

U487458

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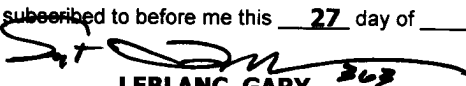
2063

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile													
Agency ORI Number FLO, 5, 0, 2, 6, 0, 0		Agency Name PALM BEACH GARDENS POLICE DEPT.		Agency Report Number (N.T.A.'s only) 7, 8, 1, 1, 7, 1, 0, 0, 2, 4, 8, 1, 1, 1																	
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		Multiple Clearance Indicator																	
Location of Arrest (Including Name of Business) 2917 Tuscan Court Apt # 104				Location of Offense (Business Name, Address) 2917 Tuscan Court Apt # 104																	
Date of arrest 0, 4, 2, 7, 1, 7		Time of Arrest 2, 1, 2, 6		Booking Date 04/27/17		Booking Time 21:26		Jail Date Jail Time Location of Vehicle													
Name (Last, First, Middle) Candice, Felice, A				Alias (Name, DOB, Soc. Sec. #, Etc.)																	
Race W - White B - Black I - American Indian O - Oriental/Asian		Sex M F		Date of Birth 0, 5, 1, 1, 7, 5, 6		Height 5' 3"		Weight 150		Eye Color Blue		Hair Color Blonde		Complexion Fair		Build Medium					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Cuts on left and right arm				Marital Status Married		Religion Jewish		Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input checked="" type="checkbox"/>													
Local Address (Street, Apt. Number) 2917 Tuscan Court Apt 104		(City) Palm Beach Gardens		(State) FL		(Zip) 33410		Phone (561) 846 2079		Residence Type: 1. City 2. County 3. Florida 4. Out of State											
Permanent Address (Street, Apt. Number) 2917 Tuscan Court Apt 104		(City) Palm Beach Gardens		(State) FL		(Zip) 33410		Phone (561) 846 2079		Address Source											
Business Address (Name, Street) ()		(City) ()		(State) ()		(Zip) ()		Phone ()		Occupation											
D/L Number, State C 530 241 56 6770, FL		INS Number		Place of Birth (City, State) New York City, NY		Citizenship Yes															
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 <input type="checkbox"/> Other:		Name (Last) (First) (Middle)		Residence Phone																	
Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone																			
Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled/Processed within Court and Released. 2. Not HRS/DYS 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. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				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. Synthetic		U. Unknown Z. Other	
Charge Description Battery Simple (Domestic)		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 7, 8, 4, 1, 0, 3		Violation of ORD # (11)(A)(1)													
Drug Activity N		Drug Type N		Amount / Unit N/A		Offense # 17-002481		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											
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											
<input 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 Reverse Side.		Location (Court, Room Number, Address) Court Date and Time Month Day Year Time A.M. P.M.																			
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 X [Signature]		Name of Arresting Officer (Print) Joseph Zawada		I.D. # 469		Name Verifier (Print) APR 28 2017		PAGE											
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Joseph Zawada		I.D. # 469		(PRINT) APR 28 AM 12:17		PAGE											
Inmate Property CPT HOWARD 7200		Pouch #		Transporting Officer Joseph Zawada		I.D. # 469		Agency PBG PD		Witness here if subject signed with an "X" OF											

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 04/27/2017 20:43	Agency ORI Number FL 0502600		Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 17-002481
	<p>She advised that she was thrown out of their mutual apartment prior to our arrival. Felice was treated for minor injuries by Palm Beach Gardens Fire Rescue on scene. I made contact with Russell, at which time he was placed into investigative custody and read his Miranda rights. Russell provided a post-Miranda statement and advised that there was a verbal argument that culminated in Felice throwing a glass cup at Russell, hitting him above his left eye, causing a laceration that was treated by Palm Beach Gardens Fire Rescue. Russell went on to explain that he did in fact throw her out after Felice threw the glass cup at him. Upon making contact again with Felice, she corroborated Russell's version of the events that occurred and told me that she threw the glass cup at Russell before Russell threw her out of the house. Felice was placed under arrest for simple battery. She was handcuffed, with the cuffs being double locked and checked for proper spacing. My body-worn camera was utilized throughout the duration of this investigation. Based on my investigation, I find probable cause to charge Felice Candia with simple battery (domestic), contrary to Florida State Statute 784.03 (1) (A) (1).</p>				
	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p> SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>27</u> day of <u>April</u>, <u>2017</u>.</p> <p> LEBLANC, GARY NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>				

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

ADMINISTRATIVE	Date / Time 04/27/2017 20:43		Agency ORI Number FL 0502600		Agency Name PALM BEACH GARDENS POLICE		Agency Report Number 7 8 17-002481	
	Name (Last, First, Middle) CANDIA, FELICE A						Race W	Sex F
CHARGE	Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)							
	Victim's Name (Last, First, Middle) CANDIA, RUSSELL R						Race W	Sex M
VICTIM	Local Address (Street, Apt. Number) (City) (State) (Zip) 2917 TUSCANY CT 104, PALM BEACH GARDENS, FL 33410				Phone (561) 846-2079		Address Source PERSON	
	Business Address (Name, Street) (City) (State) (Zip) (561) 840-2079				Phone (561) 840-2079		Occupation HANDYMAN	
DEFENDANT	Written <input type="checkbox"/>		Taped <input checked="" type="checkbox"/>		Oral <input type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): DISTRAUGHT	
	DEFENDANT'S STATEMENTS:		VICTIM'S STATEMENTS:					
ADDITIONAL INFORMATION	RELATIONSHIP BETWEEN VICTIM & SUSPECT SPOUSE							
	<p>PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO CALLER: <i>Felice Candia</i></p> <p>WEAPON USED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO TYPE: <i>Glass Cup</i></p> <p>WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If YES, attach witness list)</p> <p>INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>MEDICAL TREATMENT: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>AT: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO PARAMEDICS: <i>Palm Beach Gardens Fire Reserve</i></p> <p>Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PHYSICIAN(S) / HOSPITAL:</p> <p>ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NAMES/AGES:</p> <p>H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CASE #:</p> <p>PRIOR HISTORY OF DOMESTIC VIOLENCE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>							
NOTARIZATION	<p>On Thursday April 27, 2017, at approximately 2043 hours, I was dispatched to 2917 Tuscany Court Apt. 104 in reference to a domestic battery.</p> <p>Upon my arrival, I spoke with Felice Candia, who informed me with a sworn witness statement that her husband, Russell Candia, was being abusive towards her and caused bruising and lacerations on both of her forearms.</p>							
	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p>_____ SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>27</u> day of <u>April</u>, <u>2017</u>.</p> <p><i>[Signature]</i> LEBLANC, GARY 562 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>							

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