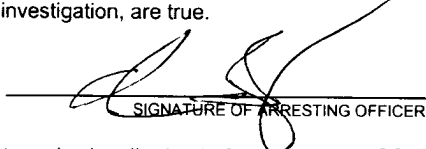


ADMINISTRATIVE	OBTS Number		ARREST / NOTICE TO APPEAR				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
	Agency ORI Number <b>0500400</b>		Agency Name <b>Delray Beach Police Department</b>				Agency Report Number (N.T.A.'s only) <b>4, 0 17-005785</b>					
	Charge Type: 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: <b>Hands/fist/feet/teeth</b>		Multiple Clearance Indicator <b>2</b>							
	Location of Arrest (Including Name of Business) <b>SW 29TH ST/ S CONGRESS AVE</b>				Location of Offense (Business Name, Address) <b>2000 SW 29TH ST/S CONGRESS AVE, DELRAY BEACH, FL</b>							
DEFENDANT	Date of Arrest <b>04/11/2017</b>	Time of Arrest <b>03:29</b>	Booking Date <b>04/11/2017</b>	Booking Time <b>03:39</b>	Jail Date	Jail Time	Location of Vehicle					
	Name (Last, First, Middle) <b>CASAMENTO, ISABELLA VIOLETTA</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)							
	Race W - White B - Black F - American Indian O - Oriental/Asian	Sex <b>W</b>	Date of Birth <b>11/08/1993</b>	Height <b>5'04</b>	Weight <b>130</b>	Eye Color <b>HAZEL</b>	Hair Color <b>BROWN</b>	Complexion <b>LIGHT</b>	Build <b>SMALL</b>			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>S</b>	Religion	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>					
JUVENILE	Local Address (Street, Apt. Number) <b>17839 CROOKED OAK AVE, BOCA RATON, FL 33487</b>				Phone		Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>1</b>					
	Permanent Address (Street, Apt. Number) <b>17839 CROOKED OAK AVE, BOCA RATON, FL 33487</b>				Phone		Address Source <b>VERBAL</b>					
	Business Address (Name, Street) <b>C255418939080 /</b>				Phone		Occupation					
	D/L Number, State <b>C255418939080 /</b>				Place of Birth (City, State) <b>BOCA RATON, FL,</b>		Citizenship <b>US</b>					
C O D E D E F	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor				
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor				
	<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							
C H A R G E	Notified by: (Name)				Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 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.				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 H A R G E	Drug Activity S. Sell N. N/A P. Possess B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Disperse/ 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 <b>SIMPLE BATTERY(TOUCH OR STRIKE)</b>				Statute Violation Number <b>784.03(1A)</b>		Violation of ORD #					
	Drug Activity	Drug Type <b>N</b>	Amount / Unit <b>/</b>	Offense # <b>17-005785</b>	Counts <b>1</b>	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond			
	Charge Description <b>POSSESS MARIJUANA NOT MORE THAN 20 GRAMS</b>				Statute Violation Number <b>893.13(6B)</b>		Violation of ORD #					
C H A R G E	Drug Activity	Drug Type <b>N</b>	Amount / Unit <b>/</b>	Offense # <b>17-005785</b>	Counts <b>1</b>	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond			
	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		Bond			
	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 checked="" type="checkbox"/> Injuries Explain: <b>FACIAL LACERATION</b>							
N O T I C E T O A P P E A R	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input 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			
	Transported By				Date Transported <b>// : : :</b>	Time Transported	Other					
	<input checked="" 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 Page 2.				Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>		Court Date and Time					
	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					
ADMINISTRATIVE	HOLD for Other Agency				Signature of Arresting Officer <b>SITZ, IAN</b>		Name Verification (Print Name) <b>SCANNED</b>					
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Officer (Print) <b>SITZ, IAN</b>		(PRINT) <b>APR 12 2017</b>		PAGE <b>1 OF 1</b>			
	Intake Deputy <b>HOWELL</b>		I.D. # <b>1119</b>	Pouch #	Transporting Officer <b>DBPD</b>		I.D. # <b>1119</b>		Agency <b>DBPD</b>			
					Witness here if subject signed with an "X"							

