

JKT# 0427766

WCF 107308ch SIS
AmB

ARREST / NOTICE TO APPEAR

OBTS Number			1 Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE			
Agency ORI Number 0500400		Agency Name Delray Beach Police Department			Agency Report Number (N.T.A.'s only) 4 0 16-016779						
Charge Type: Check as many as apply: 1. Felony 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: None/not Applicable						
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	Sex M - American Indian F - Oriental Asian	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					
Local Address (Street, Apt. Number) 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) 126 SE 7TH AVE A, DELRAY BEACH, FL 33483					Phone (808) 647-0311		Address Source VERBAL				
Business Address (Name, Street) UNKNOWN					Phone		Occupation				
D/L Number, State C61443277560 / FL		Soc. 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"/> Legal Custodian		Name (Last, First, Middle)							Residence Phone		
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 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 D. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperses/ 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 N	Drug Type	Amount / Unit /	Offense # 16-016779	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number				Bond	
Drug Activity N	Drug Type	Amount / Unit /	Offense # 16-016779	Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number				Statute Violation Number 784.045(1A2)	Bond
Charge Description								Statute Violation Number		Violation of ORD #	
Drug Activity N	Drug Type	Amount / Unit /	Offense #	Counts 1	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 N	Drug Type	Amount / Unit /	Offense #	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" 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 type="checkbox"/> Injuries Explain:			
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		T.O.T. County Jail		PROPERTY - Received By		Released By			
Transported By								Date Transported / / : :	Time Transported	Other NOV 14 2016	
<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			
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 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.								Court Date and Time NOV 02 2016			
Signature of Defendant (or Juvenile and Parent Custodian)								Date Signed			
HOLD for Other Agency				Signature of Arresting Officer PATEL, JESAL				Name Verification (Printed by Arrestee) (PRINT) SCANNED			
ADMIN		<input type="checkbox"/> Dangerous <input type="checkbox"/> Surrender		Name of Arresting Officer (Print) PATEL, JESAL		I.D. # 1120					
Intake Deputy		I.D. # Lebkos Arielle 1086	Pouch # BBT77	Transporting Officer Lebkos Arielle 1086 BBT77		I.D. #	Agency	PAGE 1 OF 1			
Witness here if subject signed with an initials											

 COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS P.I.O. DEFENDANT
No
Photo
Available

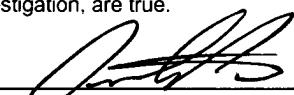
NOV 02 2016

8:25

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 11/02/2016 00:44	AFFIDAVIT																													
E F	Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 16-016779																												
D E F	Name (Last, First, Middle) CARVALHO, JENNIFER LYNN	Alias	Race W	Sex F Date of Birth 02/25/1977																											
C H R G	Charge Description 784.045(1A2) AGGRAVATED BATTERY W/ DEADLY WEAPON																														
V i C T I M	Victim's Name (Last, First, Middle) NATALE, FRANCIS ROBERT			Race W Sex M Date of Birth 10/07/1963																											
Local Address (Street, Apt. Number) 126 SE 7TH AVE, DELRAY BEACH, FL 33483		(City)	(State)	(Zip)																											
Business Address (Name, Street)		(City)	(State)	(Zip)																											
DEFENDANT'S STATEMENTS:		Written <input type="checkbox"/>	Taped <input type="checkbox"/>	Oral <input checked="" type="checkbox"/>																											
VICTIM'S STATEMENTS:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																											
OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): CALM, BLOODY																															
RELATIONSHIP BETWEEN VICTIM & SUSPECT BOYFRIEND																															
<table> <tr> <td>PHOTOGRAPHS:</td> <td>Scene: <input checked="" type="checkbox"/></td> <td>NO <input type="checkbox"/></td> </tr> <tr> <td>Victim:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>911 CALL:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>WEAPON USED:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>WITNESSES:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>INJURIES:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>MEDICAL TREATMENT:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>AT: Scene:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Hospital:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>					PHOTOGRAPHS:	Scene: <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	Victim:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WEAPON USED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WITNESSES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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"/>	Hospital:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PHOTOGRAPHS:	Scene: <input checked="" type="checkbox"/>	NO <input type="checkbox"/>																													
Victim:	<input checked="" type="checkbox"/>	<input type="checkbox"/>																													
911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>																													
WEAPON USED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>																													
WITNESSES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>																													
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"/>																													
Hospital:	<input type="checkbox"/>	<input checked="" type="checkbox"/>																													
<table> <tr> <td>CALLER:</td> <td>FRANK NATALE</td> </tr> <tr> <td>TYPE:</td> <td>UNKNOWN</td> </tr> <tr> <td colspan="2">(If YES, attach witness list)</td> </tr> </table>					CALLER:	FRANK NATALE	TYPE:	UNKNOWN	(If YES, attach witness list)																						
CALLER:	FRANK NATALE																														
TYPE:	UNKNOWN																														
(If YES, attach witness list)																															
<table> <tr> <td>PARAMEDICS:</td> <td>DBFD</td> </tr> <tr> <td>PHYSICIAN(S) / HOSPITAL:</td> <td></td> </tr> </table>					PARAMEDICS:	DBFD	PHYSICIAN(S) / HOSPITAL:																								
PARAMEDICS:	DBFD																														
PHYSICIAN(S) / HOSPITAL:																															
<table> <tr> <td>ACT COMMITTED IN PRESENCE OF MINOR(S):</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>NAMES/AGES:</td> </tr> <tr> <td>H. R. S. NOTIFIED:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>VICTIM PREGNANT:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>VIOLATION OF RESTRAINING ORDER:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>CASE #:</td> </tr> </table>					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 #:													
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 #:																												
<table> <tr> <td>PRIOR HISTORY OF DOMESTIC VIOLENCE:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>ALCOHOL OR DRUGS INVOLVED:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>					PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ALCOHOL OR DRUGS INVOLVED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>																					
PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>																													
ALCOHOL OR DRUGS INVOLVED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>																													
<p>The following incident occurred in the city of Delray Beach in Palm County Florida. 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 white 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></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 <i>[Signature]</i></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.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

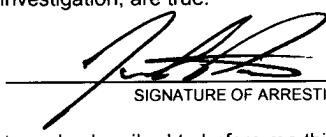
A	Date / Time
D	11/02/2016 00:44
M	Agency ORI Number
I	FL 0500400
N	

Agency Name	Agency Report Number
DELRAY BEACH POLICE DEPARTMENT	4 0 16-016779

N kicked him with her cast foot in the head. Natale had a laceration on the right side of his forehead with A blood continuing to pour out. DBFD was called to the scene to tend to Natale's wound. Natale was treated on R 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 A had nothing to do with it. When asked how Natale cut himself Carvalho could not give a response. Carvalho R also stated that she and friends were out drinking prior to this incident. Carvalho smelled of alcohol and was A not making any sense when answering questions. The only thing she kept saying was "that this is her house." T Carvalho was placed under arrest (handcuffed, double locked, and checked for tightness). As I was leaving with I Carvalho Ofc. Collaretti opened the front gate to exit yard. While in the process of doing that Carvalho E 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).

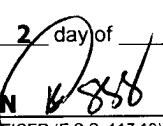
STATE OF FLORIDA
COUNTY OF PALM BEACH

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.S. 117.10)