

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2018-006064	
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	If Weapon Seized Enter Type Hands, Feet, Fist, Teeth		Multiple Clearance Indicator
Location of Arrest (Including Name of Business) 404 PLAZA REAL, BOCA RATON, FL, 33432			Location of Offense (Business Name, Address) 404 PLAZA REAL, BOCA RATON, FL 33432			
Date of Arrest 05/01/2018	Time of Arrest 00:17	Booking Date 05/01/2018	Booking Time 00:35	Jail Date 05/01/2018	Jail Time 00:17	Location of Vehicle N/A
Name (Last, First, Middle) NEWMAN, DANIEL P			Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White B - Black	Sex M	Date of Birth 06/09/1995	Height 6'01	Weight 180	Eye Color BLUE	Hair Color BROWN
Complexion LIGHT		Build Stocky		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT R BICEP / GEMINI LOGO		Marital Status S
Religion UNKNOWN		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input 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) 428 PLAZA REAL 232, BOCA RATON, FL 33432			(City)	(State)	(Zip)	Phone (203) 564-6666
Permanent Address (Street, Apt. Number) 428 PLAZA REAL 232, BOCA RATON, FL 33432			(City)	(State)	(Zip)	Phone (203) 564-6666
Business Address (Name, Street) LYNN UNIV, 3601 N MILITARY			(City)	(State)	(Zip)	Phone
D/L Number, State ██████████ / CT			Soc. Sec. Number	INS Number	Place of Birth (City, State) NORWALK, CT, United	Citizenship US
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)						Residence Phone
<input type="checkbox"/> Legal Custodian						Business Phone
Address (Street, Apt. Number)			(City)	(State)	(Zip)	
Notified by: (Name)			Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 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.						Grade
<input type="checkbox"/> Yes, by: _____			<input type="checkbox"/> No		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property
Drug Activity N. N/A P. Possess			S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperses/ 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.
U. Unknown Z. Other			P. Paraphernalia/ Equipment		S. Synthetic	
Charge Description BATTERY (DOMESTIC)			Statute Violation Number 784.03(1A1)		Violation of ORD #	
Drug Activity N	Drug Type N	Amount / Unit /	Offense #	Counts I	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Charge Description			Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Charge Description			Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Health / Apparent Physical Condition of Defendant FAIR			Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries			
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail			PROPERTY - Received By OFC CROWE		Released By OFC CROWE	
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health			Released To TOT CJ			
Transported By OFC CROWE			Date Transported 05/01/2018	Time Transported 02:00	Other	
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court			Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444			
<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.			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 COMTEMPT 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 NONE			Signature of Arresting Officer <i>[Signature]</i>		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Restricted Arrest <input type="checkbox"/> Suicidal			Name of Arresting Officer (Print) CROWE, D.		(PRINT)	
Intake Deputy ██████████			I.D. # 807		Agency BRPD	
Pouch #			Transporting Officer OFC CROWE		I.D. # 807	
Witness here if subject signed with an "X"						PAGE 1 OF 1

SCANNED
MAY 01 2018

2018 MAY - 1 AM 5:45
SOUTH COUNTY JAIL

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

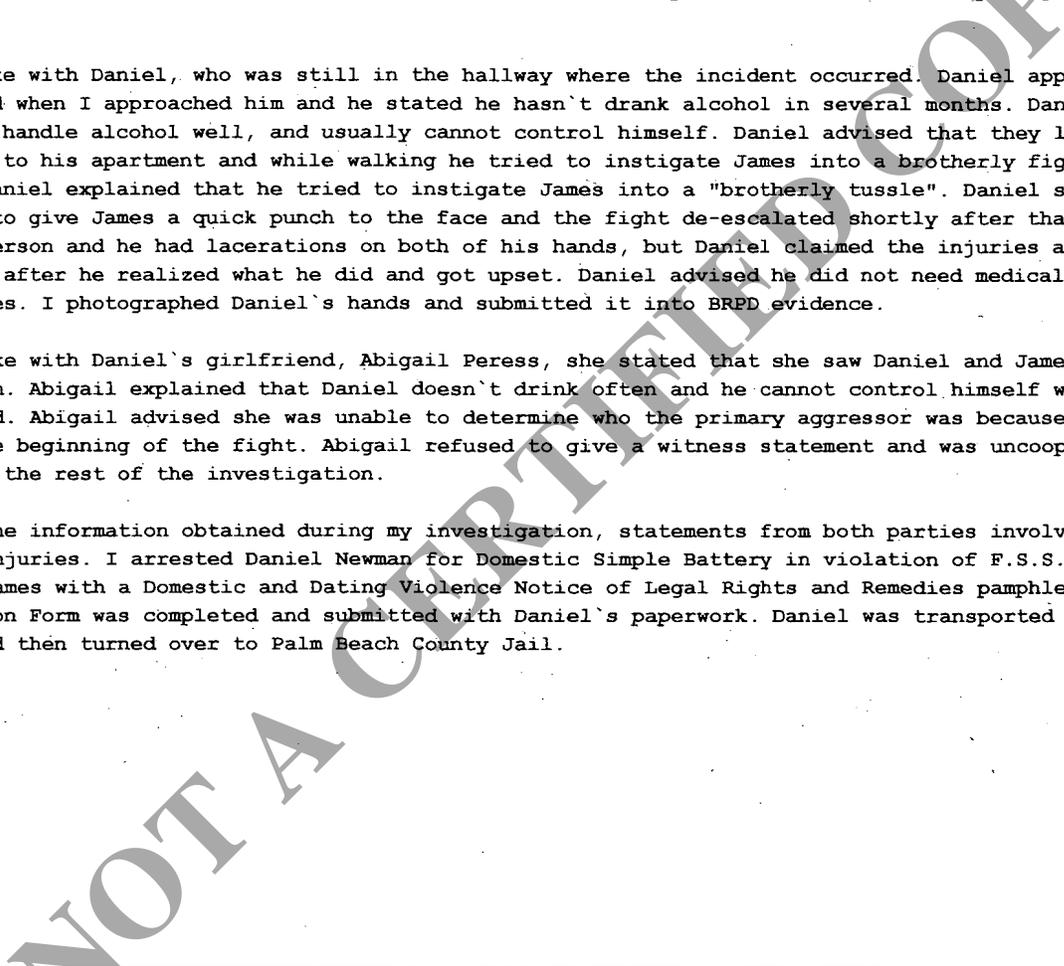
A D M I N	Date / Time 05/01/2018 00:17	Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2018-006064
	N A R R A T I V E 			

