0505020 PImm 1370 PMB 656 DVTD

ARREST / NOTICE TO APPEAR

1 Arrest 3 Request for Warrant 2 NTA 4 Request for Capias — 1 — JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500400 | Agency Name: Delray Beach Police Department | Agency Report Number (NTA Number): 19-001699

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

If Weapon Seized — Enter Type: Hands/fist/feet/teeth | Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business): 4719 PRIVE CIR, DELRAY BEACH, FL 33445

Location of Offense (Business Name, Address): 4719 PRIVE CIR, DELRAY BEACH, FL 33445

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
02/01/2019	23:45	02/01/2019	23:55	/ / : :		

DEFENDANT

Name (Last, First, Middle): POTASH, ADAM SCOTT — Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	04/03/1979	5'08	150	BROWN	BROWN	FAIR	MEDIUM

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) | Marital Status: M | Religion: CHRISTIAN | Indication of Alcohol Influence / Drug Influence: Yes ☐ No ☐ Unk. ☒

Local Address (Street, Apt. Number) (City) (State) (Zip): 4719 PRIVE CIR, DELRAY BEACH, FL 33445 | Phone: (561) 866-8484 | Residence Type (1 City, 2 County, 3 Florida, 4 Out of State):

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 4719 PRIVE CIR, DELRAY BEACH, FL 33445 | Phone: (561) 866-8484 | Address Source:

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

DL Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
P320017791230 / FL	[redacted]		MIAMI, FL, United	

CO-DEF

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

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

JUVENILE

☐ Parent ☐ Other ☐ Legal Custodian — Name (Last, First, Middle) | Residence Phone

Address (Street, Apt. Number) (City) (State) (Zip) | Business Phone

Notified by (Name) | Date | Time | Juvenile Disposition: 1 Handled/Released within Department 2. TOT JAC 3 Incarcerated

Released To (Name) | Relationship | Date | Time

VICTIM NOTIFICATION REQUIRED

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 355-2526) informed of any change of address.
☐ Yes, by ☐ No

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	Statute Violation Number	Violation of ORD #
SIMPLE BATTERY(TOUCH OR STRIKE)	784.03(1A1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☒ Y ☐ N		NO BOND

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant | Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deliberate ☐ Injuries — Explain

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By | Released By | Released To

Transported By | Date Transported / / | Time Transported : : | Other

NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court
☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): South County 200 W Atlantic Ave Delray Beach, FL 33444
Court Date and 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 (or Juvenile and Parent/Custodian) | Date Signed

2019 FEB 22 AM 5:33 CLERK CIRCUIT COURT PALM BEACH COUNTY FLORIDA

No Photo Available

ADMIN

HOLD for Other Agency

☐ Dangerous ☐ Wanted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer: 1158

Name of Arresting Officer (Print): MEREDITH, JORDAN T | I.D. # 1158

Transporting Officer: MEREDITH | I.D. # 1158 | Agency DBPD

Pouch #

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X"

PAGE 1 OF 1

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CRIMINAL HISTORY ☐ BAIL ☐ CRIME ANALYSIS ☐ F.I.O. ☐ DEFENDANT

DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT

Palm Beach County

ADMIN

Date / Time	Agency ORI Number	Agency Name	Agency Report Number
02/01/2019 23:56	FL 0500400	DELRAY BEACH POLICE DEPARTMENT	4 0 19-001699

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
POTASH, ADAM SCOTT		W	M	04/03/1979

CHRG

Charge Description: 784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
POTASH, CINDY LEON	W	F	04/19/1984

Local Address (Street, Apt Number) (City) (State) (Zip)	Phone	Address Source
4719 PRIVE CIR, DELRAY BEACH, FL 33445	(561) 866-8484	

