

0221350 24mm594MB 285

ADMINISTRATION		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	N
Agency ORI Number <b>FL 0500300</b>		Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>			Agency Report Number <b>34-24-001812</b>					
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 Enter Type <b>N/A</b>		Multiple Clearance Indicator <b>01</b>			
Location of Arrest (Including Name of Business) <b>625 Casa Loma Blvd Apt 904, Boynton Beach, FL 33435</b>					Location of Offense (Business Name, Address) <b>625 Casa Loma Blvd Apt 904, Boynton Beach, FL 33435</b>					
Date of Arrest <b>01/22/2024</b>		Time of Arrest <b>1007</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>N/A</b>			
Name (Last, First, Middle) <b>Gopaul, Damion Calvin</b>					Alias (Name, DOB, Soc. Sec. #, Etc)					
W - White B - Black	I - American Indian O - Oriental / Asian	Race <b>B</b>	Sex <b>M</b>	Date of Birth <b>05/29/1979</b>	Height <b>5'8</b>	Weight <b>170</b>	Eye Color <b>Brown</b>	Hair Color <b>Black</b>	Complexion <b>Med</b>	Build <b>Med</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status <b>Married</b>		Religion <b>None</b>		Indication of: Alcohol Influence <input type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input type="checkbox"/>	
Local Address (Street, Apt. Number) <b>625 CASA LOMA BLVD UNIT 904</b>			(City) <b>Boynton Bch</b>		(State) <b>FL</b>	(Zip) <b>33435</b>	Phone <b>(561)541-1979</b>	Residence Type 1. City 3. Florida 2. County 4. Out of State <b>1</b>		
Permanent Address (Street, Apt. Number)			(City)		(State)	(Zip)	Phone	Address Source <b>DAVID</b>		
Business Address (Street, Apt. Number)			(City)		(State)	(Zip)	Phone	Occupation <b>Self</b>		
D/L Number, State <b>G140-163-79-189-0</b>		Sec. Sec. Number		INS Number		Place of Birth <b>Trinidad</b>		Citizenship <b>USA</b>		
Co-Defendant Name (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 Name (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	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 <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and parent was told to keep the Juvenile Court Clerk's Office (Phone 561-355-2526) informed of any change of address: <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)					School Attended		Grade			
Property Crime? Yes <input type="checkbox"/> No <input type="checkbox"/>	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. Opioid/deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Charge Description <b>Simple Battery</b>		Counts <b>1</b>	Domestic Violence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number <b>784.03.1A1</b>	Violation of ORD#					
Drug Activity <b>N/A</b>	Drug Type <b>N/A</b>	Amount/Unit <b>N/A</b>	Offense # <b>24-001812</b>	Warrant/Capias Number	Bond					
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	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"/> Yes <input type="checkbox"/> No	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"/> Yes <input type="checkbox"/> No	Statute Violation Number	Violation of ORD#					
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond					
Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) <b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b>								
Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.		Court Date and Time Month <b>February</b> Day <b>14th</b> Year <b>2024</b> Time <b>0930</b>			<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> 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.										
Signature of Defendant (or Juvenile and Parent/Custodian)					Date Signed					
HOLD for other Agency Name:		Signature of Arresting Officer			Name Verification (Printed by Arrestee) (PRINT)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Name of Arresting Officer (Print) <b>Off. Telleria</b>			I.D.# <b>1131</b>	BU# <b>SCANNED</b>				
Make Copy	I.D.#	Pouch #	Transporting Officer <b>Off. Telleria</b>		I.D.# <b>1131</b>	Agency <b>BBPD</b>	Witness here is subject Signed with an "X". <b>IAN 23 2024</b>			

FILED PBC - GUN CLUB - 29 JAN 23 AM 6:00

SCANNED

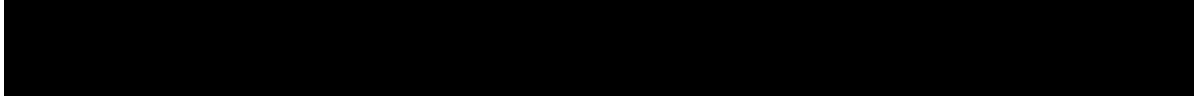
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**DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT  
PALM BEACH COUNTY**



On the 22nd day of January 2024 at 0932  
 Subject: Gopaul, Damion Calvin DOB: 05/29/1979 Case #: 24-001812  
 Charge Description: Simple Battery Statute #: 784.03.1A1  
 Victim: Gopaul, Valeria DOB: 05/18/1978 Race: White Sex: Female



Narrative:  
 I responded to [redacted] in reference to a domestic dispute.

Upon arrival, I met with W/F Valeria Gopaul (DOB 05/18/1978) who provided me with a sworn statement and the following account. Valeria stated she was in a verbal argument with her husband B/M Damion Gopaul (DOB 05/29/1979) with who she shares a daughter W/F Audrey Gopaul (DOB 05/27/2021). Valeria stated the argument ensued due to an \$18,000 purchase Damion made which caused Valeria to become upset. During the argument, Valeria stated Damion shouted obscenities towards her at which point she threw a set of keys at Damion which Valeria stated did not hit him. During the argument, Valeria stated Damion at some point struck her on the right side of her head, then pushed Valeria to the floor, and kicked her on the right side of her hip causing her to fall to her knees. Valeria stated once she fell to her knees, she felt nausea at which point she called BBPD for assistance.

