

ADMI NIST RAT ION		OBTS Number		Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		JUVENILE	
		0500200		Boca Raton Police Department		3 2		2016-017205					
		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	
										Hands, Feet, Fist, Teeth			
		Location of Offense (Business Name, Address)											
		Date of Arrest		Time of Arrest		Booking Date		Time of Booking		Date of Release		Time of Release	
		11/26/2016		04:05		11/26/2016		04:15		11/26/2016		04:15	
												N/A	
		Alias (Name, DOB, Soc. Sec. #, Etc.)											
		MARQUEZ, JANAITH W											
		Alias:											
		Race		Sex		Date of Birth		Height		Weight		Eye Color	
		W - White B - Black		W F		04/23/1990		5'03		100		BROWN	
		Hair Color		Complexion		Build		Marital Status		Religion		Indication of: Alcohol Influence Drug Influence	
		BLACK		MEDIUM		Small		S		CHRISTIAN		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)											
		TATT L HAND / "DOLLY LAMA"; TATT L ARM / CHEETAH PRINT;											
		Local Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Residence Type:	
		1800 NW 4TH AVE 9A, BOCA RATON, FL 33432								(561) 654-6658		1. City 3. Florida 2. County 4. Out of State	
		Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Address Source	
		1800 NW 4TH AVE 9A, BOCA RATON, FL 33432								(561) 654-6658		DEF	
		Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		Occupation	
		LIME MEXICAN GRILL, GLADES RD AND 441								(561) 488-9870		Server	
		D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State)		Citizenship			
		M622420906430 / FL						NEW YORK, NY, United		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 <input type="checkbox"/> Other <input type="checkbox"/>		Name (Last, First, Middle)		Residence Phone							
		Legal Custodian <input type="checkbox"/>											
		Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone			
		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.											
		<input type="checkbox"/> Yes, by:		<input type="checkbox"/> No:									
		Drug Activity		S. Sell		R. Smuggle		K. Disperse/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other	
		N. N/A		B. Buy		D. Deliver		E. Use					
		P. Possess		T. Traffic									
		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		Statute Violation Number		784.03(1A1)		Violation of ORD #			
		Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence	
				N				2016-017205		1		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
		Charge Description				Statute Violation Number				Violation of ORD #			
		Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence	
												<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
		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	
		Health / Apparent Physical Condition of Defendant		GOOD		Any knowledge of the following:		<input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		Explain:			
		Check which applies:		<input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		Released To			
		<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health											
		Transported By				Date Transported		Time Transported		Other			
		<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court				Location (Court, Room)		South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time			
		<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court											
		but must comply with instructions on Page 2.											
		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 COMTEMPT 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				Signature of Arresting Officer		Name Verification (Printed by Arrestee)					
		<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest				Name of Arresting Officer (Print)		I.D. #					
		<input type="checkbox"/> Suicidal <input type="checkbox"/> Other				KENISTON, ADAM C.		765					
		Intake Deputy		I.D. #		Transporting Officer		I.D. #		Agency		PAGE	
		3		252		Kullu		621		BRPD		1 OF 1	
										Witness here if subject signed with an "X".			


HEDNKA

SCANNED
NOV 27 2016

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 11/26/2016 04:05		Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2016-017205	
	Name (Last, First, Middle) MARQUEZ, JANAITH W						Race W	Sex F
D U R I N G	Charge Description 784.03(1A1)							
	Business Address (Name, Street) BRCH							
O T H E R	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):					
	VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
A D D I T I O N A L	RELATIONSHIP BETWEEN VICTIM & SUSPECT [REDACTED]							
	<p>PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>Victim: <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>911 CALL: <input checked="" type="checkbox"/> <input type="checkbox"/> CALLER: [REDACTED]</p> <p>WEAPON USED: <input checked="" type="checkbox"/> <input type="checkbox"/> TYPE: TEETH/HANDS</p> <p>WITNESSES: <input type="checkbox"/> <input checked="" type="checkbox"/> (If YES, attach witness list)</p> <p>INJURIES: <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>MEDICAL TREATMENT: <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>AT: Scene: <input type="checkbox"/> <input checked="" type="checkbox"/> PARAMEDICS:</p> <p>Hospital: <input type="checkbox"/> <input checked="" type="checkbox"/> PHYSICIAN(S) / HOSPITAL:</p> <p>ACT COMMITTED IN PRESENCE OF MINOR(S): <input checked="" type="checkbox"/> <input type="checkbox"/> NAMES/AGES: [REDACTED]</p> <p>H. R. S. NOTIFIED: <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>VICTIM PREGNANT: <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> <input checked="" type="checkbox"/> CASE #:</p> <p>PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> <input checked="" type="checkbox"/></p>							
I N F O R M A T I O N								
N A R R	<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>26</u> day of <u>November</u>, <u>2016</u>.</p> <p>CODLING, JEREMY R NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>							
	<p>SCANNED NOV 27 2016</p>							

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

ADMINISTRATIVE	Date / Time 11/26/2016 04:05	Agency Report Number 3 2 2016-017205	
	Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	

On 11-26-2016, at approximately 0315 hours, I was dispatched to [REDACTED] in reference to a domestic dispute.

Upon arrival, I met with the victim [REDACTED]. [REDACTED] advised she was sleeping and was awakened by Janaith Marquez coming home from work [REDACTED] advised when Janaith came into the apartment she began yelling at her [REDACTED], [REDACTED], who was on the couch sleeping to go sleep in her bedroom. Due to Janaith's yelling [REDACTED] woke up and told her to be quiet at which time Janaith push [REDACTED] in the chest. [REDACTED] advised she attempted to calm and restrain Janaith by placing her hands on Janaith's shoulders at which time Janaith bit [REDACTED]'s right thumb. [REDACTED] advised she called 911 and Janaith left the apartment.

I then spoke with Janaith Marquez who advised she came home from work and told [REDACTED] to go to bed. Janaith advised that [REDACTED] came out of her bedroom and got in her face and pushed her. Janaith stated she left the residence and was confronted by BRPD.

Based on my investigation and the physical evidence, Janaith Marquez was placed under arrest pursuant to FSS 784.03(1A1) simple battery (domestic) after she pushed and bit [REDACTED]. Janaith was turned over to Palm Beach County Jail for processing.

Pictures of [REDACTED] were taken and a written statement was placed into evidence. Ana was given the Legal Rights and Remedies Pamphlet.

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 26 day of November, 2016.

CODLING, JEREMY R

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

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NOV 27 2016

COURT

STATE ATTORNEY

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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#: 16-17205 Agency: BRPD
Offense: DDM Domestic Battery
Suspect/Offender: Janaiith Marquez
D.O.B. 4/23/90 Race: white Sex: Female

2. Warrant#(s): _____

3.a.



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: _____

SCANNED

Printed name of person waiving notification: _____

NOV 27 2016

Officer's Name: Keniston I.D.# 765 Date: 11/26/16

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

SUSPECT/OFFENDER:

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#: