

NH

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

1	JUVENILE	M
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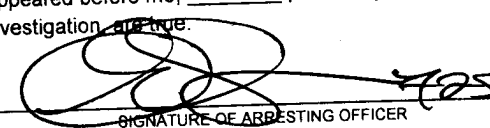
(PRINT)

**CONTAINED**

Witness name if subject signed with an "X".

**DOMESTIC VIOLENCE PROBABLE CAUSE  
AFFIDAVIT**

Palm Beach County

A D M I N	Date / Time <b>08/12/2017 21:01</b>	Agency OR# Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2017-011322</b>	
	Name (Last, First, Middle) <b>MARCELLO, JAKE</b>				Alias	Race <b>W</b>	Sex <b>M</b>
C H A R G E	Charge Description <b>784.03(1A1) DOMESTIC SIMPLE BATTERY</b>						Date of Birth <b>08/14/1991</b>
	Victim's Name (Last, First, Middle) [REDACTED]						Race <b>W</b>
C T I M	Local Address (Street, Apt. Number) [REDACTED]				(State)	(Zip)	Phone [REDACTED]
	Business Address (Name, Street) [REDACTED]				(State)	(Zip)	Phone [REDACTED]
DEFENDANT'S STATEMENTS:		Written <input type="checkbox"/>	Taped <input type="checkbox"/>	Oral <input checked="" type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):  <b>NOSE BLEED</b>		
VICTIM'S STATEMENTS:		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>BOYFRIEND/GIRL</b>							
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 checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: <b>VICTIM</b>	
	WEAPON USED:			<input checked="" type="checkbox"/>	<input type="checkbox"/>	TYPE: <b>HANDS</b>	
	WITNESSES:			<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If YES, attach witness list)	
	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"/>	PARAMEDICS: <b>BRFD</b>	
	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 08/12/2017, at approximately 2101 hours, I was dispatched to 520 S Federal Hwy (CVS) in reference to a domestic disturbance. Officer Galazka and Officer Horne were also on scene.						
	Officer Galazka arrived on scene first and advised that a white female, who was identified from her FLDL						
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 <u>12</u> day of <u>August</u> , <u>2017</u> . <b>DUBINSKY, SETH W</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)							

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

# VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (F.S. 784.048)
- 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#: 17-11322 Agency: Boca Raton Police Dept.  
Offense: Domestic Battery  
Suspect/Offender: Jake Marcello  
D.O.B. 9/1/93 Race: W Sex: M

2. Warrant#(s): \_\_\_\_\_

3.a. Victim: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Home: \_\_\_\_\_

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 BE 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:** Pursuant to F.S. 119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).  
Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: \_\_\_\_\_

Printed name of person waiving notification: \_\_\_\_\_

Officer's Name: Gina Schuss I.D.# 725 Date: 8/12/17  
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER: Jake Marcello COURT CASE/WARRANT#: \_\_\_\_\_  
(FOR WARRANTS USE ONLY)