

17MM 1570
ARREST / NOTICE TO APPEAR

Juvenile Referral Report

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

1

Juvenile

N

ADMINISTRATIVE	OBTS Number			Agency ORI Number			Agency Name			Agency Report Number (N.T.A.'s only)				
	FLO 500000			PALM BEACH COUNTY SHERIFF'S OFFICE			06-17036954							
DEFENDANT	ChargeType: Check as many as apply:		<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor			<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type		Multiple Clearance Indicator				
								2 1. Yes 2. No		1				
	Location of Arrest (including Name of Business) 10891 HAYDN DR, Boca Raton, FL 33498						Location of Offense (Business Name, Address) 10891 HAYDN DR, Boca Raton, FL 33498							
	Date of Arrest 02/08/2017		Time of Arrest 0201		Booking Date		Booking Time		Jail Date		Jail Time			
	Location of Vehicle													
	Name (Last, First, Middle) Llovet Venturini, Carlos Eduardo													
	Alias (Name, DOB, Soc. Sec. #, Etc.)													
	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W M		Date of Birth 04/20/1965		Height 5'11		Weight 197		Eye Color brown			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None										Hair Color gray			
	Marital Status Married										Complexion light			
Religion CATHOLIC										Build medium				
Indication of: Y N Alcohol Influence Drug Influence										Unk.				
Local Address (Street, Apt. Number) 10891 Haydn Dr, Boca Raton, FL 33498		(City)		(State)		(Zip)		Phone (561) 213-4665		Residence Type: 1. City 2. County 3. Florida 4. Out of State				
Permanent Address (Street, Apt. Number) 10891 Haydn Dr, Boca Raton, FL 33498		(City)		(State)		(Zip)		Phone ()		Address Source verbal/driver's license				
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone ()		Occupation				
D/L Number, State L131105651400, FL		Soc. Sec. Number [REDACTED]		INS Number				Place of Birth (City, State) Montevideo, UY		Citizenship USA				
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 <input type="checkbox"/> 5. Juvenile				
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 <input type="checkbox"/> 5. Juvenile				
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other: 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 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)						School Attended								
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> 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						Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.			
CHARGE	Charge Description Battery (domestic)						Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03(1)(a)(1)		Violation of ORD #	
	Drug Activity N. N		Drug Type N. N		Amount / Unit		Offense # 17036954				Warrant / Capias Number		Bond	
CHARGE	Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
	Drug Activity		Drug Type		Amount / Unit		Offense #				Warrant / Capias Number		Bond	
CHARGE	Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
	Drug Activity		Drug Type		Amount / Unit		Offense #				Warrant / Capias Number		Bond	
CHARGE	Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
	Drug Activity		Drug Type		Amount / Unit		Offense #				Warrant / Capias Number		Bond	
NOTICE TO APPEAR	Location (Court Room Number / Address)													
	Court Date and Time Month Day Year Time AM PM													
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 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														
02/08/2017														
Signature of Defendant (or Juvenile and Parent /Custodian)														
Date Signed														
HOLD for other Agency Name:				Signature of Arresting Officer <i>[Signature]</i> 9658				Name Verification (Printed by Arrestee)						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other: Name of Arresting Officer (Print) D/S Jacob Frey				I.D. # 9658						
(PRINT)														
Intake Deputy I.D. # Pouch #				Transporting Officer ID # Agency				PAGE						
D/S Jacob Frey				9658 PBSO				Witness here if subject signed above SCANNED						
								OF FEB 08 2017						

DISTRIBUTION: WHITE - COURT COPY

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GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO #146 REV. 8/97

ADMIN	OBTS Number		PROBABLE CAUSE AFFIDAVIT				1	Juvenile N
	Agency ORI Number	Agency Name	1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias			
	FLO 5 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 17036954				
	ChargeType: Check as many as apply. 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor 5. Ordinance 6. Other		Special Notes:					
ADMIN	Name (Last, First, Middle) Llovet Venturini, Carlos, Eduardo			Alias		Race W	Sex M	Date of Birth 04/20/1965
CHARGES DEF	Charge Description Battery (domestic)		Charge Description 784.03(1)(a)(1)					
CHARGES DEF	Charge Description		Charge Description					
VICTIM	Victim's Name (Last, First, Middle) Efraimsky Campos, Raquel				Race W	Sex F	Date of Birth 06/24/1966	
VICTIM	Local Address (Street, Apt. Number) 10891 Haydn Dr, Boca Raton, FL 33498		(City)	(State)	(zip)	Phone ()	Address Source	
VICTIM	Business Address (Name, Street)		(City)	(State)	(zip)	Phone ()	Occupation	
<p>The undersigned certifies and 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 my (described) investigation.</p> <p>On the 08 day of Feb 2017 at 0201 <input checked="" type="checkbox"/> A. M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>								
<p>On 08Feb17 at approximately 0116hrs, I arrived at 10891 HAYDN DR, Boca Raton, in unincorporated Palm Beach County in reference to a domestic disturbance.</p> <p>Upon arrival I spoke to RAQUEL EFRAIMSKY CAMPOS. She told me at approximately 0000hrs she was standing in the entrance to her bedroom with her husband, CARLOS LLOVET VENTURINI. She told me she was in a verbal argument over the possibility of Carlos having an affair. During the argument Carlos pushed Raquel with one hand on the shoulder. This caused Raquel to lose her balance and begin to fall. She fell into the hallway and struck the right side of her head on a metal safe. I observed a small bump on the side of her head. Raquel completed a signed written victim's statement.</p> <p>I then spoke to Carlos. He told me he was in a verbal only argument. He believed that Raquel may also be having an affair.</p> <p>Based on my investigation, CARLOS LLOVET VENTURINI did actually and intentionally touch or strike RAQUEL EFRAIMSKY CAMPOS against the will of RAQUEL EFRAIMSKY CAMPOS contrary to Florida Statute 784.03(1).</p>								
PROBABLE CAUSE STATEMENT	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>D/S Jacob Frey</p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this 08 day of Feb 2017 by D/S Jacob Frey known (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced known</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>							
ADMINISTRATIVE	<p>PAGE OF</p>							