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>04/11/2017 04:57</b>	Agency ORI Number <b>FL 0500400</b>		Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>	Agency Report Number <b>4 0 17-005785</b>		
	Name (Last, First, Middle) <b>CASAMENTO, ISABELLA VIOLETTA</b>				Alias	Race <b>W</b>	Sex <b>F</b>
C H I E F	Charge Description <b>784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)</b>						
	Victim's Name (Last, First, Middle) <b>FREUND, JEREMY H</b>				Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>06/26/1988</b>
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>1636 NE 48TH CT, POMPANO BEACH, FL 33064</b>				Phone		Address Source
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation
A D D I T I O N A L	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>ANGRY</b>				
	VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>						
I N F O R M A T I O N	RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>COUPLE</b>						
	<p>PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO CALLER: <b>ISABELLA CASAMENTO</b>  WEAPON USED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TYPE:  WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If YES, attach witness list)  INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  MEDICAL TREATMENT: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  AT: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO PARAMEDICS: <b>DBFR</b>  Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PHYSICIAN(S) / HOSPITAL:  ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NAMES/AGES:  H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CASE #:  PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>						
N A R R	<p>The following occurred in the city of Delray Beach, Palm Beach County, Florida.  On April 11, 2017 at approximately 0251 hours I responded to SW 29th St and S Congress Ave in reference to a domestic dispute. Upon arrival I made contact with a white female who was standing in the roadway yelling at a white male sitting on the ground. I made contact with the white male who identified himself as Jeremy</p>						
<p>STATE OF FLORIDA  COUNTY OF PALM BEACH</p> <p>Appeared before me, <u>He S. I. z</u> 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>11</u> day of <u>April</u>, <u>2017</u>.</p> <p><u>SKEBERIS, LUIS</u>  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p style="text-align: right;"><b>SCANNED</b>  <b>APR 12 2017</b></p>							

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County  
Narrative Continuation

A D M I N	Date / Time <b>04/11/2017 04:57</b>	Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>		Agency Report Number <b>4 0 17-005785</b>	
	Agency ORI Number <b>FL 0500400</b>				

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Freund (06-26-1988) who stated the following: He went downtown and was drinking with his girlfriend identified as Isabella Casamento (11-08-1993). While downtown he ran into an ex-girlfriend, and this upset Casamento. While downtown the two ensued in a verbal altercation. They drove from downtown to this location to meet a friend when the topic of running into an ex-girlfriend was brought up again. Casamento became enraged, and started scratching him in the back of the neck. In order to defend himself he had to push her away several times. Casamento continued attacking him, so he punched her in the face to stop her from further injuring him. Freund had two deep visible fingernail scratch marks which were bleeding on the back of his neck, which is consistent with his statement.

I made contact with Casamento who was yelling profanities at Freund, and appeared to be very intoxicated. She was shouting "fuck you" at Freund after the two were separated. Casamento stated the following: The two were arguing when Freund became enraged, and punched her in the face for absolutely no reason. Casamento stated she was unable to recall what the two were arguing about. She stated several times "I did absolutely nothing to him." She continued to shout at Freund who was calm and never acknowledged her while one scene. Casamento had a visible laceration and some swelling on her forehead, over her right eye. Casamento's vehicle was towed from the scene. While conducting the inventory for tow, Ofc Salguero located a binder possibly belonging to Casamento inside the trunk of the vehicle. Inside of the binder was a clear bag with a leafy green substance inside, which appeared to be marijuana. When showed the clear bag of marijuana, Casamento acknowledged that it belonged to her. I field tested the leafy green substance with a quickcheck test kit. The test yielded positive results for the presence of THC.

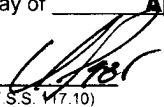
Based on the above facts, the defendant is being charged with one count of Simple Battery pursuant to F.S.S. 784.03(1A1) and one count of possession of Marijuana less than 20 grams pursuant to F.S.S.893.13(6B)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Appeared before me, of S.A. 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 11 day of April, 2017.

  
**SKEBERIS, LUIS**  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 17.10)

SCANNED  
APR 12 2017

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.