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ARREST / NOTICE TO APPEAR

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

1 JUVENILE

OBTS Number	Agency ORI Number 0502000		Agency Name Lantana Police Department		Agency Report Number (N.T.A.'s only) 6, 4 19-002133	
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 HAND/FEET/FIST		Multiple Clearance Indicator 1
Location of Arrest (Including Name of Business) 929 WYNNDALE WAY, LANTANA FL 33462			Location of Offense (Business Name, Address) 929 WYNNDALE WAY, LANTANA, FL 33462			
Date of Arrest 09/10/2019	Time of Arrest 03:39	Booking Date 09/10/2019	Booking Time 03:49	Jail Date 09/10/2019	Jail Time 03:40	Location of Vehicle
Name (Last, First, Middle) MICELI, ELIZABETH NICOLE			Alias (Name, DOB, Soc Sec #, File) Alias:			
Race W - White B - Black	1 - American Indian Q - Oriental/Asian	Sex F	Date of Birth 12/23/1993	Height 5'07	Weight 140	Eye Color BLUE
Hair Color RED		Complexion LIGHT	Build Thin			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status S	Religion NON-DINOMI		Indication of Alcohol Intoxication Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>
Local Address (Street, Apt. Number) 929 WYNNDALE WAY, LANTANA, FL 33462			(City)	(State)	(Zip)	Phone (561) 889-7037
Permanent Address (Street, Apt. Number) 929 WYNNDALE WAY, LANTANA, FL 33462			(City)	(State)	(Zip)	Phone (561) 889-7037
Business Address (Name, Street) TEAM SERVICES,			(City)	(State)	(Zip)	Phone Removals
D/L Number, State M240234939630 / FL	Sex	SNS Number	Place of Birth (City, State) DELRAY BEACH, FL.		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 1. Handled/Processed within Department and Released 2. TOT JAC 3. Insured/Arrested		
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 F - Use	K - Disperse/ Distribute	M - Manufacture/ Produce/ Cultivate	Z - Other	Drug Type N - N/A A - Amphetamine
B - Barbiturate C - Cocaine L - Heroin		H - Hallucinogen M - Marijuana O - Opium/Deriv.	P - Paraphernalia/ Equipment S - Synthetic	U - Unknown Z - Other		
Charge Description BATTERY - SIMPLE TOUCH / STRIKE			Statute Violation Number 784.03 1a		Violation of ORD #	
Drug Activity	Drug Type N	Amount / Unit	Offense #	Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
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
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
Health/ Apparent Physical Condition of Defendant GOOD			Any knowledge of the following <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input checked="" type="checkbox"/> Injuries Explain: MINOR CUT			
Check which applies <input type="checkbox"/> Released O.R. <input type="checkbox"/> Pooled Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By J. CUCCA
Transported By J. CUCCA		Date Transported 09/10/2019	Time Transported 03:41	Released By		
INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.			Location (Court, Room)			No Photo Available
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			
Signature of Defendant (or Juvenile and Parent/Custodian)			Date Signed			
HOLD for Other Agency		Signature of Arresting Officer J. CUCCA 898		Name Verification (Printed by Arrestee)		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		(PRINT)		
Deputy DS Collins 762		Transposing Officer J. CUCCA		ID # 898	Agency LPD	
Witness here if subject signed with an "X"		PAGE 1 OF 1				

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

SCANNED
SEP 10 2019

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 09/10/2019 02:58		Agency Name LANTANA POLICE DEPARTMENT		Agency Report Number 6 4 19-002133	
	Agency ORI Number FL 0502000		Alias		Race Sex Date of Birth W F 12/23/1993	
D E F	Name (Last, First, Middle) MICELI, ELIZABETH NICOLE				Race	Sex Date of Birth
C H R G	Charge Description 784.03 BATTERY - SIMPLE TOUCH / STRIKE					
	Victim's Name (Last, First, Middle) JENNINGS, SILAS AARON				Race	Sex Date of Birth
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) 929 WYNNDALE WAY, LANTANA, FL 33462			Phone (907) 953-8371		Address Source FL DL
	Business Address (Name, Street) (City) (State) (Zip) LANTANA PIZZA, LANTANA, FL			Phone		Occupation DELIVERY DRIVER
	DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): CALM			
VICTIM'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral						
RELATIONSHIP BETWEEN VICTIM & SUSPECT SIG. OTHER						
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			
	Victim:	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	911 CALL:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CALLER:		
	WEAPON USED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TYPE: HANDS/FEET		
	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:		
	Hospital:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:		
	ACT COMMITTED IN PRESENCE OF MINOR(S):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES/AGES:		
	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 #:		
	PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
	ALCOHOL OR DRUGS INVOLVED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
N A R R	On September 10, 2019 at approximately 0203 hours, I (Ofc. Cucca ID #898) was dispatched to 929 Wynndale Way, in reference to a suspicious incident.					
	An UBER driver called the Lantana Police department stating he was at the address listed above to pick up a					
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. <i>J. Cucca 898</i> SIGNATURE OF ARRESTING OFFICER						
Sworn to and subscribed to before me this <u>10</u> day of <u>September</u> , <u>2019</u> .						
TUANG, NGIN SIAN NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)						

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

SCANNED
SEP 10 2019

DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 09/10/2019 02:58	
	Agency ORI Number FL 0502000	Agency Name LANTANA POLICE DEPARTMENT

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male, and when the male exited the residence an unknown W/F came running out of the residence screaming "he has a knife, he is going to kill you."

