

0547160

2024 CF - 1427 AM'S 2668

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

Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number		Agency ORI Number FLO: 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 0 16 1-24-035503	
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	
Location of Arrest (including Name of Business)		Location of Offense (Business Name, Address)					
Date of Arrest 02/17/24	Time of Arrest 18:00	Booking Date 02/17/2024	Booking Time	Jail Date	Jail Time	Location of Vehicle	
Name (Last, First, Middle)		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White B - Black	American Indian O - Oriental/Asian	Sex W F	Date of Birth 02/17/1981	Height 5'01	Weight 180	Eye Color BLUE	Hair Color BLONDE
Complexion LIGHT		Build MED		Marital Status Married		Religion None	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/>		Indication of Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/>		Unk <input type="checkbox"/>	
Local Address (Street, Apt. Number) (City) (State) (Zip)		Mobile Phone		Residence Type 1 City 2 County 3 Florida 4 Out of State		2	
Permanent Address (Street, Apt. Number) (City) (State) (Zip)		Phone		Address Source FL DL		Occupation I.T.	
Business Address (Name, Street) (City) (State) (Zip)		Phone		D/L Number, State S400105815480, FL		Soc. Sec. Number INS Number Place of Birth (City, State) WEST PALM BEACH, FL	
Citizenship YES		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			
Parent Legal Custodian Other		Name (Last) (First) (Middle)		Residence Phone ()		Business Phone ()	
Address (Street, Apt. Number) (City) (State) (Zip)		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		School Attended		Grade	
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. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)		Property Crime? <input type="checkbox"/> Yes <input 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 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 Child Neglect		Counts 1		Domestic Violence Y <input type="checkbox"/> N <input type="checkbox"/>		Statute Violation Number 827.03(2)(b)(1)(D)	
Drug Activity N		Drug Type N		Amount / Unit		Offense # 24-035503	
Warrant / Capias Number		Bond					
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
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	
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	
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. <input type="checkbox"/> P.M. <input type="checkbox"/>							
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 BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST IS ISSUED, I WILL BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST IS ISSUED.							
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed 02/17/24			
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				Signature			
HOLD for other agency		Signature of Arresting Officer X		Name Verification (Printed by Arrestee)		Date Signed FEB 18 2024	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) AGT		I.D. #	
Intake Deputy		I.D. #		Pouch #		Transporting Officer D/S GARZA	
I.D. #		Agency PBSO		I.D. # 35676		Agency PBSO	
Witness here if subject signed with an "X"							

