

0498494

2052

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1 Arrest 3 Request For Warrant
2 NTA 4 Request For Capias 1 Juvenile N

ORIS Number		Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 18077732		
Charge Type Check as many as apply <input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony <input type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other		If Weapon Seized Enter Type		Multiple Offenses Indicate 0 1				
Location of Arrest (Including Name of Business)		Location of Offense (Including Name of Business)						
Date of Arrest 05/24/2018	Time of Arrest 0815hrs	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle		
Name (Last, First, Middle) Settel Aviva H				Alias (Name, DOB, Soc Sec # Etc)				
Race W-White A-American Indian B-Black C-Caucasian	Sex F	Date of Birth 02/11/1987	Height 5'05	Weight 130	Eye Color blue	Hair Color brown	Complexion med	Build med
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) "kolby" on clavicle				Marital Status single		Religion catholic		Indication of Alcohol Influence 1 City 2 County 3 State 4 Out of State 5 Other
Local Address (Street, Apt. Number) City State Zip		Phone		Residence Type 1 City 2 County 3 State 4 Out of State 5 Other		Address Source verbal		
Permanent Address (Street, Apt. Number) City State Zip		Phone		Occupation n/a		Citizenship USA		
Business Address (Street, Apt. Number) City State Zip		Phone		Place of Birth Orlando, Florida		Citizenship USA		
DA Number, State none		Social Security Number		INS Number		Place of Birth Orlando, Florida		
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		
Parent Legal Guardian Other		Name (Last, First, Middle)		Phone				
Address (Street, Apt. No.)		City		State		Zip		
Notified By (Name)		Date		Time		Juvenile Detention 1 Handed/Processed within Days and Released 2 TOT HRS/DYS 3 Incarcerated		
Released To (Name)		Relationship		Date		Time		
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561-365-2526) informed of any address change. <input type="checkbox"/> Yes, by phone <input type="checkbox"/> No Person		School Attended		Grade				
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property				
Drug Activity S Sell N N/A P Possess		R Smuggle D Deliver E Use		K Dispense/ Distribute		M Manufacture/ Produce Cultivate		
Other Drug Type N N/A A Amphetamine		B Barbiturate C Cocaine E Heroin		H Hallucinogen M Marijuana		P Paraphernalia/ Equipment		
U Unknown Z Other								
Charge Description Domestic Battery		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 784.03 2b (1A1)		
Drug Activity n		Drug Type n/a		Amount/Unit n/a		Offense # 18077732		
Charge Description Poss of Drug without Prescrip		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 499.03(1)		
Drug Activity n		Drug Type n		Amount/Unit n/a		Offense # N/A		
Charge Description		Counts		Domestic Violence		Statute Violation Number		
Drug Activity		Drug Type		Amount/Unit		Offense #		
Charge Description		Counts		Domestic Violence		Statute Violation Number		
Drug Activity		Drug Type		Amount/Unit		Offense #		
Location (Court, Address, Room Number) P.B.C. MAIN JUSTICE COMPLEX - 205 N. DIXIE HWY. WEST PALM BEACH, FL. 33401								
Court Date and Time Month Day Year Time AM <input type="checkbox"/> PM <input type="checkbox"/>								
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 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				
Name		Signature of Arresting Officer		Name Verification (Printed by Arrestee)		Date		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Re-arrest <input type="checkbox"/> Other		Name of Arresting Officer D/S M. CASTEEL		ID # 28275		
Transporting Officer D/S M. CASTEEL		ID #		Agency PBSO		Page 1 of 1		

NO BOND
210K

MAY 24 AM 10:53
MAY 25 AM 6:33

Label # 1222
M. HABER # 12427

OBT Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA	3 Request For Warrant 4 Request For Capias	1	Juvenile	N
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		18077732		
Charge Type Check as many as apply <input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony <input checked="" type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other		Special Notes						
Defendant Name (Last, First, Middle) Settel Aviva		H	Race W	Sex F	Date of Birth 02/11/1987			
Charge Domestic Battery		Charge Poss of Drug without Prescrip						
Victim Name (Last, First, Middle) Fernandez Alejandro		W	Race W	Sex M	Date of Birth 10/15/1979			
Local Address (Street, Apt. Number) [REDACTED]		City [REDACTED]	State [REDACTED]	Zip [REDACTED]	Phone [REDACTED]	Address Source VERBAL		
Business Address (Street, Apt. Number) [REDACTED]		City [REDACTED]	State [REDACTED]	Zip [REDACTED]	Phone [REDACTED]	Occupation		
<p>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</p> <p><input type="checkbox"/> committed the below acts in my presence</p> <p><input type="checkbox"/> confessed to admitting to the below facts</p> <p><input type="checkbox"/> was observed by _____ who told that he/she saw the arrested person commit the below acts</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation</p> <p>On the <u>24</u> day of <u>May</u> 20<u>18</u> at <u>0815</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</p>								

On the above date and time I responded to the area of [REDACTED] and [REDACTED] in reference to a domestic investigation.

