

J# 0263656

3720

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBT3 Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		17-150630	
Charge Type: Check or mark as apply		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		If Weapon Seized	
Location of Arrest (Including Name of Business) 11410 PINE VALLEY DR WELLINGTON, FL 33414		Location of Offense (Including Name of Business) 11410 PINE VALLEY DR WELLINGTON, FL 33414		M/Weapon Seized		Alcohol/Classroom Indicator		0 1	
Date of Arrest Nov 12, 2017	Time of Arrest 0130	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle			
Name (Last, First, Middle) ALDI DANIELLE MARIE			Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W. White <input checked="" type="checkbox"/> 1. American Indian <input type="checkbox"/> B. Black <input type="checkbox"/> 0. Other/None	Sex F	Date of Birth 3/26/1985	Height 5'-1"	Weight 140 LBS	Eye Color BROWN	Hair Color BLACK	Complexion LIGHT	Build MED	
Marital Status MARRIED				Religion CHRISTIAN		Indication of Alcohol Influence/Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unit <input type="checkbox"/>			
Local Address (Street, Apt. Number) 1620 OAKBERRY CIR		City WELLINGTON		State FL		Zip 33414		Phone (815) 723-8552	
Permanent Address (Street, Apt. Number) SAME AS ABOVE		City		State		Zip		Address Source VERBAL	
Business Address (Street, Apt. Number)		City		State		Zip		Phone	
DL Number, State A430-173-85-606-0		Social Security Number		M/8 Number		Place of Birth QUEENS, NY		Citizenship USA	
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth	
Parent Legal Guardian Other		Name (Last, First, Middle)		City		State		Zip	
Address (Street, Apt. No.)		City		State		Zip		Business Phone	
Notified By (Name)		Date		Time		Juvenile Disposition: 1. Handed/Processed within Dept. and Released		2. TDT HR/SOYS 3. incarcerated	
Released To (Name)		Relationship		Date		Time			
This 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 351-2526) informed of any address change.				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. Potions		E. Ed R. Drug T. Traffic		H. Smash G. Dealer E. Use		K. Dispense/Distribute		M. Manufacture/Process O. Other	
Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		F. Marijuana M. Marijuana		P. Prescription/Equipment		U. Unknown Z. Other	
Charge Description DOMESTIC BATTERY		Counts 1		Domestic Violence <input checked="" type="checkbox"/> <input type="checkbox"/>		Status Violation Number 784.03(1A1)		Violation or ORD. #	
Drug Activity N		Drug Type N		Amount/Unit N/A		Offense # 17-150630		Warrant/Capias Number	
Charge Description		Counts		Domestic Violence		Status Violation Number		Violation or ORD. #	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number	
Charge Description		Counts		Domestic Violence		Status Violation Number		Violation or ORD. #	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number	
Charge Description		Counts		Domestic Violence		Status Violation Number		Violation or ORD. #	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number	
Location (Court, Address, Room Number) TO BE SET									
Court Date and Time Month _____ Day _____ Year _____ Time _____ AM <input type="checkbox"/> PM <input type="checkbox"/>									
I 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.									
Signature of Defendant (or Juvenile and Parent/Guardian)					Date Signed				
HOLD for Other Agency		Signature of Arresting Officer			Name Verification (Printed by Arrestee)				
Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Substantial <input type="checkbox"/> Reinstated Arrest <input type="checkbox"/> Other		Name of Arresting Officer D/S ESTAVIEN			I.D.# 27531		(PRINT)		
Index Design # D/S WMA-691		Transporting Officer I.D.# D/S ESTAVIEN		Agency PBSO		Page 1 of 1			

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NOV 12 2017

OBT# Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A. 3. Request For Warrant 4. Request For Capias		Juvenile	
Agency OPR Number FLO 6 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		17-150630	
Charge Type: Check as many as apply		Special Notes					
<input type="checkbox"/> 1. Felony		<input checked="" type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 4. Traffic Misdemeanor	
<input type="checkbox"/> 5. Ordinance		<input type="checkbox"/> 6. Other					
Defendant Name (Last, First, Middle) ALDI DANIELLE MARIE		Race W		Sex F		Date of Birth 3/26/1985	
Charge DOMESTIC BATTERY		Charge					
Victim Name (Last, First, Middle) TORRENS JETZAIR		Race W		Sex M		Date of Birth 4/22/1983	
Local Address (Street, Apt. Number) 11410 PINE VALLEY DR		City WELLINGTON		State Zip FL 33414		Phone (315) 723-8552	
Business Address (Street, Apt. Number)		City		State Zip		Occupation VICTIM	
<p>The undersign 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 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> <p>On the 12TH day of NOVEMBER 20 17 at 01:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</p>							

On November 12th, 2017 at approximately 0100 hrs, I (D/S Estavien ID 27531) responded to 11410 Pine Valley Dr, Wellington, FL 33414 in reference to a domestic disturbance.

