

0505457

N/R

19CF153#3934

OBTS Number ARREST / NOTICE TO APPEAR Juvenile Referral Report 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1 Juvenile N

Agency ORI Number Agency Name Agency Report Number (N.T.A.'s only) FLO, 5, 0, 1, 3, 0, 0 GULFSTREAM POLICE DEPARTMENT 4, 4 - 1, 9 - 10, 2, 9, 2

Charge Type: Check as many as apply: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other Weapon Seized / Type 1. Yes 2. No Multiple Clearance Indicator

Location of Arrest (Including Name of Business) Location of Offense (Business Name, Address) 124 Prospect Rd. Lantana, FL 33462 3411 N. Ocean Blvd Gulfstream FL 33433

Date of arrest Time of Arrest Booking Date Booking Time Jail Date Jail Time Location of Vehicle 0, 2, 1, 9, 1, 9, 2, 5 64 Prospect Rd. Lantana, FL 33462

Name (Last, First, Middle) Alias (Name, DOB, Soc. Sec. #, Etc.) Minardi, Conrad JR NONE

Race W - White I - American Indian B - Black O - Oriental/Asian WM Sex M Date of Birth 0, 7, 0, 7, 8, 8 Height 600 Weight 230 Eye Color Brn Hair Color Brn Complexion LT Build LG

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Marital Status Single Religion None Indication of Alcohol Influence Drug Influence Y N Unk

Local Address (Street, Apt. Number) (City) (State) (Zip) Phone (Area) (Number) 124 Prospect Rd. Lantana, FL 33462 (772) 618-3507 Residence Type: 1. City 2. County 3. Florida 4. Out of State 10

Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone (Area) (Number) Address Source Defendant

Business Address (Name, Street) (City) (State) (Zip) Phone (Area) (Number) Occupation Plaintiff 230 S. Ocean Blvd Mangalapan FL 33410 (561) 582-5338

DL Number, State INS Number Place of Birth (City, State) Citizenship MS63100882470 [REDACTED] INS Number [REDACTED] New York, NY USA

Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile None

Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile None

Parent Name (Last) (First) (Middle) Residence Phone Legal Custodian Other: 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 was provided by defendant and/or 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

Property Crime? Description of Property Value of Property

Drug Activity S. Sell R. Smuggle K. Dispense/Distribute M. Manufacture/Produce/Cultivate Z. Other Drug Type N. N/A B. Barbiturate H. Hallucinogen P. Paraphernalia/Equipment U. Unknown N. Possess B. Buy D. Deliver C. Cocaine M. Marijuana O. Opium/Deriv. S. Synthetic T. Traffic E. Use

Charge Description Counts FSS ORD Statute Violation Number Violation of ORD # Domestic Battery 1 X FSS ORD 7, 9, 4, 1, 1, 2, 3 (1, 1, A, 1, 1) N/A

Drug Activity Drug Type Amount / Unit Offense # Warrant / Capias Number Bond

Charge Description Counts FSS ORD Statute Violation Number Violation of ORD # Agg. Battery w/ deadly weapon 1 X FSS ORD 7, 8, 4, 1, 1, 0, 4, 5 (1, 1, A, 2, 1) None

Drug Activity Drug Type Amount / Unit Offense # Warrant / Capias Number Bond

Charge Description Counts FSS ORD Statute Violation Number Violation of ORD #

Drug Activity Drug Type Amount / Unit Offense # Warrant / Capias Number Bond

Charge Description Counts FSS ORD Statute Violation Number Violation of ORD #

Drug Activity Drug Type Amount / Unit Offense # Warrant / Capias Number Bond

Instruction No. 1 Mandatory Appearance in Court Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side. Location (Court, Room Number, Address) 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

HOLD for other Agency Name: Signature of Arresting Officer: Name Verification (Printed by) #750 I.D. #

Dangerous Resisted Arrest Suicidal Other: Name of Arresting Officer (Print) #750 I.D. # Agency

Intake Deputy I.D. Pouch # Transporting Officer I.D. # Agency Witness here if subject signed with an "X":

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - JAIL GOLD - DEFENDANT (N.T.A.'s ONLY)

SCANNED PAGE FEB 18 2013

PROBABLE CAUSE AFFIDAVIT

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

OBTS Number, Agency ORI Number, Agency Name, Agency Report Number, Charge Type

Name (Last, First, Middle), Alias, Race, Sex, Date of Birth

Charge Description, Charge Description

Victim's Name (Last, First, Middle), Local Address (Street, Apt. Number), Business Address (Name, Street)

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.

