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

ARREST/NOTICE TO APPEAR  
Juvenile Referral Report

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

Juvenile  1  N

OBTS Number	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06- 23052888</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	Weapon Seized / Type <b>2</b> 1. Yes 2. No		Multiple Clearance Indicator <b>1</b>			
Location of Arrest (Including Name of Business) <b>1128 18TH AVENUE NORTH APT 5 LAKE WORTH BEACH, FL, 33460</b>			Location of Offense (Business Name, Address) <b>1128 18TH AVENUE NORTH APT 5 LAKE WORTH BEACH, FL, 33460</b>			
Date of Arrest <b>04/02/23</b>	Time of Arrest <b>11:00</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

Name (Last) <b>THIBODEAU</b>		(First) <b>DANIELLE</b>		(Middle) <b>, LYN</b>		Alias (Name, DOB, Soc. Sec. #, Etc)		
Race W - White I - American Indian B - Black O - Oriental/Asian <b>W</b>	Sex <b>F</b>	Date of Birth <b>05/09/1991</b>	Height <b>5'02</b>	Weight <b>110</b>	Eye Color <b>BLACK</b>	Hair Color <b>HAZEL</b>	Complexion <b>FAIR</b>	Build <b>SMALL</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>SINGLE</b>	Religion <b>PAGAN</b>	Indication of: Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		
Local Address (Street, Apt. Number) <b>1128 18TH AVENUE NORTH APT 5 LAKE WORTH BEACH, FL 33460</b>			(City)	(State)	(Zip)	Phone <b>561-676-7275</b>	Residence Type 1. City 2. County 3. Florida 4. Out of State <b>1</b>	
Permanent Address (Street, Apt. Number) <b>1128 18TH AVENUE NORTH APT 5 Lake Worth, FL 33460</b>			(City)	(State)	(Zip)	Phone <b>--</b>	Address Source <b>VERBAL</b>	
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone	Occupation	
D/I Number, State <b>T130172916690; FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>WEST PALM BEACH, FL</b>	Citizenship <b>YES</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 <input type="checkbox"/> Other	(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 provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)				School Attended <b>DOMESTIC</b>	Grade		
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property			

Drug Activity S. Sell 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. Synthetics	U. Unknown Z. Other
Charge Description <b>Battery (Domestic)</b>					Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>784.03(1a1)</b>		Violation of ORD #	
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit		Offense # <b>23052888</b>	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			
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) <b>Criminal Justice Complex - 3228 Gun Club Road, West Palm Beach FL, 33406</b>	
Court Date and Time Month <b>04</b> Day <b>02</b> Year <b>2023</b> Time <b>11:00</b> AM <input type="checkbox"/> PM <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 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 <b>04/02/23</b>	

HOLD for other Agency Name		Signature of Arresting Officer <b>DS ARGUELLO-SEVERO, JONATHAN</b>		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		(PRINT)	
Intake Deputy <b>DS ARGUELLO</b>	I.D.# <b>35632</b>	Pouch #	Transporting Officer <b>DS ARGUELLO</b>	ID# <b>35632</b>	Agency <b>PBSO</b>
Witness here if subject signed with an -X-				PAGE <b>1 OF 1</b>	

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

PBSO #0148 REV. 04/22

NOTICE NOTIFICATION REQUIRED

DOMESTIC

FILED PBC GUN CLUB  
23 APR 3 AM 6:28

SCANNED

APR 03 2023 11:21:43

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile N

OBTS Number Agency ORI Number Agency Name Agency Report Number Charge Type Check as many as apply

Name (Last, First, Middle) DANIELLE LYN Alias Race W Sex F Date of Birth 05/09/1991

Battery (Domestic) 784.03(1a1)

Victim's Name (Last, First, Middle) EDWARD LEE Date of Birth 12/25/1986 Local Address (Street, Apt. Number) 1128 18TH AVENUE NORTH APT 5 LAKE WORTH BEACH, FL 33460

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... On the 02 day of APRIL 2023 at 09:09 A.M.

Marsy's Law CVI FL Const. Art.1 § 16(b) On Sunday, April 2, 2023, at approximately 09:09 hours, while assigned to the role of patrol deputy, I responded to 1128 18th Avenue North apartment 5, located within the incorporated city of Lake Worth Beach, Palm Beach, FL, 33460, in regards to a domestic call.

Upon my arrival, I became in contact with the complainant, later to be identified by Florida driverlicense as W/F Danielle L Thibodeau DOB 05/09/1991. Thibodeau appeared to be crying and distressed. While speaking with Thibodeau, she proceeded to state the following: Her current boyfriend of 6 months who she has been residing with, later identified by Florida driver license as W/M Edward L Mattox DOB 12/25/1986, had slammed her to the ground after a verbal disturbance between both arose, regarding infidelity issues.

