

0500133 / 2441

ADMINISTRATION		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1 Arrest 2 NTA	3 Request for Warrant 4 Request for Capias	1 Juvenile	N												
OBTS Number		Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-18-038393															
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	Multiple Clearance Indicator												
Location of Arrest (Including Name of Business) 1509 Belmont Pl, Boynton Beach, FL 33426					Location of Offense (Business Name, Address) 1509 Belmont Pl, Boynton Beach, FL 33426																
Date of Arrest 07/26/2018		Time of Arrest 0217		Booking Date		Booking Time		Jail Date	Jail Time												
Name (Last, First, Middle) Roth, Daniel, Robert					Alias (Name, DOB, Soc Sec #, Etc)																
W - White B - Black		I - American Indian O - Oriental / Asian		Race W	Sex M	Date of Birth 9/18/1984	Height 5'11	Weight 169	Eye Color Blue	Hair Color Blonde	Complexion Light	Build Thin									
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status Single		Religion Unk		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>		Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>										
Local Address (Street, Apt Number) 816 SW 1st Ct,		(City) Deerfield Beach,		(State) FL,		(Zip) 33441		Phone (570)994-7931		Residence Type 1 City 3 Florida 2 County 4 Out of State											
Permanent Address (Street, Apt Number)		(City)		(State)		(Zip)		Phone		Address Source FL ID											
Business Address (Street, Apt Number)		(City)		(State)		(Zip)		Phone		Occupation Self Employed											
DL Number, State		Soc Sec Number		INS Number		Place of Birth Fort Lauderdale, FL		Citizenship YES													
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									
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									
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last)		(First)		(Middle)		Residence Phone													
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 <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 change of address. <input type="checkbox"/> Yes, By (Name) <input type="checkbox"/> No (Reason)								School Attended		Grade											
Property Crime? Yes <input type="checkbox"/> No <input type="checkbox"/>		Description of Property					Value of Property														
Drug Activity N N/A P Possess		S Sell B Buy T Traffic		R Smuggle D Deliver E Use		K Dispense/ Distribute		M Manufacture Product/ Cultivate		Z Other		Drug Type N N/A A Amphetamine		B Barbituate C Cocaine E Heroin		H Hallucinogen M Marijuana O Opium/Derv.		P Paraphernalia/ Equipment S Synthetic		U Unknown Z Other	
Charge Description Dating Battery		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number 784.03 1(a)1		Violation of ORD#													
Drug Activity		Drug Type		Amount/Unit		Offense # 18-038393		Warrant/Capias Number		Bond No Bond											
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#													
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond											
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#													
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond											
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		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 instruction on reverse side		Location (Court, Room Number, Address) South County Courthouse, 200 West 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		Court Date and Time Month Day Year Time		Date Signed 7/26/18																	
Signature of Defendant (or Juvenile and Parent/Custodian)		Signature of Arresting Officer Nalerio																			
Name D.S. Collins 7622		ID # 7622		Pouch #		Name of Arresting Officer (Print) Nalerio		ID # 982		Agency BBPD		Name Verification (Printed by Arrestee) (PRINT) BU# 111639									
Witness here is subject Signed with an "X"		Page 1 OF 1																			

SCANNED
JUL 26 4:23
JUL 26 2018



**DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT
PALM BEACH COUNTY**



On the 26TH day of JULY 2018 at 0147
 Subject: Roth, Daniel, Robert DOB: 9/18/1984 Case #: 18-038393
 Charge Description: Dating Battery Statute #: 784.03 1(a)1
 Victim: Marriott, Joanna, Louise DOB: 06/10/1984 Race: W Sex: F
 Local Address: 1509 Belmont PI, Boynton Beach, FL, 33426
 Personal Contact: 910-988-5211

Narrative:

On 7/26/18 at approximately 0147 hours I responded to 1509 Belmont PI in reference to a disturbance. Caller Joanna Marriott advised to BBPD communications that her boyfriend, Daniel Roth pushed her while they were involved in a argument.

