

0328710

TO APPEAR
DM 1132

2321

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------------------------------|--|----------------------|--|-------------------------|---|--|---|--|--|-----------------------------|---|--|---------------------------------------|--|--|--|----------------------------------|--|------------------------------|--|------------------------|--|
| OBTS Number | | | | ARREST / NOTICE TO APPEAR Juvenile Referral Report | | | | 1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Copies | | | | | | | | | | | | | | | |
| Agency ORI Number FLO 5 0 0 0 0 0 | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | | Agency Report Number 06 | | 17124839 | | 1 Juvenile | | | | | | | | | | | | | | | |
| Charge Type: Check as many as apply 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other | | | | If Weapon Seized Enter Type | | | | Multiple Clearance Indicator 0 1 | | | | | | | | | | | | | | | |
| Location of Arrest (Including Name of Business) 6282 S MILITARY TRL APT 703 | | | | Location of Offense (Including Name of Business) 6282 S MILITARY TRL APT 703 | | | | LAKE WORTH, FL 33462 LAKE WORTH, FL 33462 | | | | | | | | | | | | | | | |
| Date of Arrest Sep 9, 2017 | Time of Arrest 0030 | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle | | | | | | | | | | | | | | | | | |
| Name (Last, First, Middle) SMITH COURTNEY SENTELL | | | | | | | | Alias (Name, DOB, Soc. Sec. #, Etc.) | | | | | | | | | | | | | | | |
| Race W - White 1 - American Indian B - Black 2 - African American O - Oriental/Asian | Sex W | Date of Birth 11/01/1982 | Height 5'2 | Weight 160 | Eye Color BRW | Hair Color BLK | Complexion WHITE | Build MEDIUM | | | | | | | | | | | | | | | |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NA | | | | | | Marital Status SINGLE | Religion JEWISH | Indication of: Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Local Address (Street, Apt. Number) 6282 S MILITARY TRL APT 703 | | | | City LAKE WORTH, FL 33462 | State | Zip | Phone 561-305-2171 | Residence Type: 1. City 3. Florida 2. County 4. Out of State | | | | 2 | | | | | | | | | | | |
| Permanent Address (Street, Apt. Number) | | | | City | State | Zip | Phone | Address Source | | | | DAVID | | | | | | | | | | | |
| Business Address (Street, Apt. Number) | | | | City | State | Zip | Phone | Occupation | | | | UNEMPLOYED | | | | | | | | | | | |
| DL Number, State S-530-117-82-901-0 | | Social Security Number | | INS Number | | Place of Birth LONG ISLAND, NY | | Citizenship | | | | YES | | | | | | | | | | | |
| Co-Defendant Name (Last, First, Middle) | | | | | | Race | Sex | Date of Birth | 1. Arrested 2. At Large | 3. Felony 4. Misdemeanor 5. Juvenile | | | | | | | | | | | | | |
| Co-Defendant Name (Last, First, Middle) | | | | | | Race | Sex | Date of Birth | 1. Arrested 2. At Large | 3. Felony 4. Misdemeanor 5. Juvenile | | | | | | | | | | | | | |
| <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other | Name (Last, First, Middle) | | | | | | Phone | | | | | | | | | | | | | | | | |
| Address (Street, Apt. No.) | | | | | | City | State | Zip | Business Phone | | | | | | | | | | | | | | |
| Notified By (Name) | | | | | | Date | Time | Juvenile Disposition: 1. Handled/Processed within Dept. and Released 2. TOT Handled 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 561-355-2526) informed of any address change <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 | | | | | | | | | | | |
| Drug Activity B. Sell N. N/A P. Possess | | | | | | R. Smuggle B. Buy D. Deliver T. Traffic | | K. Dispense/ Distribute E. Use | | M. Manufacture/ Produce Cultivate | | Z. Other | | Drug Type N. N/A A. Amphetamine | | E. Barbiturates C. Cocaine E. Heroin | | H. Hallucinogens M. Marijuana | | P. Perpetrator/ Equipment | | U. Unknown Z. Other | |
| Charge Description SIMPLE BATTERY | | | | | | Counts 1 | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | Statute Violation Number 784.03(1)(A)(1) | | Violation or ORD. # | | | | | | | | | | | | |
| Drug Activity N | Drug Type N | Amount/Unit | | Offense # 17124839 | | Counts | | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | Statute Violation Number | | Violation or ORD. # | | | | | | | | | | | |
| Drug Activity | Drug Type | Amount/Unit | | Offense # | | Counts | | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | Statute Violation Number | | Violation or ORD. # | | | | | | | | | | | |
| Drug Activity | Drug Type | Amount/Unit | | Offense # | | Counts | | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | Statute Violation Number | | Violation or ORD. # | | | | | | | | | | | |
| Drug Activity | Drug Type | Amount/Unit | | Offense # | | Counts | | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | Statute Violation Number | | Violation or ORD. # | | | | | | | | | | | |
| Drug Activity | Drug Type | Amount/Unit | | Offense # | | Counts | | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | Statute Violation Number | | Violation or ORD. # | | | | | | | | | | | |
| Charge Description | | | | | | Counts | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | Statute Violation Number | | Violation or ORD. # | | | | | | | | | | | | |
| Charge Description | | | | | | Counts | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | Statute Violation Number | | Violation or ORD. # | | | | | | | | | | | | |
| Charge Description | | | | | | Counts | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | Statute Violation Number | | Violation or ORD. # | | | | | | | | | | | | |
| Charge Description | | | | | | Counts | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | Statute Violation Number | | Violation or ORD. # | | | | | | | | | | | | |
| Location (Court, Address, Room Number) | | | | | | | | | | | | | | | | | | | | | | | |
| Court Date and Time | | | | | | Month | Day | Year | Time | AM <input type="checkbox"/> | PM <input type="checkbox"/> | | | | | | | | | | | | |
| 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 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. | | | | | | | | | | | | 10/17/2017 | | | | | | | | | | | |
| Signature of Defendant (or Juvenile and Parent/Custodian) | | | | | | Date Signed | | | | | | 10/17/2017 | | | | | | | | | | | |
| Hold for Other Agency | | | | | | Signature of Arresting Officer | | | | | | Name Verification (Printed by Arrestee) SEP 9 2017 | | | | | | | | | | | |
| Name | | | | | | Name of Arresting Officer | | | | | | (PRINT) | | | | | | | | | | | |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal | | | | | | <input type="checkbox"/> Related Arrest <input type="checkbox"/> Other | | | | | | ID # 17135 | | | | | | | | | | | |
| Initials/Signature THOMAS | | | | | | Badge # 024 | | | | | | Transporting Officer ID # D/S Y. QUESADA 17135 | | | | | | | | | | | |
| Initials/Signature THOMAS | | | | | | Badge # 024 | | | | | | Agency PBSO | | | | | | | | | | | |
| | | | | | | | | | | | | Witness here if subject signed with an "X" | | | | | | | | | | | |
| | | | | | | | | | | | | 1 of 1 | | | | | | | | | | | |

