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Marsy's Law FL Const. Art. 1 § 16(b) - Contains Confidential/Sensitive Information

|                                                                                                    |                         |                                                              |              |                                                                                                     |                                     |                                                                            |                                                    |
|----------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------|
| OBTS NUMBER                                                                                        |                         | <b>ARREST / NOTICE TO APPEAR</b><br>Juvenile Referral Report |              |                                                                                                     |                                     | DOCUMENT TYPE<br>1 - Arrest                                                | JUVENILE<br>No                                     |
| <b>ADMINISTRATIVE</b>                                                                              |                         |                                                              |              |                                                                                                     |                                     |                                                                            |                                                    |
| AGENCY ORI NUMBER<br>FL0500000                                                                     |                         | AGENCY NAME<br>PALM BEACH COUNTY SHERIFF'S OFFICE            |              |                                                                                                     | AGENCY REPORT NUMBER<br>26077624-1- |                                                                            |                                                    |
| CHARGE TYPE<br>MISDEMEANOR                                                                         |                         | OTHER CHARGE TYPE                                            |              | WEAPON SEIZED<br>No                                                                                 | WEAPON TYPE                         |                                                                            | MULTIPLE CLEARANCE INDICATOR<br>N - Not Applicable |
| LOCATION OF ARREST (BUSINESS NAME, ADDRESS)<br>670 Fairgrounds Rd, West Palm Beach, FL, 33411, USA |                         |                                                              |              | LOCATION OF OFFENSE (BUSINESS NAME, ADDRESS)<br>670 Fairgrounds Rd, West Palm Beach, FL, 33411, USA |                                     |                                                                            |                                                    |
| DATE OF ARREST<br>07/15/2026                                                                       | TIME OF ARREST<br>22:02 | BOOKING DATE                                                 | BOOKING TIME | JAIL DATE                                                                                           | JAIL TIME                           | LOCATION OF VEHICLE<br>670 Fairgrounds Rd, West Palm Beach, FL, 33411, USA |                                                    |

|                                                                       |             |                                      |                          |                                           |                          |                          |                      |
|-----------------------------------------------------------------------|-------------|--------------------------------------|--------------------------|-------------------------------------------|--------------------------|--------------------------|----------------------|
| <b>DEFENDANT</b>                                                      |             |                                      |                          |                                           |                          |                          |                      |
| NAME (LAST, FIRST, MIDDLE)<br>[REDACTED]                              |             |                                      |                          | ALIAS (FIRST, MIDDLE, LAST)<br>[REDACTED] |                          |                          |                      |
| RACE<br>W                                                             | SEX<br>F    | DATE OF BIRTH<br>[REDACTED]          | HEIGHT<br>5' 6"          | WEIGHT<br>125                             | EYE COLOR<br>Blue        | HAIR COLOR<br>Blond      | COMPLEXION<br>Medium |
| SCARS, MARKS, TATTOOS, ETC.                                           |             |                                      | MARITAL STATUS<br>Single | RELIGION<br>Christian                     | ALCOHOL INDICATION<br>No | DRUG INDICATION<br>No    |                      |
| LOCAL ADDRESS (STREET & APT #, CITY, STATE, ZIP)<br>[REDACTED]        |             |                                      |                          | MOBILE PHONE<br>[REDACTED]                |                          | RESIDENCE TYPE<br>County |                      |
| PERMANENT ADDRESS (STREET & APT #, CITY, STATE, ZIP)<br>Same as local |             |                                      |                          | PHONE<br>[REDACTED]                       |                          | ADDRESS SOURCE<br>FL DL  |                      |
| BUSINESS ADDRESS (STREET & APT #, CITY, STATE, ZIP)<br>[REDACTED]     |             |                                      |                          | PHONE<br>[REDACTED]                       |                          | OCCUPATION<br>[REDACTED] |                      |
| DRIVER'S LICENSE NUMBER<br>[REDACTED]                                 | STATE<br>FL | SOCIAL SECURITY NUMBER<br>[REDACTED] | INS NUMBER<br>[REDACTED] | PLACE OF BIRTH<br>West Palm Beach USA     | CITIZENSHIP<br>USA       |                          |                      |

|                                                                                                     |                    |                                 |                             |
|-----------------------------------------------------------------------------------------------------|--------------------|---------------------------------|-----------------------------|
| <b>CHARGE</b>                                                                                       |                    |                                 |                             |
| STATUTE NUMBER & CHARGE DESCRIPTION / VIOLATION OF ORD #<br>784.03(1)(a)(1) - TOUCH OR STRIKE - MIS |                    |                                 |                             |
| COUNTS<br>1                                                                                         | DOMESTIC<br>Yes    | DRUG ACTIVITY<br>Not Applicable | DRUG TYPE<br>Not Applicable |
| AMOUNT/UNIT                                                                                         | BOND<br>No Bond    |                                 |                             |
| OFFENSE #<br>26077624                                                                               | WARRANT / CAPIAS # |                                 |                             |