I proceeded to assess Thibodeau, in which I observed a fresh red marking on right side of her chest and red marks on her back. Palm Beach County Fire Rescue was on the scene accessing her injuries. Pictures of Thibodeau injuries were taken and will be uploaded as evidence through Axon.

During my investigation, contact was made possible with Mattox via landline, who later returned to the scene and cooperated. Upon contact with Mattox, he willingly began to roll his sleeves upwards, displaying fresh scratch marks on both his left and right biceps, while simultaneously, pointing to his face stating that she (Thibodeau) hit him. Mattox then proceeded to narrate the following version of events: Thibodeau was going through his cellphone and instigating verbal dispute over infidelities issues.

Based on my investigation, there were no witnesses or video evidence to aid my with this case. Both parties were proving conflicting narrative. Upon continuing my investigation, Thibodeau mentioned that she did jump on Mattox back, as she was trying to defend her self and did spontaneously uttered that she did kick Mattox on his growing (private part). Mattox states Thibodeau suffers from bi-polar disorder, has not been taking her medication, and has not slept in unknown amount of time. This is not verbatim.

Let it be noted that both parties have been together for 6 months and reside in the same household as a family.

Based on my investigation due to the totality of circumstances and consistent evidence, I believe probable cause exists to charge W/F Danielle L Thibodeau DOB 05/09/1991 for violation of F.S.S 784.03 1A1 Battery (Domestic) for being the primary aggressor as he actually and intentionally touched and struck the victim, Mattox, growing, against his will and cause damage to his person causing him to sustain a mark to his bicep and face.

Thibodeau was then placed into handcuffs, which were checked for tightness and doubled locked, without causing any further incidents. Mattox was supplied with a Victim's Rights brochure and Thibodeau was transported to Palm Beach Criminal Justice complex building, where she was subsequently turned over to corrections deputies. This concluded my involvement in this case. This case is cleared by arrest.

The investigation was recorded using a Body Worn Camera.

STATE OF FLORIDA COUNTY OF PALM BEACH DS ARGUELLO-SEVERO, JONATHAN (Signature of Arresting/Investigative Officer) 35632

The foregoing instrument was sworn to or affirmed and subscribed before me this 02 day of APRIL 2023 by DS ARGUELLO-SEVERO, JONATHAN 35632

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN LEO. DS SOLOMON ID 35101

Notary Public, Clerk of Court, Officer (F.S.S. 117.10) PAGE 1 OF 1

**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:** THIBODEAU DANIELLE LYN DOB: 05/09/1991 Case #: 23052888

Name (Last, First)  
**Victim:** MATTOX EDWARD DOB: 12/25/1986 Race: W Sex: M

**Relationship between Victim and Defendant:** \_\_\_\_\_

**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:** RED SCRATCHES ON BICEP.

**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:** \_\_\_\_\_ **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:** \_\_\_\_\_

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

**First words Victim said when you responded to scene:** HE PUSHED AND HIT ME.

**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)** CRYING AND DISTRESSED.

Upset  Crying  Fearful  Hysterical  Afraid  Calm  Nervous

Complained of pain  Other

**Victim Contact Information:** (Last) MATTOX (first) EDWARD

**Local Address:** \_\_\_\_\_

**Phone:** 561-284-2888

**Employer:** (Name) \_\_\_\_\_ (Employer Address) \_\_\_\_\_

**Name of Relative:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

# 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 #: 23052888 Agency: PBSO  
Offense: Battery (Domestic)  
Suspect/Offender: Name (Last) THIBODEAU (First) DANIELLE (Middle) LYN  
D.O.B. 05/09/1991 Race: W Sex: F

2. Warrant #(s): \_\_\_\_\_  
Name (Last, First)

3.a. Victim's name: MATTOX EDWARD D.O.B. 12/25/1986 Race: W Sex: M  
Address: 1128 18TH AVENUE NORTH APT 5  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: 561-284-2888 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) MATTOX EDWARD  
Deputy's Name: DS ARGUELLO-SEVERO, JONATHAN I.D. # 35632 Date: 11/10/19

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

SUSPECT/OFFENDER THIBODEAU DANIELLE LYN  
(FOR WARRANTS USE ONLY)  
COURT CASE/WARRANT #:



**Palm Beach County Sheriff's Office – Arrests Only**

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

**REVIEW COMPLETED BY**

Booking Number: 2023008579	Date: 4/3/23
	Specialist Name/ID: T.Howard/7185