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

	Written	Taped	Oral
DEFENDANT'S STATEMENTS:	☐	☒	☐
VICTIM'S STATEMENTS:	☐	☒	☐

OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): **UPSET**

RELATIONSHIP BETWEEN VICTIM & SUSPECT: **MARRIED**

ADDITIONAL INFORMATION

	YES	NO	
PHOTOGRAPHS: Scene:	☒	☐	
Victim:	☒	☐	
911 CALL:	☒	☐	CALLER: **CINDY POTASH**
WEAPON USED:	☒	☐	TYPE: **PERSONAL-HANDS,FEET,ETC**
WITNESSES:	☐	☒	(If YES, attach witness list)
INJURIES:	☒	☐	
MEDICAL TREATMENT:	☐	☒	
AT: Scene:	☐	☒	PARAMEDICS:
Hospital:	☐	☒	PHYSICIAN(S) / HOSPITAL:
ACT COMMITTED IN PRESENCE OF MINOR(S):	☐	☒	NAMES/AGES:
H. R. S. NOTIFIED:	☒	☐	
VICTIM PREGNANT:	☐	☒	
VIOLATION OF RESTRAINING ORDER:	☐	☒	CASE #:
PRIOR HISTORY OF DOMESTIC VIOLENCE:	☐	☒	
ALCOHOL OR DRUGS INVOLVED:	☒	☐	

NARR

See Page Two

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

1154
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 1 day of February, 2019.

JABCUGA, JASON
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT
Palm Beach County
Narrative Continuation

ADMIN

Date / Time		
02/01/2019 23:56		
Agency ORI Number	Agency Name	Agency Report Number
FL 0500400	DELRAY BEACH POLICE DEPARTMENT	4 0 19-001699

NARRATIVE

The following occurred in the City of Delray Beach, Palm Beach County, Florida.

On 02/01/19 at 2302 hours, I was dispatched to 4719 Prive Cir in reference to a domestic disturbance. I made contact with Cindy Potash who stated she was just in a physical altercation with her husband (Adam Potash). Cindy stated she got into a verbal argument with Adam in their bedroom about the television. Cindy was standing next to the bed and Adam was laying on the bed. Adam started filming Cindy with his phone, at this time Cindy took the phone from Adam.

Cindy was turned away from Adam trying to delete the video he took of her. Adam got out of bed and grabbed Cindy's arms leaving red hand prints on her arms. Adam forcibly turned her around and Cindy fell on the ground. Cindy and Adam wrestled on the ground for a few minutes until Adam got the phone back. During the fight for the phone Cindy received bruising on both her knees and legs. Cindy got up and left the room to call the police. Cindy provided a sworn statement on Ofc Reinhart's BWC.

Crime Scene responded for photographs.

Both parties are married and going through a divorce. Officers responded to the address on 12/26/18 for a domestic disturbance as well.

Based on the above facts, Probable Cause exists to arrest Adam Potash for Domestic Simple Battery (Touch or Strike) (784.03(1A1)).

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 1 day of February, 2019.

JABCUGA, JASON
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 117 10)

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- **Homicide** (Ch. 782)
- **Sexual Offense** (Ch. 794)
- **Attempted Murder**
- **Attempted Sexual Offense**
- **Stalking** (S. 784.048)
- **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 single 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 #: 19-1699 Agency: Delray Beach police
   Offense: Single Battery (Fists or strike)
   Suspect/Offender: Adam Potash
   D.O.B. 4/3/79 Race: W Sex: M

2. Warrant #(s):_____

3. Complete one (1) of the following:

   a. Victim's name: Cindy Potash
   Address: 4719 Pride Cir
   City: Delray Beach State: FL Zip: 33445
   Home #: 561-866-8484 Work #:_____ Other:_____

   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 person waiving notification: _____
Printed name of person waiving notification:_____

Officer's Name : Meredith I.D.: 1156 Date: 2/1/19

SUSPECT/OFFENDER:_____

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

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:	

REVIEW COMPLETED BY

Booking Number: 2019003691	**Date:** 2/2/2019
	Specialist Name/ID: Gammage/5660