

J#0490130

PCH# 2714

OBT'S Number		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		1	JUVENILE
Agency ORI Number <b>0500400</b>		Agency Name <b>Delray Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>4 0 17-011958</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		If Weapon Seized Enter Type <b>Hands/fist/feet/teeth</b>		Multiple Clearance Indicator <b>1</b>			
Location of Arrest (Including Name of Business) <b>826 KOKOMO KEY LN Delray Beach, FL 33483</b>		Location of Offense (Business Name, Address) <b>826 KOKOMO KEY LN, DELRAY BEACH, FL 33483</b>					
Date of Arrest <b>07/29/2017</b>	Time of Arrest <b>03:04</b>	Booking Date <b>07/29/2017</b>	Booking Time <b>03:14</b>	Jail Date <b>// ::</b>	Jail Time	Location of Vehicle	
Name (Last, First, Middle) <b>MADRID, DAVID CHAMBERLIN</b>		Alias: <b>Alias (Name, DOB, Soc. Sec. #, Etc.)</b>					
Race W - White B - Black O - Oriental/Asian <b>W</b>	Sex <b>M</b>	Date of Birth <b>02/13/1988</b>	Height <b>6'02</b>	Weight <b>220</b>	Eye Color <b>BROWN</b>	Hair Color <b>BROWN</b>	Complexion <b>FAIR</b>
Build <b>MEDIUM</b>		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status <b>M</b>	Religion	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) <b>826 KOKOMO KEY LN, DELRAY BEACH, FL 33483</b>		(City)	(State)	(Zip)	Phone <b>(561) 512-5676</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>1</b>
Permanent Address (Street, Apt. Number) <b>826 KOKOMO KEY LN, DELRAY BEACH, FL 33483</b>		(City)	(State)	(Zip)	Phone <b>(561) 512-5676</b>		Address Source <b>FL DL</b>
Business Address (Name, Street) <b>Insurance Salem</b>		(City)	(State)	(Zip)	Phone		Occupation
D/L Number, State <b>M363163880530 / FL</b>		Soc. Sec. Number <b>[REDACTED]</b>		INS Number		Place of Birth (City, State) <b>NEWTON, MA, United</b>	Citizenship <b>US</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	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian Address (Street, Apt. Number)		Name (Last, First, Middle)		(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.				School Attended		Grade	
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:		Property Crime? <input type="checkbox"/> Yes <input checked="" 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. Disperse/ 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 <b>SIMPLE BATTERY(TOUCH OR STRIKE)</b>		Statute Violation Number <b>784.03(1A1)</b>		Violation of ORD #			
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit <b>/</b>	Offense # <b>17-011958</b>	Counts <b>1</b>	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond <b>None</b>
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	Bond
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	Bond
Health / Apparent Physical Condition of Defendant				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 Explain:			
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 <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				PROPERTY - Received By		Released By	Released To
Transported By				Date Transported <b>// ::</b>	Time Transported	Other	
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>		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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.				Date Signed		No Photo Available	
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed			
HOLD in Other Agency		Signature of Arresting Officer <b>STEED, DAVID</b>		Name Verification (Printed by Arresting Officer) <b>JUL 29 AM 7:20</b>			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>STEED, DAVID</b>		I.D. # <b>0944</b>		PAGE <b>1 OF 1</b>	
Take Photo <b>Lortils, B.</b>		I.D. # <b>8791</b>		Pouch #		Transporting Officer <b>Moreno Moreno</b>	
				I.D. # <b>1131</b>		Agency <b>DBPD</b>	
Witness here if subject signed with an-2							

