23mm7351mB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile: 1 — N

ADMINISTRATION

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number
	FL0500300	BOYNTON BEACH POLICE DEPT.	34-23-042894

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: N/A

Multiple Clearance Indicator:

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
101 S Federal Hwy, Unit 448, Boynton Beach, FL 33435	101 S Federal Hwy, Unit 448, Boynton Beach, FL 33435

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
09/03/2023	0425 hours					

DEFENDANT

Name (Last, First, Middle): DOS SANTOS, VICTORIA, MAGALHAES

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

W - White I - American Indian B - Black O - Oriental / Asian	Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
	W	F	06/21/1999	5'1"	130 lbs	BROWN	BROWN	MEDIUM	SMALL

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

Marital Status: SINGLE — Religion: N/A

Indication of: Alcohol Influence ☐ Y ☐ N ☐ Unk. Drug Influence ☐ ☐ ☐

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type
5126 ASHLEY LAKE DR APT 734	BOYNTON BEACH	FL	33437	(202)674-7564	1. City 3. Florida 2. County 4. Out of State: 2

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
				( ) -	ELVIS

Business Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Occupation
				( ) -	Eyelash Tech

D/L Number, State	INS Number	Place of Birth	Citizenship
D253-873-99-721-0, FL	[redacted]	Sao Paulo, Brazil	USA

CO-DEF

Co-Defendant Name (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): CUNO BIND — 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 ☐ defendant and/or ☐ defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561-355-2526) 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. Barbituate 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)	1	■ Yes ☐ No	784.03(1)(a)(1)	

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
N	N	N/A	23-042894		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#
		☐ Yes ☐ No		

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

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#
		☐ Yes ☐ No		

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

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#
		☐ Yes ☐ No		

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

FILED PBSO RECORDS--23 SEP 4 AM 5:

NOTICE TO APPEAR

☐ Instruction No. 1 Mandatory Appearance in Court
☐ Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.

Location (Court, Room Number, Address): South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444

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

ADMIN.

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Signature of Arresting Officer: 1134

Name of Arresting Officer (Print): L. BETANCOURT — I.D. #: 1134

Name Verification (Printed by Arrestee) (PRINT):

BU#

Intake Deputy: [illegible] — I.D. #: [illegible] — Pouch #:

Transporting Officer: L. BETANCOURT — I.D. #: 1134 — Agency: BBPD

Witness here is subject Signed with an "X".

Page 1 OF 1

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1328

DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT
PALM BEACH COUNTY

On the 3rd day of September 2023 at

Subject: DOS SANTOS, VICTORIA, MAGALHAE DOB: 06/21/1999 Case #: 23-042894

Charge Description: BATTERY (DOMESTIC) Statute #: 784.03(1)(a)(1)

Victim: [redacted]

Local Ad

Persona

Narrative:

On September 3, 2023 at approximately 0357 hours, I responded to [redacted] in reference to a disturbance. BBPD Communications advised that the caller stated her [redacted] was refusing to give her vehicle keys back to her.

Upon arrival, I made contact with both parties who were later identified as [redacted] and W/F Victoria M. Dos Santos (DOB 06/21/99). During this time, I first spoke with [redacted] who advised he and Dos Santos [redacted] approximately two weeks ago from the above date. [redacted] stated he drove to "Sheehan's" to pick up Dos Santos after learning she was at the bar and did not want her driving home intoxicated. [redacted] stated he then returned [redacted] with Dos Santos as he wanted to allow her sleep at [redacted] to prevent her from driving. During this time, [redacted] stated Dos Santos engaged in a verbal dispute with him and began throwing items around [redacted] When asked whether the dispute became physical, [redacted] stated "yeah, she beat the shit out of me." [redacted] stated she punched him all over his body and pointed to his lower left arm where I observed a minor scratch with some redness. [redacted] then stated Dos Santos also threw a candle at him, while pointing to his face near his right eyebrow. During this time, I observed a small red mark directly beneath his right eyebrow along with some redness to the area of his left cheek. Upon attempting to capture photos of the injured areas with my BWC, [redacted] placed his hand directly in front of my BWC in an effort to prevent me from capturing photos. [redacted] then attempted to retract his prior statements, insisting he only wanted Dos Santos to go home.

I then spoke with Dos Santos, who advised she received multiple calls from [redacted] while she was at the bar before she eventually answered and gave him her location. Dos Santos stated [redacted] then arrived at her location, where he took possession of her keys and drove her back to [redacted] Upon arriving to [redacted] Dos Santos stated [redacted] was refusing to return her vehicle keys to her. Dos Santos stated she then engaged in a verbal dispute with [redacted] over her keys, before they exchanged shoves amongst one another. When asked about the items on the floor of [redacted], Dos Santos could not advise as to how they ended up on the ground. I observed no injuries to Dos Santos and there no marks on her hands.

Due to the facts and circumstances stated above, I find probable cause to arrest and charge Dos Santos with one count Battery (Domestic) pursuant to F.S.S. 784.03(1)(a)(1).

Defendant's Statement: Oral Victim's Statement: Oral

Observation Of Victim (Physical and Emotional):

Minor scratch to lower left arm and right eyebrow

Relationship Between Victim and Suspect:

[redacted]

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Photographs: Scene: ☐ Yes ☒ No

Victim: ☒ Yes ☐ No

911 Call: ☒ Yes ☐ No Caller: Victoria M. Dos Santos

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: [redacted]

Employer: Unknown

Relative Name: Unknown Phone: N/A

Address: [redacted]

City/State:

State Of Florida
County Of Palm Beach
Appeared before me, L. BETANCOURT , (print name) personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

1174
Signature Of Arresting Officer

Sworn to and subscribed to me before this 3rd day of Sept , 2023

#906
Notary/Clerk Of Court/Officer (F.S.S. 117.10)

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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 #: 23-042894 Agency: Boynton Beach Police Department
   Offense: BATTERY (DOMESTIC)
   Suspect/Offender: DOS SANTOS, VICTORIA, MAGALHAES
   DOB: 06/21/1999 Race: W Sex: F

2. Warrant # (s): _____

3. Complete one (1) of the following:

   A. [redacted]

   B. Victim's Next of Kin: _____
   Address: _____
   City: _____ State: _____ Zip: _____
   Home #: _____ 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):
   _____

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 [redacted]

Officer's Name: L. BETANCOURT I.D.# 1134 Date: 09/03/2023

SUSPECT/ OFFENDER: DOS SANTOS, VICTORIA, M
COURT CASE/ WARRANT #:
(FOR WARRANTS USE ONLY)

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PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(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	☐		Other:	
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2023023157	**Date:** 9/4/2023
	Specialist Name/ID: T.Howard/7185