

Jkt # 0427766

WOLF 10730 Ch SIS

ARREST / NOTICE TO APPEAR

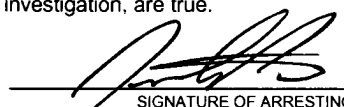
OBTS Number	Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 0 16-016779		1 Arrest 2 N.T.A. 3 Request for Warrant 4 Request for Captus 1	JUVENILE		
Charge Type: Check as many as apply: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input 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: None/not Applicable		Multiple Clearance Indicator 2					
Location of Arrest (Including Name of Business) 126 SE 7TH AVE				Location of Offense (Business Name, Address) 126 SE 7TH AVE, DELRAY BEACH, FL 33483						
Date of Arrest 11/02/2016	Time of Arrest 00:14	Booking Date 11/02/2016	Booking Time 00:24	Jail Date 11/02/2016	Jail Time 01:48	Location of Vehicle				
Name (Last, First, Middle) CARVALHO, JENNIFER LYNN										
Alias:										
Race W - White B - Black O - Oriental Asian W	Sex F	Date of Birth 02/25/1977	Height 5'02	Weight 145	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build MEDIUM		
Scars, Marks, Tattoos, Unique Physical Features - Location, Type, Description					Marital Status NOT INDICA	Religion	Indication of: Alcohol Influence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Drug Influence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>			
Local Address (Street, Apt. Number) (City) (State) (Zip) 126 SE 7TH AVE A, DELRAY BEACH, FL 33483					Phone (808) 647-0311		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1			
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 126 SE 7TH AVE A, DELRAY BEACH, FL 33483					Phone (808) 647-0311		Address Source VERBAL			
Business Address (Name, Street) (City) (State) (Zip) UNKNOWN,					Phone		Occupation			
D/L Number, State C614432775650 / FL		Sec. Sec. Number		INS Number		Place of Birth (City, State) WHAREHAAM, MA		Citizenship US		
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth				
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth				
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)						Residence Phone				
<input type="checkbox"/> Legal Custodian						Business Phone				
Address (Street, Apt. Number) (City) (State) (Zip)										
Notified by: (Name)				Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 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		
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 O - Opium/Deriv.	P - Paraphernalia/ Equipment S - Synthetic	U - Unknown Z - Other
Charge Description BATTERY ON OFFICER, FIREFIGHTER, EMT ETC						Statute Violation Number 784.07(2B)		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Captus Number		Bond		
N	N	/	16-016779	1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N					
Charge Description AGGRAVATED BATTERY W/ DEADLY WEAPON						Statute Violation Number 784.045(1A2)		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Captus Number		Bond		
N	N	/	16-016779	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	Warrant / Captus Number		Bond		
					<input type="checkbox"/> Y <input type="checkbox"/> N					
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 type="checkbox"/> Injuries				
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.I. County Jail						PROPERTY - Received By				
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health						Released By				
Transported By						Date Transported				
						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) South County 200 W Atlantic Ave Delray Beach, FL 33444				
						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 I 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.						No Photo Available				
Signature of Defendant (or Juvenile and Parent Custodian)						Date Signed				
HOLD for Other Agency						Name Verification (Printed by Arrestee)				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suspect <input type="checkbox"/> Other						(PRINT) SCANNED				
Intake Deputy						PAGE				
I.D. #						NOV 02 2016				
Pouch #						1 OF 1				
Signature of Arresting Officer PATEL, JESAL						I.D. # 1120				
Transporting Officer Lebkoc Arielle 1086 BBSP						Agency				
						Witness here if subject signed with an "X"				

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.I.O. ☐ DEFENDANT

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 11/02/2016 00:44	Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 16-016779
	Name (Last, First, Middle) CARVALHO, JENNIFER LYNN				Alias
D E F	Race W				Sex F
	Date of Birth 02/25/1977				
C H A R G E	Charge Description 784.045(1A2) AGGRAVATED BATTERY W/ DEADLY WEAPON				
	Victim's Name (Last, First, Middle) NATALE, FRANCIS ROBERT				
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) 126 SE 7TH AVE, DELRAY BEACH, FL 33483				Phone
	Business Address (Name, Street) (City) (State) (Zip)				Occupation
O B S E R V A T I O N S	DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): CALM, BLOODY		
	VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral				
R E L A T I O N S H I P	RELATIONSHIP BETWEEN VICTIM & SUSPECT BOYFRIEND				
	<p>PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO CALLER: FRANK NATALE</p> <p>WEAPON USED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO TYPE: UNKNOWN</p> <p>WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If YES, attach witness list)</p> <p>INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>MEDICAL TREATMENT: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>AT: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO PARAMEDICS: DBFD</p> <p>Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PHYSICIAN(S) / HOSPITAL:</p> <p>ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NAMES/AGES:</p> <p>H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CASE #:</p> <p>PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>				
N A R R	<p>The following incident occurred in the city of Delray Beach in Palm County Florida.</p> <p>On 11/2/2016, I was dispatched to 126 SE 7th Ave in reference to a domestic battery. Upon arrival, I made contact with the victim a while male later identified as Frank Natale. Natale stated that he was sleeping in bed when his girlfriend the defendant Jennifer Carvalho attacked him. Natale stated that he thinks Carvalho</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>2</u> day of <u>November</u>, <u>2016</u>.</p> <p>CAMBELL, BRIAN NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)</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 11/02/2016 00:44		
	Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 16-016779

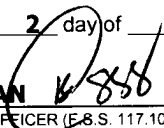
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 kicked him with her cast foot in the head. Natale had a laceration on the right side of his forehead with blood continuing to pour out. DBFD was called to the scene to tend to Natale's wound. Natale was treated on scene but refused to go to the hospital.
 I then made contact with the defendant Jennifer Carvalho. Carvalho stated that Natale cut himself and that she had nothing to do with it. When asked how Natale cut himself Carvalho could not give a response. Carvalho also stated that she and friends were out drinking prior to this incident. Carvalho smelled of alcohol and was not making any sense when answering questions. The only thing she kept saying was "that this is her house." Carvalho was placed under arrest (handcuffed, double locked, and checked for tightness). As I was leaving with Carvalho Ofc. Collaretti opened the front gate to exit yard. While in the process of doing that Carvalho kicked the gate out of Ofc. Collaretti's hand. Carvalho was informed to by officers to calm down and relax. As Ofc. Collaretti and I were placing Carvalho in the back of the patrol car to seat belt her she slid back and started to kick her feet. While Carvalho was kicking her feet she kicked me on the right side of my chest. Throughout the whole arrest process Carvalho was uncooperative and acting belligerent. Carvalho was transported to the DBPD for processing and then later transported to County Jail.
 Based on the above facts, Probable Cause exists to charge Jennifer Carvalho with Aggravated Battery with deadly weapon W/O intent to kill per FSS 784.045(1A2) and Battery on an officer per FSS 784.07(2B).

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 2 day of November, 2016.


CAMBELL, BRIAN

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

COURT

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