|                                                                                                                                                                                                                                                                                                                |  |            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------|
| <b>NOTICE TO APPEAR</b>                                                                                                                                                                                                                                                                                        |  |            |
| COURT LOCATION<br>North County Courthouse - 3188 PGA Blvd, Palm Beach Gardens 33410                                                                                                                                                                                                                            |  | COURT DATE |
| COURT TIME                                                                                                                                                                                                                                                                                                     |  |            |
| 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 / JUVENILE AND PARENT OR CUSTODIAN                                                                                                                                                                                                                                                      |  | DATE       |
| 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                                                                                                                                                                                                                                                                                                      |  |            |

|                                        |                                                       |                                                             |                                             |
|----------------------------------------|-------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------|
| <b>ADMINISTRATIVE</b>                  |                                                       |                                                             |                                             |
| HOLD FOR OTHER AGENCY                  | SIGNATURE OF ARRESTING OFFICER<br>[Signature]         |                                                             | NAME VERIFICATION (PRINT BY ARRESTEE)       |
| CAUTIONS                               | NAME OF ARRESTING OFFICER<br>Rosario, Michael (44556) |                                                             |                                             |
| INTRINSIC DEPUTY / ID #<br>[Signature] | POUCH #                                               | TRANSPORTING OFFICER / ID # / AGENCY<br>TYS M Rosario 44556 | WITNESS ABOVE IF SUBJECT SIGNED WITH AN "X" |

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------|-----------------------------|
| OBT'S NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>PROBABLE CAUSE AFFIDAVIT</b>                   | DOCUMENT TYPE<br>1 - Arrest      | JUVENILE<br>No              |
| <b>ADMINISTRATIVE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                   |                                  |                             |
| AGENCY ORI NUMBER<br>FL0500000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | AGENCY NAME<br>PALM BEACH COUNTY SHERIFF'S OFFICE | AGENCY REPORT NUMBER<br>26077624 |                             |
| CHARGE TYPE<br>MISDEMEANOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | OTHER CHARGE TYPE                                 | SPECIAL NOTES                    |                             |
| <b>DEFENDANT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   |                                  |                             |
| NAME (LAST, FIRST, MIDDLE)<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RACE<br>W                                         | SEX<br>F                         | DATE OF BIRTH<br>[REDACTED] |
| <b>CHARGE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   |                                  |                             |
| STATUTE NUMBER & CHARGE DESCRIPTION / VIOLATION OF ORD #<br>784.03(1)(a)(1) - TOUCH OR STRIKE - MIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |                                  |                             |
| <b>VICTIM</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   |                                  |                             |
| VICTIM'S NAME (LAST, FIRST, MIDDLE)<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | RACE<br>W                                         | SEX<br>M                         | DATE OF BIRTH<br>[REDACTED] |
| LOCAL ADDRESS (STREET & APT #, CITY, STATE, ZIP)<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PHONE<br>[REDACTED]                               | ADDRESS SOURCE<br>FL DL          |                             |
| BUSINESS ADDRESS (STREET & APT #, CITY, STATE, ZIP)<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PHONE<br>[REDACTED]                               | OCCUPATION<br>[REDACTED]         |                             |
| <b>PROBABLE CAUSE STATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                   |                                  |                             |
| <p>The undersigned certifies and swears that I have just and reasonable grounds to believe, and do believe that the above named Defendant committed the listed violation(s) of law. The Person taken into custody:</p> <p> <input type="checkbox"/> Committed the below acts in my presence.<br/> <input type="checkbox"/> Confessed to [WITNESS] admitting to the below facts.<br/> <input type="checkbox"/> Was observed by [WITNESS] who told [WITNESS] that he/she saw the arrested person commit the below acts.<br/> <input checked="" type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation. </p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                   |                                  |                             |
| <p>On July 15th, 2026, at approximately 20:56, I, D/S M. Rosario responded to the South Florida Fairgrounds located at 670 Fairgrounds Road, West Palm Beach, Florida 33411, regarding a battery incident.</p> <p>Upon arrival, I made contact with the victim, [REDACTED], date of birth [REDACTED]. [REDACTED] was wearing blue jeans and a black shirt. I observed redness on the right side of [REDACTED] face and neck area. [REDACTED] identified his vehicle as a white 2011 Ford F250 pickup truck, bearing Florida license plate [REDACTED].</p> <p>Also present were witnesses [REDACTED] and [REDACTED], who stated [REDACTED] had video footage of the incident.</p> <p>At 21:11, I conducted a recorded sworn statement with [REDACTED] provided the following account: [REDACTED] and [REDACTED] had been in a [REDACTED] for approximately one year and six to eight months. They had [REDACTED] approximately two weeks prior to this incident, and [REDACTED] had blocked [REDACTED] on all forms of communication. [REDACTED] stated that three days after their most recent [REDACTED], [REDACTED] purchased airline tickets to Utah using her grandmother's credit card without [REDACTED] knowledge or consent, totaling approximately \$500.</p> <p>[REDACTED] stated [REDACTED] arrived at the fairgrounds with [REDACTED] and [REDACTED]. [REDACTED] group was at his white Ford F250 truck when [REDACTED] observed [REDACTED] in the area with her friends. [REDACTED] stated [REDACTED] and [REDACTED] made eye contact but [REDACTED] continued with [REDACTED] activities. [REDACTED] stated [REDACTED] best friend's ex-boyfriend approached [REDACTED], and they spoke briefly. [REDACTED] and her best friend then approached and became involved in the conversation. The discussion turned to the \$500 for the airline tickets, with [REDACTED] demanding [REDACTED] reimburse her grandmother. [REDACTED] refused, stating he had not agreed to the purchase and [REDACTED] could handle the matter herself.</p> <p>[REDACTED] stated the argument escalated when [REDACTED] brought up past [REDACTED] issues.</p> |                                                   |                                  |                             |

