04505084 18MM793 308

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number

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

Juvenile: N

Agency ORI Number	Agency Name	Agency Report Number
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERRIF'S OFFICE	06 18029070

Charge Type (Check as many as apply): 1. Felony; 2. Traffic Felony; [X] 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)	Location of Offense (Including Name of Business)
2794 TENNIS CLUB DR ,506 WPB FL 33409	SAME

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
Jan 21, 2018	1330					

Name (Last, First, Middle)	Alias (Name, DOB, Soc. Sec. #, Etc.)
OVIEDO ANGELINA FELICA	

Race (W-White I-American Indian B-Black O-Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	01/05/99	5'4"	112	BRN	BRN	MED	SMALL LIGHT

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)	Marital Status	Religion	Indication of Alcohol Influence / Drug Influence (Y / N / Unk)
NONE OBSERVED	N	N	Unk

Local Address (Street, Apt. Number)	City	State	Zip	Phone	Residence Type (1 City, 2 County, 3 Florida, 4 Out of State)
2794 TENNIS CLUB DR ,506	WEST PALM BEACH	FL	33409	561-818-8175	2

Permanent Address (Street, Apt. Number)	City	State	Zip	Phone	Address Source
SAME AS ABOVE					DEF.

Business Address (Street, Apt. Number)	City	State	Zip	Phone	Occupation
NONE					UNEMPLOYED

D/L Number, State	Social Security Number	INS Number	Place of Birth	Citizenship
O-130-006-99-505-0, FL	[redacted]		CORAL SPRINGS FL	U.S.

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

NO BOND Domestic

Parent / Legal Guardian / Other	Name (Last, First, Middle)	Phone

Address (Street, Apt. No.)	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 address change
[ ] Yes, by (Name) [ ] No (Reason)

School Attended	Grade

Property Crime?	Description of Property	Value of Property
[ ] Yes [ ] No		

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; H. Hallucinogen; M. Marijuana; P. Paraphernalia/Equipment; U. Unknown; Z. Other

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation or ORD. #
DOMESTIC SIMPLE BATTERY	1	[X] Y [ ] N	784.03(1)(A)(1)	

VICTIM NOTIFICATION REQUIRED

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
NA	NA	NA	18029070		

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation or ORD. #
		[ ] Y [ ] N		

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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation or ORD. #
		[ ] Y [ ] N		

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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation or ORD. #
		[ ] Y [ ] N		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number
				JAN 21 PM 3:39

Location (Court, Address, Room Number): TO BE SET

Court Date and Time — Month / Day / Year / Time / AM [ ] / PM [ ]

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

Signature of Defendant (or Juvenile and Parent/Custodian) — Date Signed

HOLD for Other Agency / Name	Signature of Arresting Officer	Name Verification (Printed by Arrestee)
[ ] Dangerous [ ] Resisted Arrest [ ] Suicidal [ ] Other	Name of Arresting Officer: D/S M. LUBINSKI ID #: 8235	(PRINT)
Intake Deputy / ID # / Pouch #	Transporting Officer: D/S M. LUBINSKI ID # / Agency	Witness here if subject signed with an "X"

Page 1 of 1

2018 JAN 22 AM 8:46 SHARON R. BOCK CLERK & COMPTROLLER PALM BEACH COUNTY FL

SCANNED JAN 22 2018

OBTS Number	PROBABLE CAUSE AFFIDAVIT	1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias	1	Juvenile	N

Agency ORI Number	Agency Name	Agency Report Number	
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERRIF'S OFFICE	06	18029070

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

Special Notes

Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth
OVIEDO	ANGELINA	FELICA	W	F	01/05/99

Charge	Charge
DOMESTIC SIMPLE BATTERY	
Charge	Charge

Victim Name (Last, First, Middle)			Race	Sex	Date of Birth
STESLOW	FORREST	JOSEPH	W	M	05/01/91

Local Address (Street, Apt. Number)	City	State	Zip	Phone	Address Source
2794 TENNIS CLUB DR ,506	WEST PALM BEACH	FL	33409	225-335-6003	PALMS

Business Address (Street, Apt. Number)	City	State	Zip	Phone	Occupation
JFK NORTH MEDICAL CENTER	WEST PALM BEACH	FL	33407	(561) 842-6141	Surgical Tech

The undersign 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.

☒ was found to have committed the below acts, resulting from (described) investigation.

