

18mm8031
ARREST / NOTICE TO APPEAR

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3, 2 2018-009426		1 Arrest 2 N.T.A. 3 Request for Warrant 4 Request for Copies	1	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		Location of Arrest (Including Name of Business) 632 SW 2ND ST		Location of Offense (Business Name, Address) 632 SW 2ND ST, BOCA RATON, FL 33486		If Weapon Seized Bear Type: Hands, Feet, Fist, Teeth		Mileage Classroom Indicator			
	Date of Arrest 07/14/2018	Time of Arrest 00:05	Booking Date 07/14/2018	Booking Time 00:15	Arrest Date 07/14/2018	Arrest Time 00:15	Location of Vehicle LEFT ON SCENE					
C O D E F	Name (Last, First, Middle) SWANSON, CASSANDRA L		Alias:		Alias (Name, DOB, Sex: Sec. 6, Etc.)							
	Race W - White B - Black O - Oriental/Asian	Sex W	Date of Birth 06/30/1984	Height 5'11	Weight 125	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build Thin			
	Scars, Marks, Tattoos, Unusual Physical Features (Location, Type, Description) TATT UL SHOULDER / HUMMINGBIRD		Martial Status		Religion ATHIEST		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>			
	Local Address (Street, Apt. Number) 1531 NW 3RD ST 14, DEERFIELD BEACH, FL 33442		Phone (561) 617-0685		Randomness Type 1 City 2 County 3 Florida 4 Out of State		Address Source		Occupation SELF			
	Permanent Address (Street, Apt. Number) 1531 NW 3RD ST 14, DEERFIELD BEACH, FL 33442		Phone (561) 617-0685		Business Address (Name, Street) 1531 NW 3RD ST 14, DEERFIELD BEACH, FL 33442		Phone (561) -					
DL Number, State S525112847300 /		Sec. Sec. Number		INS Number		Place of Birth (City, State) MIAMI BEACH, FL,		Citizenship				
C O D E F	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"/> 4 Misdemeanor		<input type="checkbox"/> 3 Felony <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"/> 4 Misdemeanor		<input type="checkbox"/> 3 Felony <input type="checkbox"/> 5 Juvenile			
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other		Name (Last, First, Middle)		Residence Phone							
	<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone				
	Notified by (Name)		Date	Time	JUVENILE DISPOSITION 1 Held/Processed within Department and Released 2 TOT IAC 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				
C H A R G E	Drug Activity S Sell N N/A P Possess		S Sell B Buy D Deliver E Use	K Dispense/ Distribute	M Manufacture/ Produce/ Cultivate	Z Other	Drug Type N N/A A Amphetamines	B Bishitran C Cocaine E Heroin	H Hallucinogen M Marijuana O Opium/Heroin	P Pseudoephedrine/ Equipment S Synthetic	U Unknown Z Other	
	Charge Description BATTERY		Status Violation Number 784.03(1A)		Violation of ORD # 24-03(1A)(M)							
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Copies Number	Bond		Violation of ORD #		
	Charge Description		Status Violation Number		Violation of ORD #							
C H A R G E	Charge Description		Status Violation Number		Violation of ORD #							
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Copies Number	Bond		Violation of ORD #		
	Charge Description		Status Violation Number		Violation of ORD #							
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Copies Number	Bond		Violation of ORD #		
I N F O R M A T I O N	Health / Apparent Physical Condition of Defendant WELL		Any knowledge of the following Explain		<input checked="" type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Malnutrition <input type="checkbox"/> Dehydration <input type="checkbox"/> Injuries							
	Check which applies <input type="checkbox"/> Released O.R. <input type="checkbox"/> Pooled Bond		<input type="checkbox"/> Released to Parent/Custodian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> TOT County Jail		PROPERTY - Received By MCQUISTON		Released By MCQUISTON		Released To PBCJ	
	Transported By MCQUISTON		Date Transported 07/14/2018		Time Transported 01:30		Other					
N O T I C E T O A P P E A R	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time		No Photo Available			
	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 JUL 14 2018							
A D M I N	HOLD for Other Agency		Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee)							
	<input type="checkbox"/> Dangerous <input checked="" type="checkbox"/> Susceptible		<input type="checkbox"/> Released Adult <input type="checkbox"/> Other		Name of Arresting Officer (Print) MCQUISTON, D. K.		ID # 785		PAGE 1 OF 1			
Arresting Agency BRPD		Arresting Agency BRPD		ID # 785		Agency BRPD		Witness here if subject signed with an "X"				