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stated [REDACTED] was standing approximately three feet away from [REDACTED] near the passenger door of [REDACTED] truck when she pressed toward him and he backed away with [REDACTED] hands at [REDACTED] sides or behind [REDACTED] back. [REDACTED] stated [REDACTED] then slapped him one time with her right hand across the right side of [REDACTED] face, covering [REDACTED] entire face. After the slap, [REDACTED] stated [REDACTED] said "alright, bet" and [REDACTED] began running away.

I provided [REDACTED] with victim rights information and a case information card containing case number 26-077624.

Based on the visible injury, [REDACTED] sworn statement, witness accounts, and video evidence showing the battery, I established probable cause that [REDACTED] committed battery in violation of Florida Statute 784.03(1)(a)(1).

At 22:02 on July 16, 2026, I placed [REDACTED] under arrest for battery. [REDACTED] was unarmed and did not require medical attention. I applied handcuffs, which were double-locked and checked for proper fitting.

[REDACTED] was transported to the county jail with no further incident.

ADMINISTRATIVE

State of Florida, County of Palm Beach, The foregoing instrument was sworn to or affirmed and subscribed before me:

Signature of Arresting/Investigating Officer

Signature of Notary Public / Clerk of Court / Officer (F.S. 117.10)

Name of Arresting/Investigating Officer  
Rosario, Michael (44556)

Name of Notary Public / Clerk of Court / Officer (F.S. 117.10)

Date

Date

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# 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                                                                                                                                                                                                                  | Click or tap here to enter text. |
|                                                | <input type="checkbox"/>            | 119.071(2)(e)                        | Confession                                                                                                                                                                                                                            | Click or tap here to enter text. |
|                                                | <input type="checkbox"/>            | 119.071(2)(j)1.e.                    | Name of a law enforcement officer who, in the course of their duties became a victim, is confidential and exempt for 72 hours after the incident. This information is exempt for an additional 60 days after the initial 72 hours.    | Click or tap here to enter text. |
| Public Info. Exemptions                        | <input checked="" type="checkbox"/> | 119.071(2)(j)1.b.(i)                 | Identity, home or employment phone number, home or employment address, or any other information that could be sued to locate or harass the victim.                                                                                    | 1-7                              |
|                                                | <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 | Click or tap here to enter text. |
|                                                | <input type="checkbox"/>            | 119.0712(2)                          | Personal information contained in a motor vehicle record                                                                                                                                                                              | Click or tap here to enter text. |
|                                                | <input type="checkbox"/>            | 316.650(11)                          | Driver information contained in a uniform traffic citation                                                                                                                                                                            | Click or tap here to enter text. |
|                                                | <input checked="" 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                                                                                                               | 1-7                              |
| 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                                                                                                                                                            | Click or tap here to enter text. |
|                                                | <input type="checkbox"/>            | (xiii) 119.071(2)(h), 119.0714(1)(h) | Protected information regarding victims of child abuse or sexual offenses                                                                                                                                                             | Click or tap here to enter text. |
|                                                | <input type="checkbox"/>            | Click or tap here to enter text.     |                                                                                                                                                                                                                                       | Click or tap here to enter text. |
|                                                | <input type="checkbox"/>            | Click or tap here to enter text.     |                                                                                                                                                                                                                                       | Click or tap here to enter text. |
| Other                                          | <input type="checkbox"/>            | Click or tap here to enter text.     |                                                                                                                                                                                                                                       | Click or tap here to enter text. |
|                                                | <input type="checkbox"/>            | Click or tap here to enter text.     |                                                                                                                                                                                                                                       | Click or tap here to enter text. |
|                                                | <input type="checkbox"/>            | 415.107 (1)                          | ELDERLY NEGLECT ABUSE                                                                                                                                                                                                                 | Click or tap here to enter text. |
|                                                | <input type="checkbox"/>            | Click or tap here to enter text.     | Click or tap here to enter text.                                                                                                                                                                                                      | Click or tap here to enter text. |

REVIEW COMPLETED BY

|                            |                                   |
|----------------------------|-----------------------------------|
| Booking Number: 2026019032 | Date: 7/16/2026                   |
|                            | Specialist Name/ID#: MTools #8557 |

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