Upon arrival I observed a white female with blood on her arms and legs walking westbound on [REDACTED] waving me down. I made contact with the female, later identified as Aviva Settel, who advised she was in a verbal dispute with her boyfriend of five years whom she lives with, about car problems and Aviva believed her boyfriend took money from her purse. Aviva spontaneously stated, "We were in an argument and I was pissed and yelling at Alejandro because he took money from me. I followed him around the house and I pushed him out of the way by slamming my bedroom door into his face. That's when he pushed me and I fell onto broken glass."

Fire rescue #43 responded and medically cleared Aviva.

While Aviva was being cleared I made contact with the boyfriend, Alejandro Fernandez who advised Aviva has been using drugs again and having episodes of lashing out and acting destructive. Alejandro advised, "this morning as I'm getting ready for work Aviva came out to the garage and we got into a verbal argument over my car not working which turned into an argument about she thought I took money from her because all she cares about is her fucking habit. I tried to walk away and leave the area and she followed me into the house and flung the door open and hit me in my face. Aviva then fell backwards because she tripped on the raised threshold into the house. She fell onto a broken ashtray with her crack pipe and cut herself stating I'm gonna tell the police you did this now".

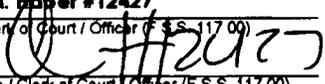
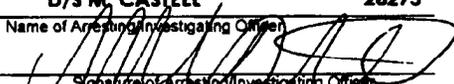
It appeared Alejandro had a slight mark on his left cheek bone. Alejandro advised he was not struck anywhere else.

I then spoke with Alejandro's son, Dezmyrn Fernandez who advised the same story.

Alejandro and Dezmyrn completed sworn statements.

A search incident to arrest of Aviva's purse, I discovered two different prescription bottles not belonging to Aviva, containing Alazaphran and unknown yellow and green bar pills.

Based on the facts of the investigation, Aviva was then handcuffed to the rear, checked for proper fit and tightness and transported to the county jail.

The foregoing instrument was sworn to and affirmed before me this <u>24</u> day of <u>May</u> 20 <u>18</u> , by	
<u>D/S M. Hoyer #12427</u>	<u>D/S M. CASTEEL 28275</u>
Name of Notary Public / Clerk of Court / Officer (F.S. 117.00)	Name of Arresting/Investigating Officer
	
Signature of Notary Public / Clerk of Court / Officer (F.S. 117.00)	Signature of Arresting/Investigating Officer
Page <u>1</u> of <u>1</u>	

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
 (Submit this form with the original Probable Cause Affidavit)

Defendant: Settel Aviva H DOB: 02/11/1987 Case #: 18077732
 Victim: Fernandez Alejandro DOB: 10/15/1979 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: _____
 Weapon Used: Yes No Type: _____
 Witness: Yes No Name: Dezmyn Fernandez
 Victim Pregnant: Yes No If yes, _____ Weeks _____ Months
 Injuries: Yes No Description: cut on suspects elbow
 Medical Treatment: Yes No
 At Scene: Yes No Paramedics: FR 43 bandage to elbow
 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: I hit him with the door and he pushed me

Victim's statements Yes No If yes, written recorded oral
 First words Victim said when you responded to scene: See victim's written sworn statement

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: _____ FL _____
 Phone: Home: _____ Work: _____ Cell: _____
 Employer: _____
 Name of Relative: _____ Phone: _____

VICTIM NOTIFICATION FORM

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

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

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #

1. Incident Report #: 18077732 Agency: Palm Beach County Sheriff's Office
Offense: Domestic Battery
Suspect/Offender: Settel Aviva H
DOB: 02/11/1987 Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's Name: Fernandez Alejandro DOB: 10/15/1979 Race: W Sex: M
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other #: _____

b. Victim's next of kin, friend or neighbor: _____
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. CASTEEL ID #: 28275 Date: 05/24/2018

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



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	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)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input checked="" type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	2,3,4 & 5
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018017378	Date: 05/25/2018
	Specialist Name/ID: howardt/7185