FILED PBC - GUN CLUB

STAMPED
FEB 18 2024

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	N
ADMIN	Agency ORI Number	Agency Name	Agency Report Number					
	FLO 50000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 24-035503					
CHARGES	Charge Type Check as many as apply	Special Notes						
	<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							
DEF	Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth			
	[REDACTED]		W	F	02/17/1981			
VICTIM	Child Neglect	827.03(3)(E) (MAG) (2)(D)						
	Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth				
	STATE OF FLORIDA							
	Local Address (Street, Apt. Number)	(City)	(State)	(zip)	Phone	Address Source		
	Business Address (Name, Street)	(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. 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>17TH</u> day of <u>FEBRUARY</u> 20<u>24</u> at <u>17:00</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>								
<p><input type="checkbox"/> Marsy's Law CVI FL Const. Art. 1 § 16(b)</p> <p>On Saturday, February 17th, 2024, I was working "West Fest", an event located at Commons Park, [REDACTED]. It should be known that Palm Beach County Fire Rescue was also working the event in the capacity in the event medical care is needed.</p> <p>While conducting patrols throughout the park, Palm Beach County Fire Rescue personnel notified other deputies that they were flagged down by a concerned parent. Fire Rescue personnel advised that the concerned parent later identified as [REDACTED] informed them that he and his wife were concerned about the welfare of their son's friend ([REDACTED] whom they know as [REDACTED] due to observing her stumbling. [REDACTED] stated that she was slurring her words and acting very strangely. [REDACTED] informed me that they discussed coming to Commons Park via text to have a play date with their sons.</p> <p>[REDACTED] advised upon arrival and contact with [REDACTED], he noticed [REDACTED] was not as her normal self and detected that she could be under the influence of drugs. [REDACTED] stated during the duration of their son's playing he took note that she appeared to be even more under the influence than she was during first contact. [REDACTED] told me that [REDACTED] told him that she needed to go gather [REDACTED] soccer ball from her vehicle and after noticing a significant time had passed she never returned. [REDACTED] told me that [REDACTED] was very worried about looking for [REDACTED] and once they located her saw PBC Fire Rescue and flagged them down for assistance. [REDACTED] advised that he never saw [REDACTED] take anything nor drink any alcoholic beverages.</p> <p>Upon my arrival, I noticed that additional PBC Fire Rescue personnel had just arrived and began to provide medical treatment. Fire Rescue asked [REDACTED] if she had anything to drink and she replied "Yes, earlier." Fire Rescue allowed me to gather [REDACTED] information. While close to [REDACTED] and speaking with her, I detected the strong odor of an unknown alcoholic beverage. I also noticed [REDACTED] makeup was smeared as if she was crying. I took note that [REDACTED] speech was slurred and that she replied confusedly to PBC Fire Rescue questions. As PBC Fire Rescue asked for information from [REDACTED] I took note and suspected as well that she showed signs of impairment culpable with her already advising that she had a drink(s) earlier.</p> <p>PBC Fire Rescue advised that she would need additional medical assistance and would be transported to a hospital. [REDACTED] was assisted up from a sitting position and needed to be held up by several FR personnel.</p> <p>Based on the above facts gathered, probable cause exists to charge [REDACTED] with (1) count of Child Neglect, a violation of F.S.S 827.03(3)(E)(1). [REDACTED] did fail to provide [REDACTED], a child with the care, supervision, and services necessary to maintain the child's physical and mental health, including, but not limited to supervision, that a prudent person would consider essential for the well-being of the child. [REDACTED] is the child's parent, an adult household member, or another person responsible for the child's welfare, contrary to Florida Statute 827.03(1)(e) and (2)(d).</p>								
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH AGT. [REDACTED] (ID # [REDACTED]) (Signature of Arresting/Investigative Officer)							
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>17th</u> day of <u>FEBRUARY</u> 20 <u>24</u> by AGT. [REDACTED]							
	(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced		KNOWN					
	AGT. [REDACTED]		KNOWN					
	Notary Public, Clerk of Court, Officer (F.S.S. 117.10)							

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

Suspect: Name (Last, First, Middle) [REDACTED] **DOB:** 02/11/1981 **Case #:** 24-035503

Victim: Name (Last, First) STATE OF FLORIDA [REDACTED] **DOB:** [REDACTED] **Race:** [REDACTED] **Sex:** [REDACTED]

Relationship between Victim and Defendant: [REDACTED]

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No **Caller:** _____

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

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

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

Injuries: Yes No **Description:** _____

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: [REDACTED] **DOB:** [REDACTED]

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: HAD ALCOHOLIC BEVERGAEES EARLIER

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) NONE - WORRIED, CONCERN

Upset **Crying** **Fearful** **Hysterical** **Afraid** **Calm** **Nervous**

Complained of pain **Other**

Victim Contact Information: (Last) STATE OF FLORIDA (First) [REDACTED]

Local Address: [REDACTED]

Phone: _____

Employer: (Name) _____ (Employer Address) _____

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

Address: _____

SCANNED
FEB 18 2024

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 #: 24-035503 Agency: PBSO
Offense: Child Neglect
Suspect/Offender: Name (Last) [REDACTED] (First) [REDACTED] (Middle) _____
D.O.B. 02/11/1981 Race: W Sex: F
8 MAG

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

3.a. Victim's name: STATE OF FLORIDA D.O.B. [REDACTED] Race: W Sex: M
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip: [REDACTED]
Home #: _____ Work #: _____ Other: _____
MAG

b. Victim's next of kin, friend or neighbor: (Last) [REDACTED] (First) [REDACTED]
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip: [REDACTED]
Home #: [REDACTED] 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) STATE OF FLORIDA [REDACTED]
Deputy's Name: AGT. [REDACTED] I.D. # 21294 Date: 02/17/24

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

SUSPECT/OFFENDER SEIWAY

CHRISTINA

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #:

SCANNED
FEB 18 2024



Palm Beach County Sheriff's Office
 Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input checked="" type="checkbox"/>	119.071(4)(c)	Undercover personnel	1-3, 5
	<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 checked="" type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	1-5
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

REVIEW COMPLETED BY

Booking Number: 2024004489	Date: 2/18/2024
	Specialist Name/ID#: MTools #8557

SCANNED
 FEB 18 2024