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.L.O. ☐ DEFENDANT



Moreno

JUL 29 AM 7:44

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

ADMIN	Date / Time <b>07/29/2017 03:47</b>		Agency ORI Number <b>FL 0500400</b>		Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>		Agency Report Number <b>4 0 17-011958</b>	
	Name (Last, First, Middle) <b>MADRID, DAVID CHAMBERLIN</b>						Race <b>W</b>	Sex <b>M</b>
CHARGE	Charge Description <b>784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)</b>							
	[REDACTED]						Race <b>W</b>	Sex <b>F</b>
OBSERVATIONS	DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral						OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>CRYING AND UPSET</b>	
	VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral						[REDACTED]	
ADDITIONAL INFORMATION	PHOTOGRAPHS:		Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	[REDACTED]				
			Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	[REDACTED]				
	911 CALL:		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CALLER: [REDACTED]				
	WEAPON USED:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TYPE: [REDACTED]				
	WITNESSES:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	(If YES, attach witness list)				
	INJURIES:		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
	MEDICAL TREATMENT:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	AT: Scene:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PARAMEDICS:				
	Hospital:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PHYSICIAN(S) / HOSPITAL:				
	ACT COMMITTED IN PRESENCE OF MINOR(S):		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	NAMES/AGES:				
H. R. S. NOTIFIED:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
VICTIM PREGNANT:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
VIOLATION OF RESTRAINING ORDER:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CASE #:					
PRIOR HISTORY OF DOMESTIC VIOLENCE:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
ALCOHOL OR DRUGS INVOLVED:		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
NARR	The following incident occurred in the city of Delray Beach, Palm Beach County, Florida.							
	On the above date and time, I was dispatched to [REDACTED] in reference to a disturbance. Upon my arrival, I met with [REDACTED] (complainant) who stated the following: [REDACTED] David Madrid,							
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 <u>29</u> day of <u>July</u> , <u>2017</u> .  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)								

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

Narrative Continuation

A D M I N  N A R R A T I V E	Date / Time <b>07/29/2017 03:47</b>	Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>		Agency Report Number <b>4   0   17-011958</b>
	Agency ORI Number <b>FL 0500400</b>			

were having a small dinner party. During the party [REDACTED] reportedly consumed a large amount of alcohol and got intoxicated at the small gathering. [REDACTED] intoxicated behavior, angered [REDACTED] and she was asked to excuse herself from the party. [REDACTED] complied and went upstairs to their bedroom to go to bed.

After the guests had left, Madrid confronted [REDACTED] in the bedroom and a verbal dispute escalated to the point that [REDACTED] left the bedroom and started to walk down the stairs to leave the residence.

This action enraged Madrid as he followed [REDACTED]. He made contact with her half way down the flight of stairs. Madrid yelled, "YOU FUCKING BITCH" and grabbed [REDACTED] around her neck with such force, it caused several quarter sized abrasions on the left side of her neck. Madrid then pushed [REDACTED] against the wall and shoved her down the rest of the stairs causing [REDACTED] to stumble down 7 steps to the landing. [REDACTED] ran from the residence and called 911.

At the scene, I observed [REDACTED] outside of the residence and she was crying. [REDACTED] was complaining of a sore neck and showed me her injuries. I listened to her complaint and had her write a sworn statement. As we spoke, Madrid came outside to speak to us. We immediately separated him from [REDACTED] and heard his story. He denied all of [REDACTED]'s accusations but could not explain how [REDACTED] got her injuries.

Based on the fact Madrid had no visible marks or bruises on his person, and he reportedly followed [REDACTED] down the stair case, I find that Madrid was the primary aggressor.

Based on the above facts, I find that probable cause exists to charge, David C. Madrid with FSS. 784.03(1) Simple Battery (Domestic)

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.

SCANNED JUL 30 2017  
 \_\_\_\_\_  
 SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 29 day of July, 2017.

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

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

## VICTIM NOTIFICATION FORM

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


- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (S. 784.048)
- 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 #: 17-011958 Agency: DBPD  
Offense: Simple BATTERY  
Suspect/Offender: DAVID MADRID  
D.O.B. 2/13/88 Race: W Sex: MALE

2. Warrant #(s): \_\_\_\_\_

3. Complete one (1) of the following:

a. 

b. Victim's next of kin: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ 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: D. STEGO I.D. 984 Date: 2/29/17

White-Warrants Division

Yellow-Corrections or State Attorney (Warrant Application)

Pink-Central Records

SUSPECT/OFFENDER: \_\_\_\_\_

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