19MM012292SB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number:

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

Type: 1 | Juvenile: N

ADMINISTRATION

Agency ORI Number	Agency Name	Agency Report Number
FL0500300	BOYNTON BEACH POLICE DEPT.	34-19-061427

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:

Location of Arrest (Including Name of Business): 1525 S Federal Hwy. Boynton Beach Fl 33435

Location of Offense (Business Name, Address): 1525 S Federal Hwy. Boynton Beach Fl 33435

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
11/04/2019	~~1213~~ 0614					

DEFENDANT

Name (Last, First, Middle): Smiley, Amanda, Grace

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

Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	05/17/1983	504	105	green	brown	fair	thin

W - White I – American Indian B - Black O – Oriental / Asian

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): None visible

Marital Status: Single | Religion: Catholic

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

Local Address (Street, Apt. Number) (City) (State) (Zip): 1525 S Federal Hwy Boynton Beach Fl 33435
Phone: (778)908-2373

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

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 1525 S Federal Hwy Boynton Beach Fl 33435
Phone: ( ) -

Address Source: defendant

Business Address (Street, Apt. Number) (City) (State) (Zip): None
Phone: ( ) -

Occupation:

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth	Citizenship
8959750 British Columbia	- -		Canada	Canada

CO-DEF

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

Co-Defendant Name (Last, First, Middle): | Race | Sex | Date of Birth | ☐ 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 561-355-2526) 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. 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#
Simple Battery		■ Yes ☐ No	784.03 1a1	

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
N	N	N/A	19-061427		

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

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 ☐ Suicidal ☐ Resisted Arrest ☐ Other:

Signature of Arresting Officer: [signature] 897

Name Verification (Printed by Arrestee) (PRINT):

Name of Arresting Officer (Print)	I.D. #
G. Albanese	897

BU# 114394

Intake Deputy	I.D. #	Pouch #	Transporting Officer	I.D. #	Agency
			Albanese	897	BBPD

Witness here is subject Signed with an "X".

Page 1 OF 1

DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT
PALM BEACH COUNTY

On the 04 day of November 2019 at 1525 S Federal Hwy., Boynton Beach

Subject: Smiley, Amanda, Grace DOB: 05/17/1983 Case #: 19-061427

Charge Description: Simple Battery Statute #: 784.03 1a1

Victim: Ross, Maximillian DOB: 11/13/1992 Race: W Sex: M

Local Address: 1525 S Federal Hwy , Boynton Beach , Fl , 33435

Personal Contact:

Narrative:

On 11/04/19 at approximately 0614 hours, I responded to 1525 S Federal Hwy., in reference to a disturbance (domestic related), upon my arrival, I met with the complainant outside, W/F Amanda Smiley, who advised the following:

Amanda said she was involved in an altercation with her live in boyfriend, Maximillian Ross, inside of their apartment (1525 S Federal Hwy). Amanda said they had been consuming alcoholic beverages earlier, and a verbal altercation ensued, when Maximillian grabbed her cellular phone, attempting to search through the contents. Amanda said Maximillian brought her phone into the bathroom of their residence, and locked the door. Amanda said she was able to enter the bathroom, and "wrestled" Maximillian for her phone. Amanda said she was able to retrieve her cellular phone, at which time Maximillian ran to the front door, refusing to let her leave. Amanda said she was able to eventually move Maximillian from the front of the door, after pushing and scratching at him. Amanda said that Maximillian never hit or punched her, though later advised that he had slapped her in the face during the altercation.

Amanda sustained no visible injuries and declined any medical attention.

I then made contact with Maximillian, who stated he had returned with Amanda to their residence (1525 S Federal Hwy), and they had both been consuming alcoholic beverages. Maximillian said a verbal argument ensued for no apparent reason after they had sexual intercourse. Maximillian said Amanda then retrieved her phone and was communicating with somebody. Maximillian said he then grabbed her phone, wanting to see who she was speaking with, and locked himself in the bathroom briefly. Maximillian said Amanda then forced the door open, and he returned her phone. Maximillian said Amanda then started swinging her arms, and he was trying to block her from hitting him. Maximillian said he was scratched by Amanda's fingernails in the forehead and left forearm. Maximillian said later that he was unsure how he sustained the injury due to his level of intoxication.

Maximillian sustained several scratches that were bleeding on his forehead and right forearm, he declined any medical attention. Photos taken.

Therefore based on the aforementioned information and my investigation, I find probable cause to charge the defendant Amanda Smiley, with Simple Battery, pursuant to FSS 784.08. Amanda was placed in handcuffs (double locked/checked tightness) transported to BBPD for processing, and Later TOT county jail.

Defendant's Statement: Taped Victim's Statement: Taped

Observation Of Victim (Physical and Emotional):

Victim was tired, and upset

Relationship Between Victim and Suspect:

boyfriend/girlfriend

Photographs: Scene: ☑ Yes ☐ No

Victim: ☑ Yes ☐ No

911 Call: ☑ Yes ☐ No Caller: _____

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: 561-739-8329 Work: _____

Employer: _____

Relative Name: _____ Phone: _____

Address: 1525 S Federal Hwy

City/State: Boynton Beach ,Fl ,33435

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

#897
Signature Of ArrestingOfficer

Sworn to and subscribed to me before this 04 day of November 2019

Notary/Clerk Of Court/Officer (F.S.S. 117 10)

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.

SUSPECT/ OFFENDER: Smiley, Amanda, Grace

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

1. Incident Report #: 19-061427 Agency: Boynton Beach Police Department
   Offense: Simple Battery
   Suspect/Offender: Smiley, Amanda, Grace
   DOB: 05/17/1983 Race: W Sex: F

2. Warrant # (s): _____

3. Complete one (1) of the following:

   A. Victim's Name: Ross, Maximillian
   Address: 1525 S Federal Hwy
   City: Boynton Beach State: Fl Zip: 33435
   Home #: 561-739-8329 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 Victim: _____

Printed Name of Victim: Ross, Maximillian

Officer's Name: G. Albanese I.D.# 897 Date: 11/04/2019