

U487458

17mm5071

2063

ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile			
OBTS Number		Agency Name		Agency Report Number (N.T.A.'s only)						
Agency ORI Number		PALM BEACH GARDENS POLICE DEPT.		7, 8-1-1, 7-10, 0, 2, 4, 8, 1, 1, 1						
Charge Type: Check as many as apply:		<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type				
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)								
2917 Tuscan Court Apt # 104		2917 Tuscan Court Apt # 104								
Date of arrest		Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle			
04/27/17		172126	04/27/17	21:26						
Name (Last, First, Middle)				Alias (Name, DOB, Soc. Sec. #, Etc.)						
Candia, Felice, A										
Race W - White B - Black		Sex I - American Indian O - Oriental/Asian		Date of Birth 05.17.56	Height 5'3"	Weight 150	Eye Color Blue			
Scars, Marks, Unique Physical Features (Location, Type, Description)				Marital Status Married		Religion Jewish	Indication of: Alcohol Influence Drug Influence			
Local Address (Street, Apt. Number)		(City)		(State)	(Zip)	Phone (561) 846 2079	Residence Type: 1. City 2. County			
2917 Tuscan Court Apt 104		Palm Beach Gardens		FL	33410		3. Florida 4. Out of State			
Permanent Address (Street, Apt. Number)		(City)		(State)	(Zip)	Phone (561) 846 2079	Address Source			
Business Address (Name, Street)		(City)		(State)	(Zip)	Phone ()	Occupation			
D/L Number, State		INS Number		Place of Birth (City, State)		Citizenship				
CS 30241566770, FL				New York City, NY		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 2. TOT HRS/DYS 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.										
<input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)										
School Attended						Grade				
Property Crime?		Description of Property		Value of Property						
<input type="checkbox"/> Yes <input type="checkbox"/> No										
CODE	S. Sell N. N/A P. Possess	R. Smuggle B. Buy T. Traffic	K. Dispense/ D. Deliver E. Use	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	Charge Description Battery Simple (Domestic)				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 7-8-4-103, 111(A)(1), 1		Violation of ORD #	
CHARGE	Drug Activity N N	Drug Type N N/A	Amount / Unit N/A	Offense # 17-002481			Warrant / Capias Number —	Bond —		
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number —		Violation of ORD #	
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #			Warrant / Capias Number	Bond		
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number —		Violation of ORD #	
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #			Warrant / Capias Number	Bond		
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number —		Violation of ORD #	
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #			Warrant / Capias Number	Bond		
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 <input type="checkbox"/> 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										
SCANNED										
Signature of Defendant (or Juvenile and Parent/ Custodian)										
HOLD for other Agency Name:				Signature of Arresting Officer x D. Z. Z.				Date Signed		
				Name Verification (Printed by 2017) (PRINT)				APR 28 AM 12:17		
								PAGE		
								OF		
Witness here if subject signed with an "X"										

DISTRIBUTION:

WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - JAIL

GOLD - DEFENDANT

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

ADM IN	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><i>NOT A CERTIFIED COPY</i></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><u>032 469</u> _____ 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><u>G. LEBLANC, GARY</u> _____ LEBLANC, GARY NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>			

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT
Palm Beach County

A D M I N	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																																		
D E F	Name (Last, First, Middle) CANDIA, FELICE A	Alias	Race W	Sex F	Date of Birth 05/17/1956																																	
C H R G	784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)																																					
V I C T I M	Victim's Name (Last, First, Middle) CANDIA, RUSSELL R	Race W	Sex M	Date of Birth 04/25/1956																																		
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)			Phone (561) 840-2079	Occupation HANDYMAN																																		
DEFENDANT'S STATEMENTS: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> VICTIM'S STATEMENTS: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): DISTRAUGHT																																				
RELATIONSHIP BETWEEN VICTIM & SUSPECT SPOUSE																																						
<table border="0"> <tr> <td>PHOTOGRAPHS:</td> <td>Scene: <input checked="" type="checkbox"/> <input type="checkbox"/></td> <td>NO</td> </tr> <tr> <td>Victim:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>911 CALL:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>WEAPON USED:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>WITNESSES:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>INJURIES:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>MEDICAL TREATMENT:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>AT: Scene:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Hospital:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td colspan="3">PARAMEDICS: <i>Palm Beach Gardens Fire Reserve</i></td> </tr> <tr> <td colspan="3">PHYSICIAN(S) / HOSPITAL:</td> </tr> </table>						PHOTOGRAPHS:	Scene: <input checked="" type="checkbox"/> <input type="checkbox"/>	NO	Victim:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WEAPON USED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WITNESSES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	INJURIES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MEDICAL TREATMENT:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AT: Scene:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hospital:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PARAMEDICS: <i>Palm Beach Gardens Fire Reserve</i>			PHYSICIAN(S) / HOSPITAL:		
PHOTOGRAPHS:	Scene: <input checked="" type="checkbox"/> <input type="checkbox"/>	NO																																				
Victim:	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																				
911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																				
WEAPON USED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																				
WITNESSES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																				
INJURIES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																				
MEDICAL TREATMENT:	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																				
AT: Scene:	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																				
Hospital:	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																				
PARAMEDICS: <i>Palm Beach Gardens Fire Reserve</i>																																						
PHYSICIAN(S) / HOSPITAL:																																						
<table border="0"> <tr> <td>ACT COMMITTED IN PRESENCE OF MINOR(S):</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>NAMES/AGES:</td> </tr> <tr> <td>H. R. S. NOTIFIED:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>VICTIM PREGNANT:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>VIOLATION OF RESTRAINING ORDER:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>CASE #:</td> </tr> <tr> <td>PRIOR HISTORY OF DOMESTIC VIOLENCE:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>ALCOHOL OR DRUGS INVOLVED:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> </table>						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 checked="" type="checkbox"/>	<input type="checkbox"/>		ALCOHOL OR DRUGS INVOLVED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>										
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 checked="" type="checkbox"/>	<input type="checkbox"/>																																				
ALCOHOL OR DRUGS INVOLVED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																				
<p>N On Thursday April 27, 2017, at approximately 2043 hours, I was dispatched to 2917 Tuscany Court Apt. 104 in A reference to a domestic battery.</p> <p>R Upon my arrival, I spoke with Felice Candia, who informed me with a sworn witness statement that her husband, R 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>St. John</i> LEBLANC, GARY <i>362</i></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>																																						

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.