

J# 0389341

19mm 2233 003574

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number	Agency ORI Number FL0 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06	19051634
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Charge Type Check as many as apply <input type="checkbox"/> 1 Felony <input checked="" 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 Clearance Indicator <input type="checkbox"/> 0 <input type="checkbox"/> 1
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Location of Arrest (Including Name of Business) 9477 ALTERNATE A1A LAKE PARK, FL 33403	Location of Offense (Including Name of Business) 9477 ALTERNATE A1A LAKE PARK, FL 33403
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Date of Arrest Mar 24, 2019	Time of Arrest 1819	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
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Name (Last, First, Middle) MARSH CHRISTINA NICOLLE	Alias (Name, DOB, Soc Sec # Etc) STINNA, TINA, T.
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Race W - White B - Black O - Oriental/Asian W	Sex F	Date of Birth 03/19/87	Height 5'04"	Weight 115	Eye Color BROWN	Hair Color BLACK	Complexion LIGHT	Build SMALL
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Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATTOOS ON BACK- BUTTERFLY; HIP; ANKLE; RIBCAGE	Marital Status SINGLE	Religion CATHLIC	Indicates of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>
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Local Address (Street, Apt. Number) 825 CENTER STREET #7C	City JUPITER	State FL	Zip 33458	Phone 561 332-6349	Residence Type 1 City 2 County 3 Florida 4 Out of State 2
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Permanent Address (Street, Apt. Number) SAME AS ABOVE	City SAME AS ABOVE	State SAME AS ABOVE	Zip SAME AS ABOVE	Phone SAME AS ABOVE	Address Source D.A.V.I.D.
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Business Address (Street, Apt. Number)	City	State	Zip	Phone	Occupation UNK
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DL Number, State M-620-114-87-583-0	Social Security Number	INS Number	Place of Birth WINTER PARK, FL	Citizenship U.S.A
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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
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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
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<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	Name (Last, First, Middle)	Phone
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Address (Street, Apt. No)	City	State	Business Phone
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Notified By (Name)	Date	Time	Juvenile Disposition 1 Handcuffed 2 TOT HRSDYS 3 Incarcerated
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Released To (Name)	Relationship	Date	Time
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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 561 355-2526) informed of any address change. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)	School Attended	Grade
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Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property	Value of Property
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Drug Activity M 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 E Heroin	H Hallucinogen M Marijuana	P Pharmaceutical/ Equipment	U Unknown Z Other
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Charge Description BATTERY-DOMESTIC	Counts	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1)(a)(i)	Violation or ORD #
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Drug Activity N	Drug Type N	Amount/Unit	Offense # 19051634	Warrant/Capas Number	Bond
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Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation or ORD #
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Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capas Number	Bond
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Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation or ORD #
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Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capas Number	Bond
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Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation or ORD #
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Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capas Number	Bond
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Location (Court, Address, Room Number)
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Court Date and Time

Month	Day	Year	Time	AM <input type="checkbox"/> PM <input type="checkbox"/>
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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 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
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HOLD for Other Agency	Signature of Arresting Officer D. J. Jameson	Name Verification (Printed by Arrestee) Deputy J. Jameson
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<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input checked="" type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	Name of Arresting Officer Deputy J. Jameson	ID # 16027	Agency PBJO
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Initials [Signature]	ID #	Pouch #	Transferring Officer ID # 30997	Agency PBJO	Witness here if subject signed in front of them
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VICTIM NOTIFICATION
REQUIRED

NOTICE

2019 MAR 25 AM 5:00

SCANNED
MAR 25 2019

Mastics

OETS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA	3 Request For Warrant 4 Request For Capias	1	Juvenile	N
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 19051634				
Charge Type Check as many as apply		Special Notes						
<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				
Defendant Name (Last, First, Middle) MARSH CHRISTINA NICOLLE				Race W	Sex F	Date of Birth 03/27/1960		
Charge BATTERY-DOMESTIC				Charge				
Victim Name (Last, First, Middle) STATE OF FLORIDA				Race	Sex	Date of Birth		
Local Address (Street, Apt. Number) 8883 LAKES BLVD. WEST PALM BEACH		City	State	Zip	Phone	Address Source		
Business Address (Street, Apt. Number)		City	State	Zip	Phone	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>MARCH</u> 20<u>19</u> at <u>06:19</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM</p>								

On the above date and time, I responded to the aforementioned location in reference to a domestic battery incident. PBSO dispatch advised they heard a female in the background arguing and hitting the complainant.