I then assessed Valeria for injuries and did not observe any swelling or tenderness on the right side of her head. When I assessed Valeria's lower abdomen area, I observed Valeria had two fresh abrasions on her right hip confirming Valeria's statement of Damion had kicking her on the right side of her hip. Due to Valeria continuously stating she felt nausea BBFR was summoned and assessed Valeria's medical condition, at which point she declined to be transported to the hospital. Valeria was adamant it was highly unlikely that she was pregnant at the time of this incident. Pictures of Valeria were taken via my BWC.

I then met with Damion who arrived at the apartment after initially leaving the area. Damion confirmed the argument initially was verbal over a transaction of \$18,000 Damion stated Valeria made. During the course of the argument Damion provided Valeria began to attack him at which point she threw a set of keys at his face. Damion stated in order to defend himself from Valeria he extended his arms towards her to push her off of him and extended his right leg to push Valeria off of him.

I then assessed Damion for any injuries he may have sustained but did not see any scratching, bruising, or welting that would indicate he was struck in the face. Pictures of Damion's face were taken via my BWC. I then conducted a records check on Damion via BBPD dispatch for any wants/warrants but was met with negative results.

At the time of this incident Valeria stated their Daughter Audrey was not present and did not witness the physical altercation as she was in Valeria's and Damion's room at the time of the altercation. Based on the above, I find probable cause to charge Damion Gopaul with 1 count of Domestic Battery pursuant to F.S. 784.03.1A1. I then placed Damion under arrest and transported him to BBPD for booking and later to the Palm Beach County Jail.

Defendant's Statement: Taped

Victim's Statement: Taped

Observation Of Victim (Physical and Emotional):  
 in pain and emotional

Relationship Between Victim and Suspect:  
 Husband and Wife


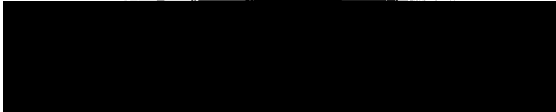
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IAN 23 2024

Photographs: Scene:  Yes  No  
 Victim:  Yes  No  
 911 Call:  Yes  No Caller: Valeria Gopaul  
 Tape Requested:  Yes  No  
 Weapon Used:  Yes  No Type: \_\_\_\_\_  
 Witnesses:  Yes  No  
 Injuries:  Yes  No  
 Medical Treatment:  Yes  No  
 At Scene  Yes  No Paramedics: \_\_\_\_\_  
 At Hospital  Yes  No Physician(s): \_\_\_\_\_  
 Hospital: \_\_\_\_\_


Act Committed In Presence Of Minor(s):  Yes  No  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 F.D.C.F. Notified:  Yes  No Victim Pregnant:  Yes  No  
 Violation Of Restraining Order:  Yes  No Case #: \_\_\_\_\_  
 Prior History Of Domestic Violence:  Yes  No  
 Alcohol Or Drugs Involved:  Yes  No  Unknown

**Victim Contact Information:**

Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Relative Name: Valeria Gopaul Phone:   
 Address:   
 City/State: \_\_\_\_\_

State Of Florida  
 County Of Palm Beach

Appeared before me, Ofc. Telleria, (print name) personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

  
 \_\_\_\_\_  
 Signature Of Arresting Officer

Sworn to and subscribed to me before this 22nd day of January, 2024

  
 \_\_\_\_\_  
 Notary/Clerk Of Court/Officer (F.S.S. 117 10)

SCANNED

JAN 23 2024

## VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- **Homicide (Ch. 782)**
- **Attempted Murder**
- **Stalking (S. 784.084)**
- **Sexual Offense (Ch. 794)**
- **Attempted Sexual Offense**
- **Domestic Violence** (This includes any Assault, Agg. Assault, Battery, Agg. Battery, Sexual Assault, Sexual Battery, Stalking, Agg. 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 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 #: 24-001812 Agency: Boynton Beach Police Department  
Offense: Simple Battery  
Suspect/Offender: Gopaul, Damion Calvin  
DOB: 05/29/1979 Race: B Sex: M
  
2. Warrant # (s): \_\_\_\_\_
  
3. Complete one (1) of the following:
  - A. Victim's Name: Gopaul, Valeria
  
  - B. Victim's Next of Kin: Valeria Gopaul  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work #: \_\_\_\_\_ Other: \_\_\_\_\_
  
  - C. Victim's designated contact other than next of kin (for example: a friend or neighbor):  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_
  
4. Relevant identification or case numbers assigned to the case (please specify):  
24-001812

**WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.**

Signature of Victim: \_\_\_\_\_

Printed Name of Victim: Gopaul, Valeria

Officer's Name: Ofc. Telleria I.D.# 1131 Date:  / /

SUSPECT/OFFENDER:

Gopaul, Damion Calvin

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

SCANNED

JAN 23 2024



# 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: 2024001979	Date: 1/23/2024
	Specialist Name/ID#: T.HOWARD/7185

SCANNED

IAN 23 2024