05463411

24CF2916

28662

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

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

☐ Check if Supplement is Attached

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

1

Juvenile: N

ADMINISTRATIVE

OBTS Number

Agency ORI Number: FL0 5 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 06-24050167

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): [redacted]

Location of Offense (Business Name, Address): [redacted]

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
04/05/2024	0944					

DEFENDANT

Name (Last, First, Middle): [redacted]

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	[redacted]	5'04	120	BROWN	BROWN	light	med

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

Marital Status: Single

Religion

Indication of: Alcohol Influence ☐ Y ☐ N ☐ Unk; Drug Influence ☐ Y ☐ N ☒ Unk

Local Address (Street, Apt. Number) (City) (State) (Zip): [redacted]

Mobile Phone: [redacted]

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

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

Phone ( )

Address Source: VERBAL

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

Phone ( )

Occupation: RETIRED

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
144479164, NY	[redacted]		ALBANY,NY	US

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

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.

School Attended Grade

☐ Yes, by: (Name) ☐ No (Reason)

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 #
DOMESTIC BATTERY ON 65 OR OLDER	01	☒ Y ☐ N	784.08(2C)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	1	24050167		

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

FILED PBG GUN CLUB '24 APR 6 AM 5:28

NOTICE TO APPEAR

Location (Court, Room Number, Address)

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

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

ADMIN

HOLD for other agency

☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other:

Intake Deputy I.D. # Pouch #

Signature of Arresting Officer: X

Name of Arresting Officer (Print): K. DIAS I.D. # 30205

Transporting Officer: K.DIAS I.D. # 30205 Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT)

APR 5 AM 11:50

SCANNED

Witness here if subject signed with an "X"

PAGE 1 OF 1

APR 06 2024

PBSO 14148 REV. 11/22 DISTRIBUTION: COURT COPY STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

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PROBABLE CAUSE AFFIDAVIT

OBTS Number | 1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias | 1 | Juvenile N

ADMIN

Agency ORI Number: FLO 5 0 0 0 0 0 | Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number: 06- 24050167

Charge Type (Check as many as apply): [X] 1 Felony [ ] 2 Traffic Felony [ ] 3 Misdemeanor [ ] 4 Traffic Misdemeanor [ ] 5 Ordinance [ ] 6 Other | Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
[redacted]		W	F	[redacted]

CHARGES

Charge Description: DOMESTIC BATTERY ON 65 OR OLDER 784.08(2C)

Charge Description:

Charge Description:

Charge Description:

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
[redacted]	W	M	[redacted]

Local Address (Street, Apt Number) (City) (State) (Zip)	Phone	Address Source
[redacted]	[redacted]	VERBAL

Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation
	( )	RETIRED

PROBABLE CAUSE STATEMENT

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:

[ ] 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 committed the below acts, resulting from my (described) investigation.

On the 5 day of APRIL 20 24 at 0900 [X] A.M [ ] P.M (Specifically include facts constituting cause for arrest.)

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

On April 5th, 2024, at approximately 0900 hours I was dispatched to [redacted] in unincorporeated Palm Beach County in reference to a domestic battery.

Upon my arrival, I made contact with [redacted] who stated she got into an argument with her boyfriend, [redacted] said they got into a verbal argument in the kitchen about [redacted] not wanting to go see a doctor. [redacted] stated they began to yell at each, she started to walk away to their bedroom and [redacted] followed her. [redacted] advised she turned around, pushed, and grabbed [redacted] shirt. [redacted] then ripped [redacted] shirt and scratched his neck/shoulder area. [redacted]

[redacted] advised [redacted] began to yell at him and he followed her toward the bedroom and asked her to calm down. [redacted] stated [redacted] turned around, pushed him, began hitting him, and then completely ripped the shirt he was wearing off his body. [redacted] stated he had to push [redacted] away to get her to stop hitting him and then called 9-1-1.

I observed scratch marks on [redacted] neck/shoulder (left side), I saw a blue shirt on the couch that was completely torn from the neck hole to the waist line. [redacted] had a fresh scratch mark on his left arm with fresh blood coming from the wound.

Based on my investigation and observations, probable cause exists to charge [redacted] with Domestic Battery on a person 65 or older, as she did strike, [redacted] (age 75), against his will causing bodily harm in violation of FSS 784.08(2C).

NOT A CERTIFIED COPY

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting /Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5 day of APRIL 20 24 by _____

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

Notary Public, Clerk of Court, Officer (F.S.S.) 117.10) 24749

SCANNED
APR 06 2024

PBSO #0004 REV. 12/22

DISTRIBUTION: STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Suspect: [redacted] **DOB:** [redacted] **Case #:** 24050167

Victim: [redacted] **DOB:** [redacted] **Race:** W **Sex:** M

Relationship between Victim and Defendant: BOYFRIEND/GIRLFRIEND

Photographs: Scene ☐ Yes ☒ No Victim ☒ Yes ☐ No Defendant ☒ Yes ☐ No

911 Call: ☒ Yes ☐ No **Caller:** [redacted]

Weapon Used: ☐ Yes ☒ No **Type:** _____

Witness: ☐ Yes ☒ No **Name:** _____

Victim Pregnant: ☐ Yes ☒ No **If yes,** ___ **weeks** _____ **months**

Injuries: ☒ Yes ☐ No **Description:** SCRATCHES

Medical Treatment: ☐ Yes ☒ No

At Scene: ☐ Yes ☒ No **Paramedics:** _____

At Hospital: ☐ Yes ☒ No **Hospital:** _____ **Physician:** _____

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: I am in a difficult situation.

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

First words Victim said when you responded to scene: I have a rotator cuff injury that has been re aggravated.

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:

Local Address: [redacted]

Phone: **Home** [redacted] **Work** (___)___ -_____ **Cell** (___)___ -_____

Employer: _____

Name of Relative: _____ **Phone** (___)_____

Address: _____

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SCANNED
APR 06 2024

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	3
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)	1-5
	☒	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	1-5
	☐	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	☐			
	☐			
	☒	415.107(1)	Vulnerable adult abuse records and reports	1-5
	☐			

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REVIEW COMPLETED BY

Booking Number: 2024009141	**Date:** 4/6/2024
	Specialist Name/ID#: C. Daniels/ 30347

SCANNED
APR 06 2024