

5051057 2019CF008283AMB P764

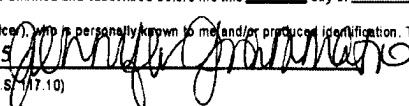
ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

ADMINISTRATIVE	OBTS Number	Agency ORI Number <b>FLO 50000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-19-10991</b>		Weapon Seized / Type <b>2 1. Yes 2. No</b>		Multiple Charge Indicator		
	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	Location of Arrest (Including Name of Business) <b>WELLINGTON HOSPITAL 10101 FOREST HILL BLVD WELLINGTON, FL 33414</b>		Location of Offense (Business Name, Address) <b>6711 BELVEDERE ROAD, WEST PALM BEACH, FLORIDA 33413</b>		
DEFENDANT	Date of Arrest <b>08/30/2019</b>	Time of Arrest <b>16:52</b>	Booking Date <b>08/30/2019</b>	Booking Time	Jail Date	Jail Time	Name (Last, First, Middle) <b>Logiudice, Jessica, Eve</b>		Aliases (Name, DOB, Soc. Sec. #, Etc.)			
	Race <b>W - White 1 - American Indian, B - Black 0 - Oriental/Asian</b>		Sex <b>F</b>	Date of Birth <b>08/07/1978</b>	Height <b>5'07</b>	Weight <b>170</b>	Eye Color <b>BLUE</b>	Hair Color <b>BROWN</b>	Complexion <b>LIGHT</b>	Build <b>MED</b>		
DEFENDANT	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>UNKNOWN</b>						Marital Status <b>MARRIED</b>	Religion <b>NONE</b>	Indication of Alcohol Influence Drug Influence		Citizenship <b>USA</b>	
	Local Address (Street, Apt. Number) <b>330 Virginia St Apt 16, Hollywood, FL 33019</b>				(City)	(State)	(Zip)	Phone <b>(305) 747-8912</b>	Residence Type: 1. City 2. County 3. Outside of State		Address Source <b>DAVID</b>	
	Permanent Address (Street, Apt. Number)				(City)	(State)	(Zip)	Phone	Occupation <b>DAY LABOR</b>			
	Business Address (Name, Street)				(City)	(State)	(Zip)	Phone				
CO-DEF	DL Number, State <b>L232425787870, FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>MIAMI BEACH, FLORIDA</b>		Citizenship <b>USA</b>			
	Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Misdemeanor <input type="checkbox"/> 3. Juvenile		
JUVENILE	Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Misdemeanor <input type="checkbox"/> 3. Juvenile		
	Parent / Legal Custodian / Other			Address (Street, Apt. Number)		(City)	(State)	(Zip)	Residence Phone		Business Phone	
	Notified by: (Name)			Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated						
	Released To: (Name)			Relationship		Date	Time					
CODE	The above address 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 (Phone 355-2526) informed of any change of address.						School Attended		Grade			
	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Description of Property			Value of Property					
CHARGE	Drug Activity S. Sell N. N/A P. Possess		R. Smuggle D. Deliver E. Use	K. Dispense/Distribute	M. Manufacture/Production/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	Violation of ORD #	
	Charge Description <b>AGGRAVATED BATTERY W/WEAPON</b>		Counts	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>784.045 1A2</b>		Warrant / Capias Number				Violation of ORD #	
CHARGE	Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number				Violation of ORD #		
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Warrant / Capias Number				Violation of ORD #	
CHARGE	Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number				Violation of ORD #		
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Warrant / Capias Number				Violation of ORD #	
CHARGE	Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number				Violation of ORD #		
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Warrant / Capias Number				Violation of ORD #	
NOTICE TO APPEAR	Location (Court, Room Number, Address)											
	Court Date and Time Month Day Year Time AM PM <b>08/30/2019 5:20 PM</b>											
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT IF I 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 <b>08/30/2019</b>						
ADMIN	HOLD for other Agency Name:			Signature of Arresting Officer <b>R. JAQUES</b>			Name Verification (Printed by Arrestee) <b>R. JAQUES</b>					
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:			Name of Arresting Officer (Print) <b>R. JAQUES</b>			ID # <b>23160</b>					
Intake Deputy <b>D/S B. SHATARA #7623</b>			Transporting Officer <b>R. JAQUES</b>			ID # <b>23160</b>						
Agency <b>PBSO</b>			Witness here if subject signed with an -X-					PAGE <b>1 OF 1</b>				

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (ONLY)

