19MM7847

J0109412 P2173

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number:

1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias: **1** Juvenile: **N**

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERRIF'S OFFICE	06 19088954

Charge Type (Check as many as apply): ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

If Weapon Seized Enter Type:
Multiple Clearance Indicator: 0 1

Location of Arrest (Including Name of Business)	Location of Offense (Including Name of Business)
5301 S CONGRESS AVE LAKE WORTH, FL 33462	5301 S CONGRESS AVE LAKE WORTH, FL 33462

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
Jul 2, 2019	2126					

Name (Last, First, Middle): ROMEO FRANCESCA
Alias (Name, DOB, Soc. Sec. # Etc.):

Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	10/14/1962	5'9"	120	BRN	BRN	LIGHT	SMALL

Race: W - White I - American Indian B - Black O - Oriental/Asian

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description):
Marital Status: MARRIED
Religion: N/A
Indication of Alcohol Influence / Drug Influence: Y N Unk

Local Address (Street, Apt. Number)	City	State	Zip	Phone	Residence Type
7379 WATER DANCE WAY	LAKE WORTH	FL	33467	5619081457	2

Residence Type: 1 City 2 County 3 Florida 4 Out of State

Permanent Address (Street, Apt. Number): SAME AS ABOVE
Address Source: FL DL

Business Address (Street, Apt. Number): City: State: Zip: Phone: Occupation:

D/L Number, State	Social Security Number	INS Number	Place of Birth	Citizenship
R500242628740, FL	[redacted]		sicily, italy	US

Co-Defendant Name (Last, First, Middle): Race: Sex: Date of Birth: ☐ 1 Arrested ☐ 2 At Large ☐ 3 Felony ☐ 4 Misdemeanor ☐ 5 Juvenile

Co-Defendant Name (Last, First, Middle): Race: Sex: Date of Birth: ☐ 1 Arrested ☐ 2 At Large ☐ 3 Felony ☐ 4 Misdemeanor ☐ 5 Juvenile

☐ Parent ☐ Legal Guardian ☐ Other — Name (Last, First, Middle): Phone:

Address (Street, Apt. No.): City: State: Zip: Business Phone:

No bond

Notified By (Name): Date: Time: Juvenile Disposition: 1 Handled/Processed within Dept and Released 2 TOT HRS/DYS 3 Incarcerated

Released To (Name): Relationship: Date: Time:

The above address was provided by ☐ defendant and/or ☐ defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561 355-2526) informed of any address change ☐ Yes, by (Name) ☐ No (Reason)

School Attended: Grade:

Property Crime? ☐ Yes ☒ 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, P Paraphernalia/Equipment, U Unknown, Z Other

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation or ORD. #
BATTERY (DOMESTIC)	1	☒Y ☐N	784.03(1)(a)(1)	

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
N	N		19088954		

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation or ORD. #
		☐Y ☐N		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation or ORD. #
		☐Y ☐N		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation or ORD. #
		☐Y ☐N		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond

VICTIM NOTIFICATION

2019 JUL -3 AM 6:29

Location (Court, Address, Room Number):

Court Date and Time: Month Day Year Time AM ☐ PM ☐

I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY 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:
☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other

Signature of Arresting Officer:
Name of Arresting Officer: D/S SCHWARTZ ID #: 13670
Transporting Officer: D/S SCHWARTZ ID #: Agency: PBSO

Name Verification (Printed by Arrestee): (PRINT)
Witness here if subject signed with an "X"

Intake Deputy: ID # Pouch #

Page 1 of 1

OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

Juvenile: N

Agency ORI Number	Agency Name	Agency Report Number
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERRIF'S OFFICE	06 19088954

Charge Type (Check as many as apply): [ ] 1. Felony [ ] 2. Traffic Felony [X] 3. Misdemeanor [ ] 4. Traffic Misdemeanor [ ] 5. Ordinance [ ] 6. Other

Special Notes:

Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth
ROMEO FRANCESCA	W	F	10/14/1962

Charge: BATTERY (DOMESTIC)

Charge:

Charge:

Charge:

Victim Name (Last, First, Middle)	Race	Sex	Date of Birth
ROMEO JOSEPH	W	M	2/12/1956

Local Address (Street, Apt. Number)	City	State	Zip	Phone	Address Source
4772 VICTORIA CIR	WEST PALM BEACH	FL	33409	5615413342	FL DL

Business Address (Street, Apt. Number)	City	State	Zip	Phone	Occupation

The undersign swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.
The person taken into custody...

[X] committed the below acts in my presence

[ ] was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

[ ] confessed to admitting to the below facts

[X] was found to have committed the below acts, resulting from (described) investigation.

On the 2 day of JULY 20 19 at 1813 [ ] AM [X] PM

I responded to the JFK Medical Center located at 5301 South Congress Ave., Lake Worth, FL 33462 in reference to a dead person call (ref case # 19088930).

