

0344081

2060

## ARREST / NOTICE TO APPEAR

AD M I N I S T R A T I O N	OBTS Number		Agency ORI Number <b>0502600</b>		Agency Name <b>Palm Beach Gardens Police Department</b>		Agency Report Number (N.T.A.'s only) <b>7, 8   17-002095</b>		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias <b>1</b>		JUVENILE			
D E F E N D A N T	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		If Weapon Seized Enter Type <b>Hands, Feet, Fist, Teeth</b>		Multiple Clearance Indicator			
	Location of Arrest (Including Name of Business) <b>PGA BLVD/195, PALM BEACH GARDENS FL</b>						Location of Offense (Business Name, Address) <b>4155 PINELLA CIR 471, PALM BEACH GARDENS, FL 33410</b>							
	Date of Arrest <b>04/06/2017</b>		Time of Arrest <b>19:25</b>		Booking Date		Booking Time		Jail Date		Jail Time			
	Location of Vehicle													
C O D E F E N D A N T	Name (Last, First, Middle) <b>ROSS, BENJAMIN ELMER</b>													
	Alias: _____													
	Race W - White B - Black		1 - American Indian O - Oriental/Asian		Sex <b>W</b>		Date of Birth <b>09/16/1987</b>		Height <b>5'10</b>		Weight <b>190</b>		Eye Color <b>BROWN</b>	
	Hair Color <b>BROWN</b>		Complexion <b>LIGHT</b>		Build <b>Medium</b>		Marital Status <b>S</b>		Religion <b>CHRISTIAN</b>		Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TATT BOTH WRIST</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>1</b>		Address Source <b>FL DL</b>		Occupation							
	Local Address (Street, Apt. Number) <b>4155 PINELLA CIR 473, PALM BEACH GARDENS, FL 33410</b>		(City) <b>FL</b>		(State) <b>FL</b>		(Zip) <b>33410</b>		Phone <b>(561) 339-2166</b>					
	Permanent Address (Street, Apt. Number) <b>4155 PINELLA CIR 473, PALM BEACH GARDENS, FL 33410</b>		(City) <b>FL</b>		(State) <b>FL</b>		(Zip) <b>33410</b>		Phone <b>(561) 339-2166</b>					
	Business Address (Name, Street) <b>PALM BEACH COUNTY,</b>		(City) <b>FL</b>		(State) <b>FL</b>		(Zip) <b>33410</b>		Phone					
	D/L Number, State <b>R200065873360 / FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>CORAL SPRINGS, FL,</b>		Citizenship <b>US</b>					
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor			
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor				
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> 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/Processed within Department and Released 2. TOT JAC 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 355-2526) informed of any change of address.		School Attended		Grade									
	<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property							
	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Disperses/ 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 Description <b>BATTERY-SIMPLE (TOUCH OR STRIKE)</b>		Statute Violation Number <b>784.03(1)(A)(1)</b>		Violation of ORD #									
	Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit <b>/</b>		Offense # <b>17-002095</b>		Counts <b>1</b>		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number	
Charge Description		Statute Violation Number		Violation of ORD #										
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		
Charge Description		Statute Violation Number		Violation of ORD #										
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		
I N T A K E	Health / Apparent Physical Condition of Defendant						Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries							
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail						PROPERTY - Received By							
	<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health						Released By							
	Transported By						Date Transported							
N O T I C E T O A P P E A R	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.						Location (Court, Room)							
							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							
A D M I N	HOLD for Other Agency						Name Verification (Printed by Arrestee)							
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Fugitive <input type="checkbox"/> Other						(PRINT)							
	Signature of Arresting Officer <b>BATISTA, EDGAR</b>						I.D. # <b>439</b>							
	Transporting Officer <b>BATISTA</b>						I.D. # <b>439</b>							
Witness here if subject signed with an "X".						PAGE <b>1 OF 1</b>								

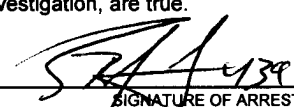
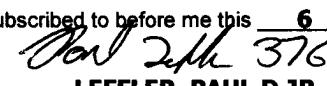
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2017 APR -7 AM 5:30

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>04/06/2017 19:25</b>		Agency ORI Number <b>FL 0502600</b>		Agency Name <b>PALM BEACH GARDENS POLICE</b>		Agency Report Number <b>7   8   17-002095</b>	
	Name (Last, First, Middle) <b>ROSS, BENJAMIN ELMER</b>						Race <b>W</b>	Sex <b>M</b>
C H R G	Charge Description <b>784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)</b>							
	Victim's Name (Last, First, Middle) <b>FIORENZA, MICHELE MARY</b>						Race <b>W</b>	Sex <b>F</b>
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>4155 PINELLA CIR 471, PALM BEACH GARDENS, FL 33410</b>				Phone <b>(561) 222-5736</b>		Address Source	
	Business Address (Name, Street) (City) (State) (Zip) <b>(561) 627-5660</b>				Phone <b>(561) 627-5660</b>		Occupation	
A D D I T I O N A L  I N F O R M A T I O N	Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/> DEFENDANT'S STATEMENTS: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> VICTIM'S STATEMENTS: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):				
	RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>SPOUSE</b>							
N A R R	PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Victim: <input checked="" type="checkbox"/> <input type="checkbox"/> 911 CALL: <input checked="" type="checkbox"/> <input type="checkbox"/> CALLER: <b>VICTIM</b> WEAPON USED: <input type="checkbox"/> <input checked="" type="checkbox"/> TYPE: WITNESSES: <input type="checkbox"/> <input checked="" type="checkbox"/> (If YES, attach witness list) INJURIES: <input checked="" type="checkbox"/> <input type="checkbox"/> MEDICAL TREATMENT: <input type="checkbox"/> <input checked="" type="checkbox"/> AT: Scene: <input type="checkbox"/> <input checked="" type="checkbox"/> PARAMEDICS: Hospital: <input type="checkbox"/> <input checked="" type="checkbox"/> PHYSICIAN(S) / HOSPITAL: ACT COMMITTED IN PRESENCE OF MINOR(S): <input checked="" type="checkbox"/> <input type="checkbox"/> NAMES/AGES: <b>JULIANA FIORENZA-ROSS 2YO</b> H. R. S. NOTIFIED: <input type="checkbox"/> <input checked="" type="checkbox"/> VICTIM PREGNANT: <input type="checkbox"/> <input checked="" type="checkbox"/> VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> <input checked="" type="checkbox"/> CASE #: PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> <input checked="" type="checkbox"/> ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> <input checked="" type="checkbox"/>							
	On Thursday, April 6th, 2017, at approximately 7:07pm, I was dispatched to 4155 Pinella Cir Apt 471, Palm Beach Gardens, Palm Beach County, Florida, in reference to a domestic disturbance. While in route to the scene, Palm Beach Gardens dispatched advised that the male suspect left the area in a							
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 <u>6</u> day of <u>April</u> , <u>2017</u> .  _____ LEFFLER, PAUL D JR NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)								

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

# AFFIDAVIT

### Narrative Continuation

**P. I. O.**