0499825

SCANNED
JUL 14 2018

852

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 07/14/2018 00:05		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3, 2 2018-009426	
	Agency ORI Number FL 0500200					
D E S C R I B E	Name (Last, First, Middle) SWANSON, CASSANDRA L				Race W	Sex F
	Charge Description 784.03(1A1) BATTERY				Date of Birth 06/30/1984	
V I C T I M	Victim's Name (Last, First, Middle) OCAMPO, JAVIER T				Race W	Sex M
	Local Address (Street, Apt. Number) (City) (State) (Zip) 632 SW 2ND ST, BOCA RATON, FL 33486				Phone (561) 703-6087	
	Business Address (Name, Street) (City) (State) (Zip) SELF				Address Source Occupation	
Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/> DEFENDANT'S STATEMENTS VICTIM'S STATEMENTS: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL) WELL			
RELATIONSHIP BETWEEN VICTIM & SUSPECT BOY/GIRLFRIEND						
A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS: Scene:		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>		
	Victim:		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	911 CALL:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: SWANSON, CASSANDRA	
	WEAPON USED:		<input type="checkbox"/>	<input type="checkbox"/>	TYPE:	
	WITNESSES:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If YES, attach witness list)	
	INJURIES:		<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES/AGES:	
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 checked="" type="checkbox"/>	<input type="checkbox"/>			
N A R R	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>14</u> day of <u>July</u> , <u>2018</u>						
_____ DUBINSKY, SETH W NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 417.10)						

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL CRIME ANALYSIS
SCANNED

P. I. O.

JUL 14 2018

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N N A R R A T I V E	Date / Time 07/14/2018 00:05	
	Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT
	Agency Report Number 3 2 2018-009426	

On 07/14/2018, at approximately 2320 hours, I responded to 150 East Palmetto Park Road in reference to a 911 hang-up. Boca Raton Police Department (BRPD) Dispatch had received a phone call from a female which relayed off the tower in the area of 150 East Palmetto Park Road. Utilizing the cell phone provider's information on the customer assigned the telephone number it was determined that the call was placed from 632 SW 2nd Street utilizing RMS history. RMS history identified the owner of the telephone number as Javier Ocampo. While responding to the correct address, I observed a W/M driving a Jeep leaving the area of the original call. The male flagged me down and identified himself as Javier Ocampo and agreed to return to the residence with me.

Javier Ocampo stated that his girlfriend, Cassandra Swanson arrived at his residence unannounced and he allowed her inside. While speaking inside of the residence, Ocampo told Swanson that he had been talking to another female friend and she became upset and punched him right side of the face below the eye with her left hand. Ocampo became upset at Swanson for punching him but eventually left the residence to remove himself from the situation. I observed a reddened area on Ocampo's face below his eye consistent with where he stated that Swanson had punched him. Officer Keniston photographed Javier Ocampo's injury.

I then spoke to Cassandra Swanson. Swanson appeared intoxicated and was uncooperative with my investigation. Originally Swanson stated that nothing physical had taken place between her and Ocampo. Then Swanson changed her story and said that physical contact was made while they were inside of Ocampo's bedroom but it was in a sexual manner which she stated that she welcomed and enjoyed. Then Swanson stated that Ocampo punched her in the face causing her to receive a black-eye. I did not observe any physical injuries on Cassandra Swanson.

Based upon the findings of my investigation, I developed probable cause to arrest Cassandra Swanson for Simple Battery (F.S. 8 784.03(1A1.)) She was placed under arrest and restrained with handcuffs, which I checked for tightness and double locked. Cassandra Swanson was subsequently transported to Palm Beach County Jail (PBCJ). A victim notification form was completed and submitted with Cassandra Swanson to Palm Beach County Jail.

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.

Dec E 705
SIGNATURE OF ARRESTING OFFICER

Sworn-to and subscribed to before me this 14 day of July, 2018.

DUBINSKY, SETH W
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- 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.)

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

1. Incident Report#: 2018009426 Agency: Boca Raton PD
Offense: DOMESTIC BATTERY
Suspect/Offender: SWANSON, CASSANDRA
D.O.B. 6/30/1984 Race: WHITE Sex: FEMALE

2. Warrant#(s): _____

3.a. Victim's name: OCAMPO, JAVIER D.O.B. 11/18/1971 Race: WHI Sex: MALE
Address: 632 SW 2nd St
City: Boca Raton State: FL Zip: 33486
Home#: 561 703 6078 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 BE 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: Pursuant to F.S. 119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).
Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: McQuiston I.D.# 785 Date: 5/14/18
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

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



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 type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<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: 2018023433	Date: 07/14/2018
	Specialist Name/ID: howardt/7185

SCANNED

JUL 14 2018