On the 21ST day of JAN 20 18 at 1253 ☐ AM ☒ PM

On the above date and time PBSO communications received a 911 call from an anon caller that there was a disturbance coming from 2794 TENNIS CLUB DR , unit 506, which is located in the TENNIS CLUB OF PALM BEACH apartment complex , unincorporated WPB FL. The anon complainant advised dispatch that a they heard doors slamming and a female screaming. The complainant believed the disturbance was a domestic dispute.

Upon my arrival I met with W/F ANGELINA OVIEDO, who was standing outside the 5th floor apartment. ANGELINA stated that she lives at the apartment with her boyfriend, W/M FORREST STESLOW, and they had an argument. Forrest and ANGELINA have dated for approximately a year and a half, currently reside together, and have no children together. ANGELINA further explained that Forrest jumped on top of her and "wrestled" her to the ground covering her nose and mouth. ANGELINA was not punched or struck and had no physical injuries. ANGELINA refused EMS.

I then met with Forrest, who was still inside the apartment. Forrest stated that ANGELINA was on the phone with her mother and she was getting upset about the conversation. Forrest admitted to smirking and acting smug while ANGELINA was on the phone. ANGELINA then walked over to Forrest and in a fit of rage punched him in the face with a closed fist several times. Forrest then pushed ANGELINA to the ground and held her there until she calmed down. Forrest stated he never punched or struck ANGELINA and he only forced her to the ground so she would stop punching him. Forrest had a swollen left eye and various lacerations and contusions to his face and right leg. Forrest refused EMS. Forrest would not allow a DART deputy to photograph his injuries. Forrest refused to complete a sworn written statement once he found out ANGELINA would be going to jail.

After conducting my investigation and speaking with all parties involved, I determined that the DEF. ANGELINA OVIEDO, did in fact unlawfully strike the victim, FORREST STESLOW, against his will, which is a violation of F.S.S. 784.03. (1) a 1 (simple battery). ANGELINA was placed in handcuffs, which were double locked and checked for proper fit. I then transported ANGELINA to the county jail for booking and processing.

The foregoing instrument was sworn to and affirmed before me this 21st day of JAN 20 18, by:

D/S M. LUBINSKI 8235
Name of Arresting/Investigating Officer

Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

Signature of Arresting/Investigating Officer

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause Affidavit)

Defendant: OVIEDO ANGELINA FELICA DOB: 01/05/99 Case #: 18029070

Victim: STESLOW FORREST JOSEPH DOB: 05/01/91 Race: W Sex: M

Relationship between Victim and Defendant: boyfriend and girlfriend

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

911 Call: ☑Yes ☐No Caller: anon

Weapon Used: ☐Yes ☑No Type: _____

Witness: ☐Yes ☑No Name: _____

Victim Pregnant: ☐Yes ☑No If yes, _____Weeks _____Months

Injuries: ☐Yes ☑No Description: _____

Medical Treatment: ☐Yes ☑No

At Scene: ☐Yes ☑No Paramedics: _____

At Hospital: ☐Yes ☑No Hospital: _____ Physician: _____

Are children living in the 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: see report

Vicitm's statements ☑Yes ☐No If yes, ☐written ☐recorded ☑oral

First words Victim said when you responded to scene: see report

Did the Victim contact anyone other than the 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: 2794 TENNIS CLUB DR ,506

WEST PALM BEACH FL 33409

Phone: Home: 225-335-6003 Work: (561) 842-6141 Cell: _____

Employer: _____

Name of Relative: _____ Phone: _____

PBSO #0004A REV. 01/01

VICTIM NOTIFICATION FORM

- **Homicide** (Ch.782)
- **Attempted Murder**
- **Stalking** (F.S. 784.048)
- **Sexual Offense** (Ch.794)
- **Attempted Sexual Offense**
- **Dating Violence**
- **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.**

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

1. Incident Report #: 18029070 Agency: Palm Beach County Sheriff's Office
   Offense: DOMESTIC SIMPLE BATTERY
   Suspect/Offender: OVIEDO ANGELINA FELICA
   DOB: 01/05/99 Race: W Sex: F

2. Warrant #(s):

3.a. Victim's Name: STESLOW FORREST JOSEPH DOB: 05/01/91 Race: W Sex: M
   Address: 2794 TENNIS CLUB DR ,506
   City: WEST PALM BEACH State: FL Zip: 33409
   Home #: 225-335-6003 Work #: Other #:

   b. Victim's next of kin, friend or neighbor: none
   Address:
   City: State: Zip:
   Home #: Work #: Other #:

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY 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: D/S M. LUBINSKI ID #: 8235 Date: Jan 21, 2018

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

PBSO #0029A REV. 05/11

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY) COURT CASE/WARRANT #