Upon arrival, I met with the complainant/victim, identified as Dominique L. Marsh (DOB: 03/27/1960) who stated she was invited to the bar inside the incident location known as Pirates well by her daughter/suspect, Christina N. Marsh (DOB: 03/03/1987). Dominique stated Christina started to argue with her after having a few drinks. Dominique stated she relocated to her vehicle where she explained to Christina she had too much to drink. Dominique stated Christina hit her on the back of her head. Dominique stated she relocated to the far north side of the parking lot with Christina inside the car where they continued to argue. Dominique stated while on the phone with her husband Christina hit her a second time. Dominique stated she called 911, and while land-line Christina hit her again in the ear.

I relocated directly outside of the bar where I made an attempt to retrieve a statement from Christina. Christina refused to provide a statement. I then secured Christina in hand restraints and secured her in the rear of my assigned marked patrol vehicle. While transporting Christina to District 3 Christina admitted to hitting her mother in the past, but stated she did not hit her mother today.

Based on the above investigation, Christina N. Marsh did actually and intentionally touch or strike Diego Ortiz-Rios against the will of Diego Ortiz-Rios contrary to Florida Statute 784.03

The foregoing instrument was sworn to and affirmed before me this <u>24</u> day of <u>MARCH</u> 20 <u>19</u> by			
<u>VIS MASTIGES #30987</u>		<u>Deputy J. Jameson 16027</u>	
Name of Notary Public / Clerk of Court / Officer (F S S 117 00)		Name of Arresting/Investigating Officer	
<u>[Signature]</u>		<u>[Signature]</u>	
Signature of Notary Public / Clerk of Court / Officer (F S 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: MARSH CHRISTINA NICOLLE DOB: 03/01/1977 ^{03/1977}~~03/1977~~ Case #: 19051634
Victim: STATE OF FLORIDA DOB: _____ Race: _____ Sex: _____
Relationship between Victim and Defendant: _____

Photographs: Scene Yes No Victim Yes No Defendant Yes No
911 Call: Yes No Caller: DOMINIQUE L. MARSH
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: WHY DO YOU NEED TO TALK TO ME?

Victim's statements Yes No If yes, written recorded oral
First words Victim said when you responded to scene: MY DAUGHTER HIT ME IN MY EAR.

Did the Victim contact anyone other than the police within an hour of the incident regarding the incident?
 Yes No If yes, name: DAVID A. MARSH phone 561 624-9906

Observations of Victim (Physical & Emotional): CRYING
 Upset Crying Fearful Hysterical Afraid Calm Nervous
 Complained of pain Other _____

Victim contact information:
Local Address: _____

Phone: Home: _____ Work: _____ Cell: 561 818-6673
Employer: UNEMPLOYED
Name of Relative: DAVID A. MARSH Phone: 561 624-9906

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.

1. Incident Report #: 19051634 Agency: Palm Beach County Sheriff's Office
Offense: BATTERY-DOMESTIC
Suspect/Offender: MARSH CHRISTINA NICOLLE
DOB: 03/14/1991 Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's Name: STATE OF FLG DOB: _____ Race: _____ Sex: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other #: _____

b. Victim's next of kin, friend or neighbor: DAVID A. MARSH
Address: _____
City: _____ State: _____ Zip: _____
Home #: 561 818-6673 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: Deputy J. Jameson ID #: 16027 Date: Mar 24, 2019

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #



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"/>	(vii) 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.	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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2019009880	Date: 03/25/2019
	Specialist Name/ID: AM/31562