenile Disposition 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated

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)

Property Crime? Yes 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. 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 Description BATTERY (SIMPLE) DOMESTIC						Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784..03 1A1	Violation of ORD #	
Drug Activity N/A	Drug Type N/A	Amount / Unit	Offense # 24-041751	Warrant / Capias Number		Bond NONE				
Charge Description						Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Charge Description						Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Charge Description						Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				

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 03/08/24
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.

HOLD for emergency	Signature of Arresting Officer D/S R. Banuchi	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	Name of Arresting Officer (Print) D/S R. Banuchi	(PRINT)
<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	I.D. # 7369	PAGE
Intake Deputy Isabelle	Transporting Officer 7/5 J. L. 8059	Agency PBSO
I.D. # Pouch #	I.D. #	Witness here if subject signed with an "X"

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest	3. Request for Warrant	1	Juvenile
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 24-041751			
Charge Type: Check as many as apply.		Special Notes:					
<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			
DEF	Name (Last, First, Middle) LANDAN CHARLES DAVID		Alias	Race W	Sex M	Date of Birth 07/18/1957	
	CHARGES		BATTERY (SIMPLE) DOMESTIC 784.03 1A1				
VICTIM	Victim's Name (Last, First, Middle) DIONOLA ERLINDA		Race W	Sex M	Date of Birth		
	Local Address (Street, Apt. Number) (City) (State) (zip) Phone		Address Source FL DL				
	Business Address (Name, Street) (City) (State) (zip) Phone		Occupation NURSE				
<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. The Person taken into custody <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. <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 8TH day of MARCH 2024 at 1520 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>							
<input checked="" type="checkbox"/> Marsy's Law CVI FL. Const. Art.1 § 16(b)							
<p>On March 8th 2024 at approximately 1528 hours, D/S Grant and I responded to a domestic battery call at [REDACTED]. Upon arrival, the complainant/victim was standing by in a black ford explorer of the address of [REDACTED] later identified as Erlinda Dionola who provided a sworn taped statement via body worn camera of the following: Dionola lives with her boyfriend, Charles Landan at this address and they have been boyfriend/girlfriend relationship for 7 years. At approximately 1500 hours, Dionola was notified of a bank alert and went to leave her residence and stopped her vehicle in the driveway to get the mail from the mail box. Landan came out of the house and asked for his mail and Dionola stated she gave it to him after they fought over the mail. Landan pushed her down on the ground which she claims hurt her hand and fingers but refused any medics to respond to the scene. Dionola showed her hands and an abrasion on the finger of the right hand and mild abrasions on the palms which was later photograph and submitted via Axon evidence. Dionola got up and called 911 and stood by for PBSO. D/S Grant and I conducted a interview with Landan who came out of the house to meet us. Landan had an abrasion along the lower left arm and an abrasion under the left eye, Landan stated there has been a ongoing battle over finances recently and he wasn't receiving his mail and when he saw Dionola pull up in her Ford Explorer car and went to grab the mail at the mail box. Landan ran out towards his mail box and asked Dionola for the mail. Landan stated that they got into a physical altercation over the mail. Landan stated that she hit him in the face with a pocket book striking his face. Landan refused any medical attention. During a second interview with Dionola, she stated that she has been staying at the residence and only was leaving to go to a bank and had already given Landan his mail when he tried to drive away with her car and she blocked the drivers side door from closing and Landan got out and pushed her. Landan was advised of the charge of simple battery by him as the primary aggressor and placed in handcuffs, double locked and checked for proper fit.</p> <p>Based on my investigation it was determined that probable cause exist for simple battery F.S.S. 784.03 by Charles David Landan, one (1) count.</p>							
STATE OF FLORIDA COUNTY OF PALM BEACH D/S R. Banuchi (Signature of Arresting/Investigative Officer) (ID #) 7369							
The foregoing instrument was sworn to or affirmed and subscribed before me this 5th day of March 20 24 by D/S R. Banuchi 7369 (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN D/S Banuchi							
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)							

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 #: 24-041751 Agency: PBSO
Offense: BATTERY (SIMPLE) DOMESTIC
Suspect/Offender: Name (Last) LANDAN (First) CHARLES (Middle) DAVID
D.O.B. 07/18/1957 Race: w Sex: m

2. Warrant #(s): _____

3.a. Victim's name: DIONOLA, ERLINDA D.O.B. [REDACTED] Race: w Sex: m
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip: [REDACTED]
Home #: [REDACTED] 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) DIONOLA, ERLINDA
Deputy's Name: D/S R. Banuchi I.D. # 7369 Date: 03/08/24

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

SUSPECT/OFFENDER LANDAN CHARLES DAVID
(FOR WARRANTS USE ONLY)
COURT CASE/WARRANT #:

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
 (Submit this form with the original Probable Cause affidavit)

Name (Last, First, Middle)
Suspect: LANDAN CHARLES DAVID DOB: 07/18/1957 Case #: 24-041751

Name (Last, First)
Victim: DIONOLA, ERLINDA DOB: [REDACTED] Race: w Sex: m

Relationship between Victim and Defendant: boyfriend

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No **Caller:** DIONOLA, ERLINDA

Weapon Used: Yes No **Type:** _____

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

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

Injuries: Yes No **Description:** abrasion

Medical Treatment: Yes No

At Scene: Yes No **Paramedics:** PBFR 57

At Hospital: Yes No **Hospital:** west boca medical **Doctor:** ER

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: his girlfriend Dionola hit him after fighting for the mail

Victim's Statements Yes No **If yes,** written recorded oral

First words Victim said when you responded to scene: my boyfriend hit me and pushed me to the ground

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

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other _____

Victim Contact Information: (Last) DIONOLA, (first) ERLINDA

Local Address: _____

Phone: _____

Employer: (Name) NURSE (Employer Address) _____

Name of Relative: (Last) _____ (First) _____ **Phone:** _____

Address: _____



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 checked="" 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)	1-5,7
	<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	1-5,7
	<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: 2024006452	Date: 3/9/2024
	Specialist Name/ID#: C.Daniels 30347