SCANNED  
AUG 31 2019

<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	<b>1</b>	Juvenile	<b>N</b>
OBTS Number		Agency Name		Agency Report Number		
FLO 500000		PALM BEACH COUNTY SHERIFF'S OFFICE		06-19-109911		
Charge Type: Check as many as apply.		Special Notes:				
<input checked="" type="checkbox"/> 1. Felony		<input type="checkbox"/> 3. Misdemeanor				
<input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 4. Traffic Misdemeanor				
<input type="checkbox"/> 5. Ordinance		<input type="checkbox"/> 6. Other				
Name (Last, First, Middle)		Alias		Race	Sex	Date of Birth
Logiudice, Jessica, Eve				W	F	08/07/1974
Charge Description		Charge Description				
AGGRAVATED BATTERY W/WEAPON		784.045 1A2				
Charge Description		Charge Description				
Victim's Name (Last, First, Middle)		Race		Sex	Date of Birth	
Anny, Jean, Serge		B		M	05/19/1976	
Local Address (Street, Apt. Number)		(City)	(State)	(zip)	Phone	
330 Virginia St Apt 16, Hollywood, FL 33019					( )	
Business Address (Name, Street)		(City)	(State)	(zip)	Phone	
					( )	
Address Source		Occupation				
FL ID CARD		DAY LABOR				
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (describe ) investigation.</p> <p>On the <u>30TH</u> day of <u>AUGUST</u> 20<u>19</u> at <u>14:45</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><b>On 08/30/2019 I responded to Amazon located at 6711 Belvedere Road in West Palm Beach, Florida in reference to a battery.</b></p> <p><b>I arrived and was met with the complainant identified as Jessica Logiudice. Logiudice stated that her husband of 2 weeks identified as Jean Anny had struck her in the forehead with a metal pipe. She stated he attacked her for no apparent reason. She stated her husband was looking at another woman at their job where they are day laborers. She stated she confronted him and he then took the pipe at hit her. She stated she was struck in the forehead. It should be noted that Logiudice is fair skin and she did not have a red mark, bump or anything else to indicate she was struck with a metal pipe. Rescue was called and she wanted to go to the hospital due to feeling dizzy.</b></p> <p><b>I spoke to Anny through a translator as he speaks Creole. He stated he never struck her nor touched her. He stated she confronted him and he attempted to walk away when he was struck in the back of the leg with a hammer. He refused treatment.</b></p> <p><b>I then spoke to several witnesses inside separately. All stated that they were working and she thought he was looking at another woman. They all stated that she attacked him physically throwing punches and slapping him. He attempted to walk away and she picked up a hammer and intentionally threw it at him striking him in the back of the leg. Two witnesses would not complete a statement however one did complete a sworn written statement. The witnesses also wanted it to be noted that on the previous day, she pulled a box cutter on him and threatened to cut him. Law enforcement was never notified.</b></p> <p><b>After medical clearance, Logiudice was placed into custody for violating Florida State Statue 784.045 1A2, aggravated battery with a deadly weapon, domestic in nature. Logiudice was transported to the Palm Beach County Jail.</b></p>						
STATE OF FLORIDA COUNTY OF PALM BEACH		<b>R. JAQUES</b>				
(Signature of Arresting/Investigative Officer)						
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>30th</u> day of <u>AUGUST</u> 20 <u>19</u> by <u>D/S R. Jaques</u>						
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced						
D/ GRAMMATICO/28985 						
Notary Public, Clerk of Court, Officer (F.S.S. 17.10)						

**PALM BEACH COUNTY SHERIFF'S OFFICE – SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS  VICTIM  OTHER

CASE #: 19-10991	ZONE: 3-23	SUSPECT: Jessica Loguidice	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 8/30/19
EVENT TYPE: Ass. Batt / Domestic		DEPUTY: R. J. Juss	ID#: 23160

**COMPLETE EVERYTHING BELOW – PRINT LEGIBLY**

LAST NAME: Torres	FIRST NAME: Nicole	MIDDLE INITIAL: R	RACE: W	SEX: F
DATE OF BIRTH: 10/21/1981	YOUR HEIGHT: 56	YOUR WEIGHT: 140	YOUR HAIR COLOR: Brown/Blond	YOUR EYE COLOR: Brown
YOUR HOME ADDRESS: 2918 NW 18th Av		<input type="checkbox"/> CHECK IF HOMELESS	CITY: Margate	STATE: FLA
YOUR WORK NAME & ADDRESS: Deepe Realty		<input type="checkbox"/> CHECK IF UNEMPLOYED	CITY: Tamarac	STATE: FL
WORK PHONE: <input type="checkbox"/> CHECK IF NONE (AREA CODE)	CELL PHONE: <input type="checkbox"/> CHECK IF NONE (AREA CODE) 954-20-2052	HOME PHONE: <input type="checkbox"/> CHECK IF NONE (AREA CODE)	EMAIL:	<input type="checkbox"/> CHECK IF NONE

**WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY**

YOUR NAME: 1 Nicole Torres	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>witnessed co-worker Jessica hit her husband several times on job site, she pulled out boxcutter on him yesterday, hit him with a mallet, cause he accidentally tapped her hand that assembling a product. Today she also flashed her chest to me and stuck her tongue out.</p>	
PAGE <u>1</u> OF <u>1</u>	

**READ AND SIGN**

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	<input checked="" type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10
YOUR SIGNATURE: <u>Nicole Torres</u>	SWORN TO AND SUBSCRIBED BEFORE ME TODAY: DATE: 8/30/19 TIME: 15:45 SIGNATURE: <u>[Signature]</u> ID: 23160

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.  I DO NOT WISH TO PROSECUTE (INITIAL \_\_\_\_\_)



# VICTIM NOTIFICATION FORM

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

- Homicide (Ch. 782)
- Attempted Murder
- Stalking (F.S. 784.048)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense

- **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 #: 19-109911 Agency: PBSO  
Offense: AGGRAVATED BATTERY W/WEAPON  
Suspect/Offender: Logiudice, Jessica, Eve  
D.O.B. 08/07/1978 Race: W Sex: F

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

3. a. Victim's name: Anny, Jean, Serge D.O.B. 05/19/1976 Race: B Sex: M  
Address: 330 Virglna St Apt 16  
City: Hollywood, FL 33019  
Home #- 0 Work #: 0 Other: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
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:** I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

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

Printed name of person waiving notification: Anny, Jean, Serge

Deputy's Name: D/S R. Jaques I.D.# 23160 Date: 08/30/2019  
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER:

**Logiudice, Jessica, Eve**

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#



**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

<b>Booking Number:</b> 2019028467	<b>Date:</b> 08/31/2019
	<b>Specialist Name/ID:</b> AM/31562