Upon arrival, Daniel Roth was waiting for authorities outside of the door and advised of the following:
 Roth told me that he and his girlfriend Marriott had been drinking alcohol and began arguing. Roth then told me that he grabbed her with both of his hands and hugged her. Roth also mentioned that he gave her a light shove with his hands, but didn't mean any harm.

I then spoke to Marriott who advised of the following;

Roth started arguing with her due to a misunderstanding they had. Marriott then went into her room and closed the door, Roth ran behind her and that's when he shoved her in the chest area. Marriott did not have any marks on her. Pictures of both individuals were taken and will be submitted into ADAMS. Pamphlets and public exemption form was distributed.

Based on the above information, probable cause exists to charge Roth with one count of Dating Battery (domestic), pursuant to F.S.S. 784.03 1(a)1. Roth was placed into custody without incident and transported to the BBPD for processing. Roth was later turned over to the Palm Beach County Jail.

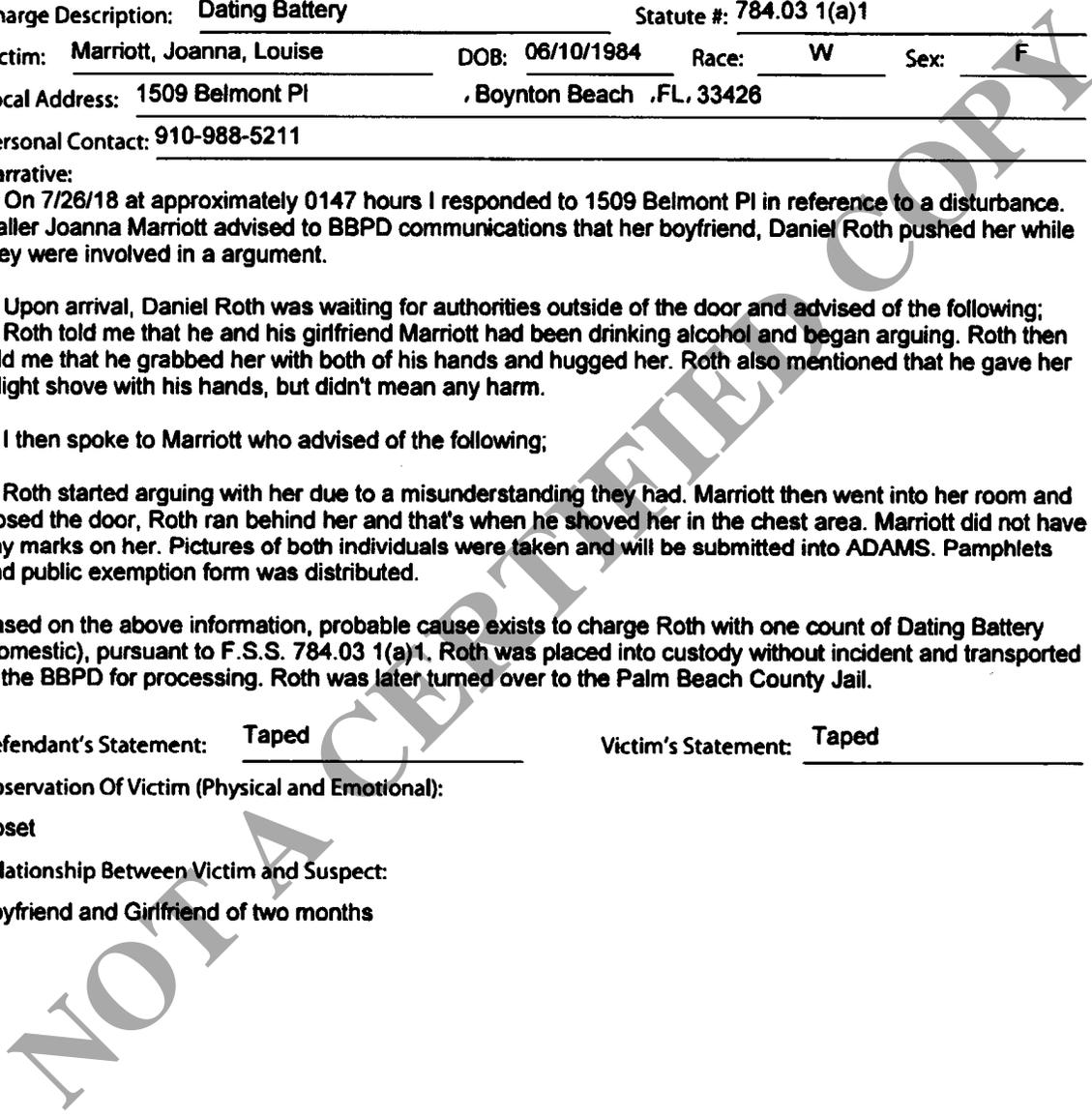
Defendant's Statement: Taped Victim's Statement: Taped