According to James, he just arrived in Boca Raton earlier in the day from Connecticut to spend time with Daniel. James stated that they attended The Dubliner bar located at 435 Plaza Real and proceeded to drink alcoholic beverages with Daniel and Abigail. James stated after leaving The Dubliner they proceeded to walk east towards the direction of Daniel's apartment located at 428 Plaza Real (Unit 232). James advised while walking to Daniel's apartment in the hallway next to Tommy Bahamas in Mizner Park, Daniel started to push James and try to entice him to fight back. James explained that Daniel doesn't drink often, but tonight he had several drinks and was intoxicated. James stated that Daniel continued to touch him and Daniel proceeded to punch him on the left side of his face several times. James advised that he did wrestle Daniel for a short duration because he thought they were having a brotherly fight and it ended quickly. I observed James' face and he had a visible abrasion on his left cheek consistent with being punched in the face, he advised that he did not need medical attention. I photographed James' face on my MVR and submitted the photograph into BRPD evidence.

I then spoke with Daniel, who was still in the hallway where the incident occurred. Daniel appeared very intoxicated when I approached him and he stated he hasn't drank alcohol in several months. Daniel stated that he doesn't handle alcohol well, and usually cannot control himself. Daniel advised that they left The Dubliner to go back to his apartment and while walking he tried to instigate James into a brotherly fight in the hallway. Daniel explained that he tried to instigate James into a "brotherly tussle". Daniel stated that he proceeded to give James a quick punch to the face and the fight de-escalated shortly after that. I observed Daniel's person and he had lacerations on both of his hands, but Daniel claimed the injuries are from punching the ground after he realized what he did and got upset. Daniel advised he did not need medical attention for his injuries. I photographed Daniel's hands and submitted it into BRPD evidence.

I then spoke with Daniel's girlfriend, Abigail Peress, she stated that she saw Daniel and James in a physical altercation. Abigail explained that Daniel doesn't drink often and he cannot control himself when he becomes intoxicated. Abigail advised she was unable to determine who the primary aggressor was because she did not observe the beginning of the fight. Abigail refused to give a witness statement and was uncooperative throughout the rest of the investigation.

Based on the information obtained during my investigation, statements from both parties involved, and the victim's injuries. I arrested Daniel Newman for Domestic Simple Battery in violation of F.S.S. 784.03(1A1). I provided James with a Domestic and Dating Violence Notice of Legal Rights and Remedies pamphlet. A Victim Notification Form was completed and submitted with Daniel's paperwork. Daniel was transported to BRPD for booking and then turned over 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.

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SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 1 day of May, 2018.

DUBINSKY, SETH W
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.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#: 2018006064 Agency: BRPD
Offense: Domestic Simple Battery
Suspect/Offender: Newman Daniel
D.O.B. 6/9/1995 Race: White Sex: Male

2. Warrant#(s): _____

3.a. Victim's name: Newman, James D.O.B. 4/4/93 Race: W Sex: M
Address: 62 Old Norwalk Rd
City: New Canaan State: CT Zip: 06840
Home#: 203-979-1594 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: Off. Dan Crowe I.D.# 807 Date: 5/11/18
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER:

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#: