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

05-0143-24 MM 33 39 AMLB

☐ Check if Supplement is Attached

363

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1

Juvenile ☐

ADMINISTRATIVE

OBTS Number

Agency ORI Number: FL0 5 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 0 6 - 24055083

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

If Weapon Seized — Enter Type

Multiple Clearance Indicator: 01

Location of Arrest (including Name of Business): 715 7th Ln Greenacres, FL 33463

Location of Offense (Business Name, Address): 715 7th Ln Greenacres, FL 33463

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
04/21/24	0559					

DEFENDANT

Name (Last, First, Middle): Maseda Paola Andrea

Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White, B - Black, I - American Indian, O -Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	04/18/1984	5'03	120	Brown	Brown	OLIVE	SMALL

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)

Marital Status: Married

Religion: None

Indication of: Alcohol Influence / Drug Influence — Y ☐ N ☐ Unk ☒

Local Address (Street, Apt. Number) (City) (State) (Zip): 715 7th Ln Greenacres, FL 33463

Mobile Phone: 561-294-2227

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip)

Phone

Address Source: FL DL

Business Address (Name, Street) (City) (State) (Zip)

Phone

Occupation

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
M230661846380, FL	[redacted]		Medellin, Columbia	Columbia

CO-DEF

Co-Defendant (Last, First, Middle)	Race	Sex	Date of Birth	
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ 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

VICTIM NOTIFIED

The above address was provided by ☐ defendant and / or ☐ defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone (561) 355-6511) informed of any change of address.

☐ Yes, by: (Name) ☒ No (Reason)

School Attended — Grade

Property Crime? ☐ Yes ☐ No — Description of Property — Value of Property

CODE

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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Battery (Domestic)	01	☒ Y ☐ N	784.03(1a1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N			24055083	NO BOND	

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address)

FILED PBC - DUN CLUB
'24 APR 22 AM 5:43

Court Date and Time

Month Day Year Time A.M. ☐ P.M. ☐

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED

Signature of Defendant (or Juvenile and Parent/Custodian) — Date Signed: 04/21/24

EXPLAINED

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 — APR 22 2024

ADMIN

HOLD for other agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy: D/S J. THOMAS #7966 — Pouch #

Signature of Arresting Officer: X

Name of Arresting Officer (Print): D/S L. BAYNHAM — I.D. #: 36838

Transcribing Officer: D/S Philippe — I.D. #: 36181 — Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X"

PAGE 1 OF 1

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PROBABLE CAUSE AFFIDAVIT

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

ADMIN

Agency ORI Number: FLO 500000 | Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number: 06- 24055083

ChargeType: Check as many as apply. [ ] 1. Felony [ ] 2. Traffic Felony [x] 3. Misdemeanor [ ] 4. Traffic Misdemeanor [ ] 5. Ordinance [ ] 6. Other | Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Maseda Paola Andrea		W	F	04/18/1984

CHARGES

Battery (Domestic)	784.03(1a1)

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
Maseda Oswaldo Jose	W	M	04/02/1963

Local Address (Street, Apt. Number) (City) (State) (zip)	Phone	Address Source
715 7th Lane Greenacres, FL 33463	561-294-1863	FL DL
Business Address (Name, Street) (City) (State) (zip)	Phone	Occupation

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

[ ] committed the below acts in my presence. [ ] was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
[ ] confessed to _____ admitting to the below facts. [x] was found to have commited the below acts, resulting from my (described) investigation.

On the 21st day of April 2024 at 0559 [x] A.M. [ ] P.M. (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

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

On Sunday, 4/21/24 at approximately 0533 hours, I responded to 715 7th Ln in the City of Greenacres in reference to a domestic altercation. Upon my arrival, I made contact with victim Oswaldo Maseda who advised his wife Paola Maseda was being belligerent and aggressive with him.

Oswaldo advised that Paola was drinking all night long and at one point she began to accuse him of cheating on her. Oswaldo advised to defuse the situation he went to his room to go to bed. While in the room Oswaldo advised that Paola started to hit him in the back of the head. I observed red marks on the back of his head which were consistent with being hit in the back of the head with a opened hand. I advised Oswaldo due to the allegations and the redness I observed on the back of his head, I had probable cause to arrest Paola for domestic battery. I asked Oswaldo if he would provide me with a sworn recorded statement and he advised he would not. Oswaldo also refused to have pictures taken and also refused to sign the case information sheet for the victims rights brochure.

After speaking with Oswaldo, I attempted to speak with Paolo who was seated outside on the porch. Paola only spoke Spanish so D/S Jimenez responded to the scene for translation. D/S Jimenez read Paola her Miranda Warnings from a preformatted card. Paola refused to speak on the matter.

Paola was placed into handcuffs, checked for spacing and double locked for safety. Paola was secured in the back of my fully marked patrol vehicle. I transported Paola to District 16 for processing and she was later transported to the Palm Beach County Jail without incident.

Based on my above described investigation and the minor injuries Oswaldo sustained, I find probable cause to charge Paola Maseda with Battery (Domestic) pursuant to Florida State Statue 784.03(1a1).

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ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH
D/S L. BAYNHAM (ID #) 36838
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21st day of April 2024 by D/S L. BAYNHAM 36838
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN D/S Philippe #36181

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

EXAMINED
APR 22 2024

PBSO #0004 REV. 04/22 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been commited:

- **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**

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 24055083 Agency: PBSO
   Offense: Domestic Battery
   Suspect/Offender: Maseda, Paola
   D.O.B. 4/13/84 Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's name: Maseda, Oswaldo D.O.B. 4/2/63 Race: W Sex: M
   Address: 715 7th lane
   City: Greenacres State: FL Zip: 33463
   Home #: _____ Work #: _____ Other: 561-294-1863

b. Victim's next of kin, friend or neighbor: _____
   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: _____

Deputy's Name: B. L. Baynham I.D.# 36838 Date: 4/18/24

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

PBSO 90028A REV. 4/98

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

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SCANNED
APR 22 2024

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Name (Last, First, Middle)

Suspect: Maseda Paola Andrea **DOB:** 04/18/1984 **Case #:** 24055083

Name (Last, First)

Victim: Maseda Oswaldo **DOB:** 04/02/1963 **Race:** W **Sex:** M

Relationship between Victim and Defendant: Spouse

Photographs: Scene Yes × No Victim Yes × No Defendant Yes No

911 Call: × Yes No **Caller:** Maseda Oswaldo Jose

Weapon Used: × Yes No **Type:** Hands/Fists/Feet

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

Victim Pregnant: Yes × No If yes, weeks months

Injuries: × Yes No **Description:** Redness

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: HIs wife hit him in the back of the head.

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)

× Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other

Victim Contact Information: (Last) Maseda (first) Oswaldo

Local Address: 715 7th Ln Greenacres, FL 33463,

Phone: 561-294-1863

Employer: (Name) (Employer Address)

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

Address:

EXAMINED
APR 22 2024

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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	☐	119.071(4)(c)	Undercover personnel	
	☐	119.071(2)(e)	Confession	
Public Info. Exemptions	☐	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)	
	☐	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	
	☐	119.0712(2)	Personal information contained in a motor vehicle record	
	☐	316.650(11)	Driver information contained in a uniform traffic citation	
	☐	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	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	
	☐			
	☐			
Other	☐			
	☐			
	☐			
	☐			

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REVIEW COMPLETED BY

Booking Number: 2024010762	**Date:** 4/22/2024
	Specialist Name/ID#: J. Gaines/ 44177

SCANNED
APR 22 2024