

J#0490130

PCH# 2714

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

OBTS Number			Agency ORI Number 0500400 Agency Name Delray Beach Police Department						Agency Report Number (N.T.A.'s only) 4 0 17-011958								
Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many as apply. <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other									If Weapon Seized Enter Type Hands/fist/feet/teeth								
Location of Arrest (Including Name of Business) 826 KOKOMO KEY LN Delray Beach, FL 33483			Location of Offense (Business Name, Address) 826 KOKOMO KEY LN, DELRAY BEACH, FL 33483						Multiple Clearance Indicator 1								
Date of Arrest 07/29/2017		Time of Arrest 03:04		Booking Date 07/29/2017		Booking Time 03:14		Jail Date // : :		Jail Time							
Location of Vehicle																	
Name (Last, First, Middle) MADRID, DAVID CHAMBERLIN Alias:																	
Race W - White B - Black		Sex W M		Date of Birth 02/13/1988		Height 6'02		Weight 220		Eye Color BROWN Hair Color BROWN Complexion FAIR Build MEDIUM							
Stars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)								Marital Status M Religion		Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> unk. Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> unk.							
Local Address (Street, Apt. Number) 826 KOKOMO KEY LN, DELRAY BEACH, FL 33483		(City)		(State)		(Zip)		Phone (561) 512-5676		Residence Type: 1. City 3. Florida 2. County 4. Out of State 1							
Permanent Address (Street, Apt. Number) 826 KOKOMO KEY LN, DELRAY BEACH, FL 33483		(City)		(State)		(Zip)		Phone (561) 512-5676		Address Source FL DL							
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		Occupation Insurance Salem							
D/L Number, State M363163880530 / FL		Soc. Sec. Number		INS Number				Place of Birth (City, State) NEWTON, MA, United		Citizenship US							
Co-Defendant Name (Last, First, Middle)								Race		Sex		Date of Birth					
Co-Defendant Name (Last, First, Middle)								Race		Sex		Date of Birth					
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)										Residence Phone					
<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone							
Notified by: (Name)						Date		Time		JUVENILE DISPOSITION							
Released To: (Name)		Relationship		Date		Time				1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated							
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			
C O D E		Drug Activity S. Sell R. Smuggle K. Disperses/ M. Manufacture/ Z. Other		N. N/A B. Buy D. Deliver Produce/ Cultivate		Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown		N. N/A C. Cocaine M. Marijuana O. Opium/Deriv.		E. Heroin S. Synthetic Z. Other							
C H A R G E		Charge Description SIMPLE BATTERY(TOUCH OR STRIKE)								Statute Violation Number 784.03(1A1)		Violation of ORD #					
C H A R G E		Drug Activity N		Amount / Unit /		Offense # 17-011958		Counts 1 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond None			
C H A R G E		Charge Description								Statute Violation Number		Violation of ORD #					
C H A R G E		Drug Activity		Drug Type		Amount / Unit /		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond	
C H A R G E		Charge Description								Statute Violation Number		Violation of ORD #					
C H A R G E		Drug Activity		Drug Type		Amount / Unit /		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond	
I N T A K E		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:							
I N T A K E		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			
N O T I C E		INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court <input type="checkbox"/> but must comply with instructions on Page 2.								Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time					
T O A P P E A R		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) SCANNED		Date Signed		No Photo Available			
A D M I N		HOLD in Other Agency				Signature of Arresting Officer				Name Verification (Printed by Arrestee) JUL 29 AM 7:20 (PRINT)							
A D M I N		<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Officer (initials) STEED, DAVID I.D. # 0944											
A D M I N		make Deputy Lortis, B.		I.D. # 8791		Pouch #		Transporting Officer Moreno		I.D. # 1131		Agency DBPD					
A D M I N		Witness here if subject signed with <input type="checkbox"/>															

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

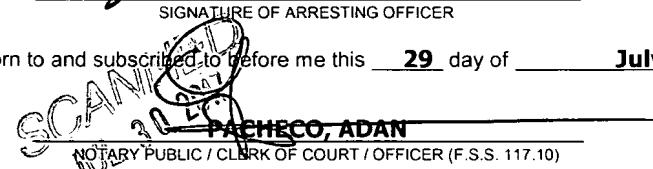
Moreno

JUL 29 AM 7:44

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 07/29/2017 03:47	Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 17-011958	
D E E F	Name (Last, First, Middle) MADRID, DAVID CHAMBERLIN	Alias	Race W	Sex M	Date of Birth 02/13/1988
O R G	Charge Description 784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)	Race W	Sex F	Date of Birth 12/11/1985	
			Phone	Address Source	
			Occupation		
DEFENDANT'S STATEMENTS:		Written <input type="checkbox"/>	Taped <input type="checkbox"/>	Oral <input type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): CRYING AND UPSET
VICTIM'S STATEMENTS:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS:	Scene: <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	Victim:	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: [REDACTED]	
	WEAPON USED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TYPE: [REDACTED]	
	WITNESSES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If YES, attach witness list)	
	INJURIES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	MEDICAL TREATMENT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	AT:	Scene: <input type="checkbox"/>	<input checked="" type="checkbox"/>	PARAMEDICS: [REDACTED]	
	Hospital:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL: [REDACTED]	
	ACT COMMITTED IN PRESENCE OF MINOR(S):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES/AGES: [REDACTED]	
H. R. S. NOTIFIED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
VICTIM PREGNANT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #: [REDACTED]		
PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
ALCOHOL OR DRUGS INVOLVED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
The following incident occurred in the city of Delray Beach, Palm Beach County, Florida.					
N A R R	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 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.

DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT

Palm Beach County
Narrative Continuation

A	Date / Time	07/29/2017 03:47
D	Agency ORI Number	FL 0500400
M	Agency Name	DELRAY BEACH POLICE DEPARTMENT
I	Agency Report Number	4 0 17-011958

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 MASELO
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. 944 Date: 7/29/17