

ARREST / NOTICE TO APPEAR

OBTS Number: **0500400** Agency Name: **Delray Beach Police Department** Agency Report Number (N.T.A.'s only): **4, 0 | 18-014969**

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Location of Arrest (Including Name of Business): **2800 FIORE WAY APT 208, Delray Beach, FL 33445** Location of Offense (Business Name, Address): **2800 FIORE WAY 208, DELRAY BEACH, FL 33445**

Date of Arrest: **10/07/2018** Time of Arrest: **03:11** Booking Date: **10/07/2018** Booking Time: **03:59** Jail Date: **10/07/2018** Jail Time: **04:06** Location of Vehicle: _____

Name (Last, First, Middle): **BAQUERO SALCEDO, DANIEL ANTONIO** Alias: _____ Alias (Name, DOB, Soc. Sec. #, Etc.): _____

Race: **W** Sex: **M** Date of Birth: **05/20/1990** Height: **5'08** Weight: **185** Eye Color: **BROWN** Hair Color: **BROWN** Complexion: **LIGHT** Build: **Medium**

Marital Status: **S** Religion: **CATHOLIC** Indication of Alcohol Influence: Yes No Unk.

Local Address (Street, Apt. Number): **2800 FIORE WAY 208, DELRAY BEACH, FL 33445** (City) _____ (State) _____ (Zip) _____ Phone: **(561) 50-4163**

Permanent Address (Street, Apt. Number): **2800 FIORE WAY 208, DELRAY BEACH, FL 33445** (City) _____ (State) _____ (Zip) _____ Phone: **(561) 50-4163**

Business Address (Name, Street): **ROCOS TACOS,** (City) _____ (State) _____ (Zip) _____ Phone: _____

D/L Number, State: **B262161901800 / FL** Soc. Sec. Number: _____ INS Number: _____ Place of Birth (City, State): **MIAMI, FL** Citizenship: **US**

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

VICTIM NOTIFICATION REQUIRED

Notified by: (Name) _____ Relationship: _____ Date: _____ Time: _____

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.

Property Crime? Yes No Description of Property: _____ Value of Property: _____

Drug Activity: N. N/A S. Sell R. Smuggle 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 O. Opium/Deriv. P. Paraphernalia/Equipment S. Synthetic U. Unknown Z. Other

Charge Description: **SIMPLE BATTERY(TOUCH OR STRIKE)** Statute Violation Number: **784.03(1A1)** Violation of ORD #: _____

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N			1	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N		No Bond

Charge Description: _____ Statute Violation Number: _____ Violation of ORD #: _____

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
					<input type="checkbox"/> Y <input type="checkbox"/> N		

Charge Description: _____ Statute Violation Number: _____ Violation of ORD #: _____

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
					<input type="checkbox"/> Y <input type="checkbox"/> N		

Health / Apparent Physical Conditions of Defendant: **NO KNOWN PROBLEMS**

Any knowledge of the following: Mental Escape Risk Medication Deformities Injuries

Check which applies: Released O.R. Released to Parent/Guardian T.O.T. County Jail PROPERTY - Received By _____ Released By _____ Released To _____

Transported By: _____ Date Transported: **10/07/2018** Time Transported: **04:06** Other: _____

INSTRUCTION NO. 1 - Mandatory appearance in court
 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**

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: **10/07/2018**

HOLD for Other Agency: _____ Signature of Arresting Officer: **OFC. M. S #1161** Name Verification (Printed by Arrestee): _____