Upon arrival, I was met by Jetzair Torrens (w/m-adult) who stated that he was in an altercation with his girlfriend, Danielle Aldi (w/f-adult). The incident began when Jetzair and Danielle began arguing over another male at Flanigan's Seafood Bar & Grill -2335 S State Road 7. Jetzair then left and went home. Jetzair further stated that Danielle showed up to his residence and confronted him while he was sitting in his driveway. Danielle then began banging on his car window and demanded that he get out of his vehicle. Jetzair got out of his vehicle and Danielle then grabbed him around his neck, and they both fell to the ground. Jetzair then pushed away from Danielle and told her to get off of the property. Danielle then went in her vehicle and stayed there until law enforcement arrived.

I then spoke to Danielle, who stated that she went over to Jetzair's residence uninvited to try and resolve the issues that took place at Flanigan's. Danielle further stated that when she got out of the car, Jetzair came up to her and they got into a physical altercation. She was then pushed to the ground.

Based on my investigation of the aforementioned events, Danielle was taken into custody and placed under arrest for Domestic Battery pursuant to F.S.S. 784.03 (1a1). Danielle was transported to PBSO District 8 for processing and later transported to Palm Beach County Jail. No injuries were observed or reported.. Jetzair refused to make a sworn statement.

The foregoing instrument was sworn to and affirmed before me this 12TH day of NOVEMBER 20 17 , by:	
D/S PALMER 25514	D/S ESTAVIEN 27531
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer
	
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer

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WITNESS: WORM BROTHER

DATE	ZONE	SUSPECT	DATE & TIME OF ORIGINAL ARREST/OFFENSE
<u>11-16-14</u>	<u>0800</u>	<u>11/16/14</u>	<u>11/16/14</u>

COMPLETE EVERYTHING BELOW - PRINT LEGIBLY

LAST NAME	FIRST NAME	MIDDLE INITIAL	AGE
<u>WORM</u>	<u>WORM</u>	<u>WORM</u>	<u>34</u>
DATE OF BIRTH (MM/DD/YYYY)	YOUR HEIGHT	YOUR WEIGHT	YOUR HAIR COLOR
<u>11/16/80</u>	<u>5'11"</u>	<u>175</u>	<u>BLK</u>
YOUR HOME ADDRESS	<input type="checkbox"/> CHECK IF HOMELESS	CITY	STATE
<u>805 Meadows Ave</u>		<u>El Paso</u>	<u>TX</u>
YOUR WORK NAME & ADDRESS	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY	STATE
<u>Worm Brothers</u>		<u>El Paso</u>	<u>TX</u>
WORK PHONE - <input type="checkbox"/> CHECK IF NONE	CELL PHONE - <input type="checkbox"/> CHECK IF NONE	HOME PHONE - <input type="checkbox"/> CHECK IF NONE	EMAIL(S)
<u>915-555-1234</u>	<u>915-555-5678</u>	<u>915-555-9012</u>	<u>worm@worm.com</u>

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL CAPS - PRINT LEGIBLY

YOUR NAME: WORM, WORM

DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT UNDER OATH AND UNDER NO COERCION, DURESS OR INFLUENCE OF ANY PERSONS WHOMSOEVER.

On 11/16/14 at approximately 0800 hours, I was contacted by a person who identified himself as [REDACTED]. He stated that he had information regarding a person who was involved in a criminal activity. I was instructed to meet him at a location in El Paso, Texas. Upon meeting him, he provided me with a photograph of the individual and a description of the individual's physical characteristics. I immediately contacted my superiors and provided them with the information provided to me. I was then instructed to assist in the identification of the individual. I did so by providing the information to the appropriate law enforcement agencies. I am providing this statement to you as a sworn statement of the facts as I know them.

READ AND SIGN

STATEMENT MADE AND CORRECTED BY	STATEMENT MADE AND CORRECTED BY
<u>WORM, WORM</u>	<u>WORM, WORM</u>
DATE	DATE
<u>11/16/14</u>	<u>11/16/14</u>

I, the undersigned, being duly sworn, depose and say that the foregoing is a true and correct statement of the facts as I know them, and I am providing this statement to you as a sworn statement of the facts as I know them.

STATE OF TEXAS DEPARTMENT OF CRIMINAL JUSTICE - SWORN STATEMENT

NOV 12 2014

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

Defendant: ALDI DANIELLE MARIE DOB: 3/26/1985 Case #: 17-150630
 Victim: TORRENS JETZAIR DOB: 4/22/1983 Race: W Sex: M

Relationship between Victim and Defendant: _____

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: ANONYMOUS

Weapon Used: Yes No Type: _____

Witness: Yes No Name: _____

Victim Pregnant: Yes No If yes, _____ Weeks _____ Months

Injuries: Yes No Description: _____

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: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Injunction: Yes No Case #: _____

No Contact Order: Yes No Case #: _____

_____ 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 CAME TO RESOLVE THE ISSUES

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

First words Victim said when you responded to scene: SHE CAME OVER UNIVITED

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 information:

Local Address: 11410 PINE VALLEY DR
WELLINGTON FL 33414

Phone: Home: (315) 723-8552 Work: _____ Cell: _____

Employer: _____

Name of Relative: _____ Phone: _____

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