I was in the front lobby with the father of the deceased, Joseph Romeo, awaiting responding family members. Joseph was visibly emotional and crying, due to the recent passing of his son. Joseph mentioned when his wife arrives, she will most likely be very upset and blame him for their son's passing. Joseph's wife and mother of the deceased, Francesca Romeo, entered the lobby of JFK and walked over to Joseph sitting down. While Joseph's head was crouched into his lap crying, I observed Francesca punch him in the back several times and once in the back of the head with a closed fist. Francesca was yelling at Joseph saying, "You killed our son, it's all your fault". Francesca was immediately removed from Joseph, and I did not observe any injury to Joseph's person at the time.

Based on the facts of my investigation, I find there to be probable cause to charge, Francesca Romeo, with FSS 784.03(1)(a)(1); Battery (Domestic). Francesca was placed in handcuffs which were double locked and checked for proper fit. Francesca was transported to the Palm Beach County Jail without incident. This case is cleared by arrest.

The foregoing instrument was sworn to and affirmed before me this 2 day of july 20 19, by:

d/s perez 31830
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

D/S SCHWARTZ 13670
Name of Arresting/Investigating Officer

Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

Signature of Arresting/Investigating Officer

VICTIM NOTIFICATION FORM

- **Homicide** (Ch.782)
- **Attempted Murder**
- **Stalking** (F.S. 784.048)
- **Sexual Offense** (Ch.794)
- **Attempted Sexual Offense**
- **Dating Violence**
- **Domestic Violence** - **(This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated 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 #: 19088954 Agency: Palm Beach County Sheriff's Office
   Offense: BATTERY (DOMESTIC)
   Suspect/Offender: ROMEO FRANCESCA
   DOB: 10/14/1962 Race: W Sex: F

2. Warrant #(s):

3.a. Victim's Name: ROMEO JOSEPH DOB: 2/12/1956 Race: W Sex: M
   Address: 4772 VICTORIA CIR
   City: WEST PALM BEACH State: FL Zip: 33409
   Home #: 5615413342 Work #: Other #:

b. Victim's next of kin, friend or neighbor:
   Address:
   City: State: Zip:
   Home #: Work #: Other #:

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY SUBJECT TO CONFIDENTIALITY.

Victim/Relation Notification Waiver and Confidential Information Request

(Check applicable boxes)

☐ **Waiver:** **I choose not to be notified when the arrestee is released from custody.**

☐ **Confidential:** **I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).**

Signature of person waiving notification:

Printed name of person waiving notification:

Deputy's Name: D/S SCHWARTZ ID #: 13670 Date: Jul 2, 2019

White = Corrections or State Attorney (Warrant Application) Yellow = Warrants Section Pink = Central Records

PBSO #0029A REV. 05/11

SUSPECT/OFFENDER | COURT CASE/WARRANT # (FOR WARRANTS USE ONLY)

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause Affidavit)

Defendant: ROMEO FRANCESCA DOB: 10/14/1962 Case #: 19088954

Victim: ROMEO JOSEPH DOB: 2/12/1956 Race: W Sex: M

Relationship between Victim and Defendant: MARRIED

Photographs: Scene ☐Yes ☑No Victim ☐Yes ☑No Defendant ☐Yes ☑No

911 Call: ☐Yes ☑No Caller: _____

Weapon Used: ☐Yes ☑No Type: _____

Witness: ☑Yes ☐No Name: D/S SCHWARTZ 13670

Victim Pregnant: ☐Yes ☑No If yes, _____Weeks _____Months

Injuries: ☐Yes ☑No Description: _____

Medical Treatment: ☐Yes ☑No

At Scene: ☐Yes ☑No Paramedics: _____

At Hospital: ☐Yes ☑No Hospital: _____ Physician: _____

Are children living in the home? ☐Yes ☑No DCF Notified? ☐Yes ☑No

Name: _____ DOB _____

Name: _____ DOB _____

Name: _____ DOB _____

Injunction: ☐Yes ☑No Case #: _____

No Contact Order: ☐Yes ☑No Case #: _____

Alcohol or Drugs: ☐Yes ☐No ☑Unknown

Prior history of Domestic/Dating Violence ☑Yes ☐No

Defendant's statements ☐Yes ☑No If yes, ☐written ☐recorded ☐oral

First words Defendant said when you responded to scene: DEFENDANT YELLED AT VICTIM THAT HE'S RESPONSIBLE FOR THEIR SON'S DEATH

Vicitm's statements ☐Yes ☑No If yes, ☐written ☐recorded ☐oral

First words Victim said when you responded to scene: N/A

Did the Victim contact anyone other than the police within an hour of the incident regarding the incident?

☐Yes ☑No If yes, name: _____ phone _____

Observations of Victim (Physical & Emotional): _____

☑Upset ☑Crying ☐Fearful ☐Hysterical ☐Afraid ☐Calm ☐Nervous

☐Complained of pain ☐Other _____

Victim contact information:

Local Address: 4772 VICTORIA CIR

WEST PALM BEACH FL 33409

Phone: Home: 5615413342 Work: _____ Cell: _____

Employer: N/A

Name of Relative: _____ Phone: _____

PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐	539.001(b)-(l)FSS, 539.003FSS	Other: Pawn Broker Information.	
	☐	3119.0712 (2)	Other: Personal Information Contained in a Motor Vehicle Record	

REVIEW COMPLETED BY

Booking Number: 2019021692	**Date:** 7/3/2019
	Specialist Name/ID: M. Tooks #8557