

J-0495671 18MM11704 N/A P-3301

**ARREST / NOTICE TO APPEAR**  
Juvenile Referral Report

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

OBTS Number	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number (N.T.A.'s only) <b>06-18037320</b>
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	Weapon Seized / Type <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No
Location of Arrest (Including Name of Business) <b>500 Nottingham Circle #F Greenacres, FL 33463</b>		Location of Offense (Business Name, Address) <b>500 Nottingham #F Greenacres, FL 33463</b>		
Date of Arrest <b>02-10-18</b>	Time of Arrest <b>2340</b>	Booking Date	Booking Time	Jail Date

Name (Last, First, Middle) <b>Santana Daniel</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>11-19-90</b>	Height <b>5'9</b>	Weight <b>215</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>Right Forearm - Tattoo - "Car part, tubes"</b>		Marital Status <b>Single</b>	Religion <b>NONE</b>	Indication of: Alcohol Influence Drug Influence
Local Address (Street, Apt. Number) <b>500 Nottingham Circle #F Greenacres, FL 33463</b>		Phone <b>(561) 255-9721</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State	
Permanent Address (Street, Apt. Number) <b>500 Nottingham Circle Greenacres, FL 33463</b>		Phone	Address Source <b>Verbal - Defendant</b>	
Business Address (Name, Street)		Phone	Occupation	
D/L Number, State <b>No DL</b>	Soc. Sec. Number <b>N/A</b>	INS Number <b>N/A</b>	Place of Birth (City, State) <b>Chile</b>	Citizenship <b>N/A</b>

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
Parent Name (Last)	(First)	(Middle)	Residence Phone		
Legal Custodian	Address (Street, Apt. Number)		(City)	(State)	
Other:	(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 provided by [X] defendant and / or [ ] defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address.			School Attended	Grade	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	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/ 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. Synthetics	U. Unknown Z. Other
Charge Description <b>Simple Battery (Domestic)</b>	Counts <b>01</b>	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>784.03(1)(a)(1)</b>	Violation of ORD # <b>N/A</b>						
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit <b>N/A</b>	Offense # <b>18037320</b>	Warrant / Capias Number <b>N/A</b>	Bond <b>N/A</b>					
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation of ORD #						
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond <b>FEB 11 11:00</b>					
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	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"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #						
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond <b>2018 FEB 11 11:00</b>					

Location (Court, Room Number, Address)	
Court Date and Time	Month Day Year Time AM
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 Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	(PRINT)
Intake Deputy <b>SMAN 810</b>	I.D. #	Pouch #
Transporting Officer <b>FRANCO</b>	ID # <b>24989</b>	Agency <b>1850</b>
Witness here if subject arrested with you		PAGE <b>1 OF 1</b>

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile

OBTS Number

ADMIN Agency ORI Number: FLO 500000 Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number: 06-18037320

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

DEF Name (Last, First, Middle): Santana Daniel Alias: Race: W Sex: M Date of Birth: 11-19-90

CHARGES DEF Charge Description: Simple Battery (Domestic) 784.03(1)(a)(1)

CHARGES DEF Charge Description

VICTIM Victim's Name (Last, First, Middle): Santana, Daniel Rodriguez, Maria Race: W Sex: M/F Date of Birth: 11-16-91

VICTIM Local Address (Street, Apt. Number): 500 Nottingham Circle #F (City): Greenacres, FL 33463 (State): (zip): Phone: (561) 493-4439 Address Source: Verbal - Victim

VICTIM Business Address (Name, Street): (City): (State): (zip): Phone: Occupation:

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. The Person taken into custody committed the below acts in my presence. [ ] was observed by Maria Rodriguez who told D/S Fuentes that he/she saw the arrested person commit the below acts. [ ] was found to have committed the below acts, resulting from my (described) investigation. On the 11th day of February 20 18 at 2340 [ ] A.M. [X] P.M. (Specifically include facts constituting cause for arrest.)

On Saturday, 02-10-18, Deputies and I responded to the 500 block of Nottingham Circle in reference to the report of a disturbance (female yelling). Upon arrival to the area, I began BOLO'ing for the screaming female. Shortly after BOLO'ing, the victim, W/F Maria J Rodriguez DOB: 11-16-91, began yelling "help me!" from unit "F" in the 500 bulding of Nottingham Circle (second floor). D/S Zeitz and I approached the residence and ordered Rodriguez to run downstairs to safety. She then advised that her boyfriend/defendant, W/M Daniel Santana DOB: 11-19-18, had assaulted her and was inside the residence. D/S Zeitz and I then approached the open front door to the apartment and ordered Santana out of the residence. Santana then exited the residence and was placed into custody for detainment/investigation purposes.

Both parties were interviewed separately. Rodriguez stated that she and Santana went out for alcoholic drinks earlier in the evening. On the way home, both parties initiated a verbal dispute in their vehicle that carried over once they arrived to their above mentioned residence. Rodriguez advised that Santana became enraged for an undisclosed reason (possible infidelity). According to Rodriguez, Santana threw his cell phone at her finger, pushed her, then struck her in the right eye using a head strike (headbutt). After concluding my interview with Rodriguez, I then interviewed Santana. Santana advised that he "pushed" Rodriguez and threw his cell phone at her during their argument. Santana declined to provide any further information.

Based on the above mentioned investigation and statements made to me on scene, probable cause exists to charge Daniel Santana with simple Domestic Battery pursuant to FS 784.03(1)(a)(1).

Santana was transported to the Palm Beach County Jail without incident.

STATE OF FLORIDA COUNTY OF PALM BEACH D/S Fuentes Jr 24989 (Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 11th day of February 20 18 by D/S Fuentes Jr 24989 Personally Known

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced D/S Fuentes Jr 24989 Personally Known

Notary Public, Clerk of Court, Officer (F.S. 117.10) SCANNED FEB 11 2018

**PALM BEACH COUNTY SHERIFF'S OFFICE  
DOMESTIC VIOLENCE PROBABLE CAUSE SUPPLEMENTAL FORM  
(SUBMIT WITH STATE ATTORNEY'S COPY OF PROBABLE CAUSE AFFIDAVIT)**

CASE NUMBER# 18037320

DEFENDANT'S NAME: Santana Daniel

DEFENDANTS STATEMENT  YES  NO (IF YES:  WRITTEN  TAPED  ORAL)

SYNOPSIS: He advised he pushed and threw his cell phone at the victim, Maria Rodriguez

VICTIM'S NAME: Maria Rodriguez

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

OBSERVATIONS OF VICTIM: (PHYSICAL & EMOTIONAL) Maria appeared to be emotionally distraught. She was crying on scene and complaining that her finger hurt. Maria advised she was also shoved and was given a "headbutt" by Santana.

RELATIONSHIP BETWEEN VICTIM AND SUSPECT: \_\_\_\_\_

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

911 CALL:  YES  NO WHO CALLED: Maria Rodriguez

WEAPON USED:  YES  NO TYPE: Cell phone, hands

MEDICAL TREATMENT:  YES  NO

AT SCENE:  YES  NO PARAMEDICS: Declined

AT HOSPITAL:  YES  NO HOSPITAL: Declined PHYSICIAN: \_\_\_\_\_

ARE CHILDREN LIVING IN HOME:  YES  NO

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

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

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

VICTIM PREGNANT-  YES  NO

PRIOR HISTORY OF DOMESTIC VIOLENCE:  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: N/A PHONE: N/A

RELATIVE/FRIEND ADDRESS: N/A