Observation Of Victim (Physical and Emotional):

Upset

Relationship Between Victim and Suspect:

Boyfriend and Girlfriend of two months



Photographs: Scene: Yes No
 Victim: Yes No
 911 Call: Yes No Caller: Marriott
 Tape Requested: Yes No
 Weapon Used: Yes No Type: _____
 Witnesses: Yes No
 Injuries: Yes No
 Medical Treatment: Yes No
 At Scene Yes No Paramedics: _____
 At Hospital Yes No Physician(s): _____
 Hospital: _____

Act Committed In Presence Of Minor(s): Yes No
 Name: _____ Age: _____
 Name: _____ Age: _____
 F.D.C.F. Notified: Yes No Victim Pregnant: Yes No
 Violation Of Restraining Order: Yes No Case #: _____
 Prior History Of Domestic Violence: Yes No
 Alcohol Or Drugs Involved: Yes No Unknown

Victim Contact Information:

Phone Home: 910-988-5211 Work: _____
 Employer: Self Meployed
 Relative Name: Sharyn Kane Phone: 561-358-2354
 Address: 7866 North Fork Dr
 City/State: West Palm Beach, FL, 33411

State Of Florida
 County Of Palm Beach
 Appeared before me, Nalerio, (print name) personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

 982
 Signature Of Arresting Officer
 Sworn to and subscribed to me before this 26TH day of JULY, 2018


 Notary/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. 784.084)**
- **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 dwelling)
- **Sexual Offense (Ch. 794)**
- **Attempted Sexual Offense**

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 18-038393 Agency: Boynton Beach Police Department
Offense: Dating Battery
Suspect/Offender: Roth, Daniel, Robert
DOB: 9/18/1984 Race: W Sex: M

2. Warrant # (s): _____

3. Complete one (1) of the following:
 - A. Victim's Name: Marriott, Joanna, Louise
Address: 1509 Belmont Pl
City: Boynton Beach State: FL Zip: 33426
Home #: 910-988-5211 Work #: _____ Other: _____

 - B. Victim's Next of Kin: Sharyn Kane
Address: 7866 North Fork Dr
City: West Palm Beach State: FL Zip: 33411
Home #: 561-358-2354 Work #: _____ Other: 561-358-2354

 - 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 Victim: _____

Printed Name of Victim: Marriott, Joanna, Louise

Officer's Name: Nalerio I.D.# _____ Date: 07/26/2018

SUSPECT/OFFENDER :

Roth, Daniel, Robert

COURT CASE/ WARRANT #:
(FOR WARRANTS USE ONLY)



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"/>	(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"/>			
Other	<input type="checkbox"/>	119.014(3A)(13)(1-3C)	Other: Keep Separate - Court Documents/Official Records	
	<input type="checkbox"/>	119.071(2c)	Other: Active Criminal intelligence Information	

REVIEW COMPLETED BY

Booking Number: 2018024826	Date: 07/26/2018
	Specialist Name/ID: WATSON/6665