On this date and time Sgt O'Donnell & I responded to 3411 N. Ocean Blvd. in reference to a disturbance. This occurred in the town of Gulf Stream, Palm Bch. County, FL. Two witnesses reported an altercation inside of a black Ford SUV FL tag # 3304PN. Witnesses reported that at the above location, the vehicle pulled to the side of the road and a white female, identified as the victim, was pushed out of the passenger side onto the shoulder of the road, state road 1A. Witnesses reported the vehicle then sped away leaving the victim. Witnesses checked on the victim and reported her to have suffered possible severe injury to her right leg. PBC paramedics responded and the victim was transported to Delray Comm. Hospital for treatment. Police observed fresh tire marks to victim's right leg and a large bruise consistent with being struck by a motor vehicle. It was later determined that victim did not suffer any broken bones. At the scene victim advised that her leg had been run over by her boyfriend, who she identified as defendant. Based on the above facts, probable cause exists to charge defendant w/ Domestic Battery and Aggravated Battery w/ a deadly weapon. End.

SWORN AND SUBSCRIBED BEFORE ME, NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S 117.10), SIGNATURE OF ARRESTING / INVESTIGATING OFFICER, NAME OF OFFICER (PLEASE PRINT), DATE, PAGE 1 OF 1

# GULF STREAM POLICE DEPARTMENT

## DOMESTIC VIOLENCE PROBABLE CAUSE SUPPLEMENTAL FORM (SUBMIT WITH STATE ATTORNEY'S COPY OF PROBABLE CAUSE AFFIDAVIT)

CASE NUMBER: 19-0292

DEFENDANT'S NAME: CORRAJ MINARCI

DEFENDANT'S STATEMENT:  YES  NO (IF YES:  WRITTEN  TAPED  ORAL)

SYNOPSIS: REFUSED to provide statement

VICTIM'S NAME: CABRERA JESSICA

VICTIM'S STATEMENTS:  YES  NO (IF YES:  WRITTEN  TAPED  ORAL)

OBSERVATIONS OF VICTIM: (PHYSICAL & EMOTIONAL)

RELATIONSHIP BETWEEN VICTIM AND SUSPECT: BOYFRIEND AND Girlfriend - Dating Relationship? For approx 3 yrs. living in the same home.

PHOTOGRAPHS: SCENE:  YES  NO VICTIM(S):  YES  NO

911 CALL:  YES  NO WHO CALLED: Two witnesses - Celina Abath & Daniel Abath

WEAPON USED:  YES  NO TYPE: motor VEHICLE

MEDICAL TREATMENT:  YES  NO

AT SCENE:  YES  NO PARAMEDICS:

AT HOSPITAL:  YES  NO HOSPITAL: DeLay Medical Center PHYSICIAN:

ARE CHILDREN LIVING IN HOME:  YES  NO

NAME: MADDY MINARCI DOB: 8/10/2017

NAME: LILIANA HEANUAEL DOB: 12/31/2013

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

WAS ACT(S) COMMITTED IN PRESENCE OF MINOR(S):  YES  NO (IF YES  SAME AS ABOVE OR SPECIFY)

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

DCF NOTIFIED: (IF CHILD ABUSE)  YES  NO

PRIOR HISTORY OF DOMESTIC VIOLENCE:  YES  NO

VICTIM PREGNANT:  YES  NO

ALCOHOL OR DRUGS INVOLVED:  YES  NO

VIOLATION OF RESTRAINING ORDER:  YES  NO CASE #: \_\_\_\_\_

ALTERNATE VICTIM CONTACT INFORMATION: (IF VICTIM DECIDES TO LEAVE RESIDENCE)

RELATIVE/FRIEND NAME: BENJAMIN CABRERA (father) PHONE: 561 735 1860

RELATIVE/FRIEND ADDRESS: LANTANA, FL

SCANNED

FEB 18 2019

# 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 #: 19 0292 Agency: GULF STREAM  
Offense: DOMESTIC ASSAULT BATTERY  
Suspect/Offender: CONRAD MENARDI  
D.O.B. 07/07/1908 Race: W Sex: M

2. Warrant #(s): \_\_\_\_\_

3.a. Victim's name: JESSICA CABRERA D.O.B. 09/17/93 Race: W Sex: F  
Address: 124 PROSPECT RD LANTANA  
City: LANTANA State: FL Zip: 33462  
Home #: 561 405 5958 Work #: \_\_\_\_\_ Other: \_\_\_\_\_  
Cell

b. Victim's next of kin, friend or neighbor: VENJAMIN CABRERA  
Address: 120 E. MAINT STREET  
City: LANTANA State: FL Zip: 33462  
Home #: 561 735 1860 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: 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: TOOD SUTTON I.D.# 750 Date: 02/17/2019

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

SUSPECT/OFFENDER: Menardi Conrad  
COURT CASE/WARRANT#: \_\_\_\_\_  
(FOR WARRANTS USE ONLY)

SCANNED

FEB 18 2019



**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
I/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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2019005603	Date: 02/18/2019
	Specialist Name/ID: AM/31562

SCANNED

FEB 18 2019