Upon arrival I made contact with W/F Elizabeth Miceli D.O.B. 12/23/1993. Miceli stated the following:

Her and her recently ex-boyfriend (the outcome of the argument), W/M Silas Jennings D.O.B. 08/05/1991, got into a physical altercation. The altercation started approximately thirty (30) minutes prior to law enforcement arrival. Miceli advised the argument started because she bought Jennings the wrong beer, and Jennings got angry.

Miceli informed officers her and Jennings have been living together for approximately eight (8) months.

Miceli stated during the argument Jennings took her phone out of her hands, and smashed it on the floor when she told Jennings she was going to call the police. Miceli advised after Jennings broke her phone, Jennings then slammed Miceli into the hallway closet door causing damage to the door.

Miceli advised Jennings then left the residence on foot. At that time Miceli refused to let me take any pictures of her injuries or the damage to the door. Miceli also refused to fill out a sworn written statement. Miceli was being uncooperative.

I observed a small laceration on Miceli left hand, and slight swelling on her knuckles of her left hand. Miceli stated she obtained the injuries when she was defending herself from Jennings.

Miceli stated Jennings never had a knife in his possession, and she made that part up.

While I was still speaking with Miceli, Ofc. Tuang ID #839 canvassed the area in attempt to located Jennings. Ofc. Tuang advised he located Jennings at the 1200-Blk of Hypoluxo Rd. Ofc. Tuang advised Jennings was positively identified through his FL DSHMV photograph.

I then responded to Ofc. Tuangs location to speak with Jennings. When speaking with Jennings he stated the following:

Him and his recently ex-girlfriend (the outcome of the argument), Miceli got into a verbal argument about what kind of beer they wanted to buy. Upon returning back to the residence the verbal argument turned physical. Jennings stated Miceli hit him with a closed fist on the left side of his face, and then began scratching her. Jennings stated Miceli attacked him out of no where.

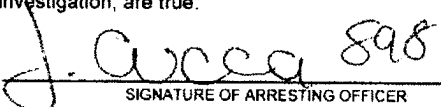
Jennings at first refused to let law enforcement take pictures of his injuries, but later advised officers could take the pictures. Jennings refused to fill out a sworn written statement. Jennings was being uncooperative.

Jennings had a minor bruise on his left eye from where Miceli hit him in the face with a closed fist, and several scratches to his neck, chest and stomach. Jennings stated he received the scratched from Miceli when she attacked him.

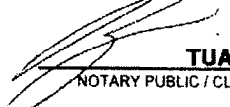
Since I could not determine who the primary aggressor was, both Jennings and Miceli gave conflicting stories,

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 10 day of September, 2019.


TUANG, NGIN SIAN
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N I S T R A T I V E	Date / Time 09/10/2019 02:58	Agency ORI Number FL 0502000	Agency Name LANTANA POLICE DEPARTMENT	Agency Report Number 6 4 19-002133
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and both had injuries, Jennings and Miceli were arrested for Battery.

Jennings was placed in handcuffs with his hands to the rear. The handcuffs were checked for proper spacing, and double locked. Jennings was placed in the rear of my marked patrol vehicle and transported to the Palm Beach County Jail.

Ofc. Tuang returned back to the residence and placed Miceli in handcuffs with her hands to the rear. The handcuffs were checked for proper spacing, and double locked. Miceli was placed in the rear of Ofc. Tuangs marked patrol vehicle, and transported to the Palm Beach County Jail.

Sixteen (16) digital photographs of Jennings and Miceli injuries were submitted into evidence.

Two (2) domestic violence notification forms were completed.

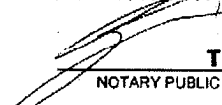
Both parties refused medical attention for their injuries.

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 10 day of September, 2019.


TUANG, NGIN SIAN
NOTARY PUBLIC / 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)
- 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#: 14002133 Agency: Lantana PD
 Offense: Battery
 Suspect/Offender: Elizabeth Miceli
 D.O.B. 12/23/93 Race: W Sex: F

2. Warranty #(s): _____

3. Complete one (1) of the following:

a. Victim's name: Silas Jennings
 Address: ~~8043~~ 929 Wyncadale Way
 City: Lantana State: FL Zip: 33402
 Home #: 907538311 Work #: _____ Other#: _____

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: Ofc. Cucca I.D.: 898 Date: 9/10/19

SUSPECT/OFFENDER: _____

COURT CASE/WARRANT #:
(FOR WARRANT 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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	539.001 FS	Other: All records relating to pawnbroker transactions.	
	<input type="checkbox"/>	119.0712(2)	Other: Personal information contained within a motor vehicle record	

REVIEW COMPLETED BY

Booking Number: 2019029438	Date: 09/10/2019
	Specialist Name/ID: howardt/7185

SCANNED
SEP 10 2019