Dangerous Resisted Arrest Suicidal Other

Name of Arresting Officer (Print): **GEIGER, MICHELLE L** I.D.#: **1161**

Transporting Officer: **OFC. SKINNER** I.D.#: **1104** Agency: **DELRA**

Witness here if subject signed with me: _____

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N I S T R A T I V E	Date / Time 10/07/2018 04:15	Agency OR# Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 18-014969
	<p>The following incident occurred in the City of Delray Beach, Palm Beach County, Florida.</p> <p>On October 7, 2018, I was dispatched to 2800 Fiore Way, Apt. 208 for a disturbance, male and female arguing. Upon arrival, I made contact with female victim Britny Zitomer who stated she was involved in a verbal argument with her boyfriend, Defendant Daniel Salcedo which then escalated to a physical altercation. Zitomer stated she started to pack her bags and while she was bent over, Salcedo struck her in the back of the head with an unknown blunt object causing pain.</p> <p>Zitomer had a swollen lump, approximately the size of a ping pong ball to the right side of her head, which I was able to observe and record with my body camera. Zitomer provided a sworn statement which was recorded on body camera. Defendant Salcedo stated that he was involved in a verbal argument with Zitomer; however, stated there was not a physical altercation. Salcedo had no visible injuries and there were no independant witnesses who saw the incident.</p> <p>The Defendant Daniel Salcedo was arrested on scene.</p> <p>Based on the above facts, probable cause exists to charge Daniel Salcedo with one count Simple Battery in direct violation of Florida State Statute 784.03(1A1) whereby Daniel Salcedo did actually and intentionally strike his girlfriend, Britney Zitomer against her will, causing bodily harm.</p>			

NOT A CERTIFIED COPY

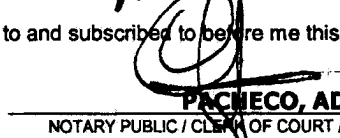
STATE OF FLORIDA
COUNTY OF PALM BEACH

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 7 day of October, 2018.



PACHECO, ADAN
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 10/07/2018 04:15		Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 18-014969		
	Name (Last, First, Middle) BAQUERO SALCEDO, DANIEL ANTONIO					Race W	Sex M	Date of Birth 05/20/1990	
Charge Description 784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)									
V I C T I M	Victim's Name (Last, First, Middle) ZITOMER, BRITNY SAGE					Race W	Sex F	Date of Birth 08/05/1995	
	Local Address (Street, Apt. Number) (City) (State) (Zip) 9562 AEGEAN DR, BOCA RATON, FL 33496					Phone (561) 654-9940		Address Source	
	Business Address (Name, Street) (City) (State) (Zip)					Phone		Occupation	

DEFENDANT'S STATEMENTS:	Written <input type="checkbox"/>	Taped <input checked="" type="checkbox"/>	Oral <input type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): CRYING AND UPSET
VICTIM'S STATEMENTS:	Written <input type="checkbox"/>	Taped <input checked="" type="checkbox"/>	Oral <input type="checkbox"/>	

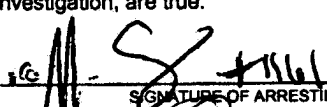
RELATIONSHIP BETWEEN VICTIM & SUSPECT
GIRLFRIEND/BOYF

PHOTOGRAPHS:	Scene:	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO
	Victim:	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
911 CALL:		<input checked="" type="checkbox"/>		<input type="checkbox"/>	CALLER: RTI
WEAPON USED:		<input checked="" type="checkbox"/>		<input type="checkbox"/>	TYPE: BLUNT OBJECT
WITNESSES:		<input type="checkbox"/>		<input checked="" type="checkbox"/>	(If YES, attach witness list)
INJURIES:		<input checked="" type="checkbox"/>		<input 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 type="checkbox"/>		<input checked="" type="checkbox"/>	

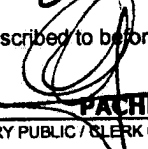
N
A
R
R

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 7 day of October, 2018.


PACHECO, ADAN
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- Homicide (Ch. 782)
- Attempted Murder
- Stalking (S. 784.048)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense
- Domestic Violence - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. 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 #: 18-014969 Agency: DBPD
 Offense: DOMESTIC BATTERY
 Suspect/Offender: DANIEL SALCEDO
 D.O.B. 5-20-1990 Race: W Sex: M
2. Warrant #(s): _____
3. Complete one (1) of the following:
 - a. Victim's name: BRITNY ZITOMER
 Address: 9562 AEGEAN DR
 City: BOLA RATON State: FL Zip: 33496
 Home #: 561-654-9940 Work #: _____ Other: _____
 - b. Victim's next of kin: WENDY ZITOMER
 Address: 9562 AEGEAN DR.
 City: BOLA RATON State: FL Zip: 33496
 Home #: 561-477-1201 Work #: _____ Other: _____
 - c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Other: _____
4. Relevant identification or case numbers assigned to the case (please specify):

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: M. Geiber I.D.: 1161 Date: 10-7-18

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)
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: 2018033566	Date: 10/08/2018
	Specialist Name/ID: AM/31562