OBTIS Number

PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

N

| | | | |
|--|--|--|--|
| Agency ORI Number FLO 5 0 0 0 0 0 | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number 06 | 17124839 |
| Charge Type: Check as many as apply | <input checked="" 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 _____ | Special Notes | |
| Defendant Name (Last, First, Middle) SMITH | COURTNEY | SENTELL | Race W Sex F Date of Birth 11/01/1982 |
| Charge SIMPLE BATTERY | Charge | | |
| Charge | Charge | | |
| Victim Name (Last, First, Middle) | | Race W Sex M | Date of Birth 03/15/73 |
| Business Address (Street, Apt. Number) | City | State | Zip |
| | | | Phone |
| <p>The undersigned 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 checked="" 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> | | | |
| On the 9TH day of SEPTEMBER 20 17 at 2300 | <input type="checkbox"/> AM | <input checked="" type="checkbox"/> PM | |

On Saturday 09/09/2017 at approximately 0015 hours, [REDACTED] within the [REDACTED] unincorporated [REDACTED] in reference to a domestic dispute investigation. When I arrived I met the complainant [REDACTED] outside the house, where he was holding a child in his hands.

[REDACTED] stated he and [REDACTED] Courtney S. Smith consumed several alcoholic beverages on today's date. He further said Courtney cannot handle alcoholic beverages at all. [REDACTED] said he heard [REDACTED] fall and automatically start crying. He went to check on [REDACTED] welfare and Courtney would not allow him. [REDACTED] said Courtney locked the bedroom door to prevent him from checking on [REDACTED]. [REDACTED] said he forced himself into the room by forcibly unlocking the door. He said he asked Courtney for [REDACTED] to check and once again she refused. [REDACTED] grabbed [REDACTED] from Courtney and out of anger he said Courtney grabbed his collar shirt and scratched him several times in the back of the neck and upper back area with her fingernails. I observed [REDACTED]'s shirt collar appeared to be flimsy as if someone had pulled it or stretch it. I also observed several freshly inflicted scratches on his neck and blood coming out of them.

I spoke with Courtney who said [REDACTED] did not fall to the ground. She said she did grab [REDACTED]'s shirt collar only to get [REDACTED] back. Courtney was handcuffed with her hands behind her back, checked for proper fit and double locked. [REDACTED] and Courtney have an ongoing dating relationship lasting approximately two years and have [REDACTED]. They are [REDACTED] at the above mentioned address.

Based on this investigation, I find probable cause to arrest Courtney S. Smith with Simple Battery (Domestic Related) in pursuant to F.S.S. 784.03(1)(A)(1).

This case is cleared by arrest.

14 20
VINED
The foregoing instrument was sworn to and affirmed before me this

9TH day of **SEPTEMBER** 20 **17**, by:

D/S A. SENTZ 20326

Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

D/S A. SENTZ 20326

Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

D/S Y. QUESADA

17135

Name of Arresting/Investigating Officer

Signature of Arresting/Investigating Officer

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 #: 17124839 Agency: Palm Beach County Sheriff's Office
Offense: SIMPLE BATTERY
Suspect/Offender: SMITH COURTNEY SENTELL
DOB: 11/01/1982 Race: W Sex: F

2. Warrant #(s):

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 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: **D/S Y. QUESADA** ID #: **17135** Date: **09/09/2017**

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
(Submit this form with the original Probable Cause Affidavit)

Defendant: SMITH COURTNEY SENTELL DOB: 11/01/1982 Case #: 17124839
 Victim: _____ DOB: 03/15/73 Race: W Sex: M

Relationship between Victim and Defendant: _____

Photographs: Scene Yes No Victim Yes No Defendant Yes No
 911 Call: Yes No Caller: _____
 Weapon Used: Yes No Type: _____
 Witness: Yes No Name: _____
 Victim Pregnant: Yes No If yes, _____ Weeks _____ Months
 Injuries: Yes No Description: FINGERNAIL SCRATCHES
 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: _____

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: I PULLED HIS SHIRT

Victim's statements Yes No If yes, written recorded oral

First words Victim said when you responded to scene: SHE PULLED MY SHIRT AND SCRATCH ME AFTER TRYING TO CHECK

WELFARE

Did the Victim contact anyone other than the police within an hour of the incident regarding the incident?

Yes No If yes, name: _____ phone: _____

Observations of Victim (Physical & Emotional): _____

Upset Crying Fearful Hysterical Afraid Calm Nervous
 Complained of pain Other _____

Victim contact: _____

Local Address: _____

Phone: 561-333-4311 _____

Employer: _____

Name of Relative: _____ Phone: _____