

0436173

12MM12158

ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest 3. Request for Warrant
2. N.T.A. 4. Request for Capias

1 Juvenile

ADMINISTRATIVE	OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		Agency Report Number (N.T.A.'s only)						
	Agency ORI Number		Agency Name		7 8 - 1 - 123966						
FLO 5 0 2 6 0 0		PALM BEACH GARDENS POLICE DEPT.		7 8 - 1 - 123966		1					
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					
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)									
10154 Apsen Way Palm Beach Gardens FL		10154 Apsen Way Palm Beach Gardens FL									
Date of arrest		Time of Arrest		Booking Date	Booking Time	Jail Date	Jail Time				
073012 1649											
Location of Vehicle		10154 Apsen Way Palm Beach Gardens FL									
Name (Last, First, Middle)		Alias (Name, DOB, Soc. Sec. #, Etc.)									
Saunders Jessica M.		None known									
Race W - White B - Black		Sex I - American Indian O - Oriental/Asian		Date of Birth W/F 01-25-91	Height 5'-5"	Weight 140	Hair Color Brown				
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status Single	Eye Color Blue	Hair Color Brown	Complexion Fair				
Local Address (Street, Apt. Number)		(City)		(State)	(Zip)	Phone	Indication of: Alcohol Influence Drug Influence				
10154 Apsen Way		Palm Beach Gardens		FL	33410	10154 Apsen Way	Y N Unk.				
Permanent Address (Street, Apt. Number)		(City)		(State)	(Zip)	Phone	Residence Type: 1. City 2. County				
						(813) 957-3098	3. Florida 4. Out of State				
Business Address (Name, Street)		(City)		(State)	(Zip)	Phone	Occupation				
(RE)						()	Student				
D.L. Number, State 5536433915-250		Soc. Sec. Number 093789853		INS Number		Place of Birth (City, State)	Citizenship				
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				
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		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 Dept. and Released 2. For H.S.D.Y. 3. Incarcerated					
Released To: (Name)				Relationship		Date					
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: (Name) <input type="checkbox"/> No: (Reason)						Time					
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property					
CODE	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/Deri	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
CHARGE	Charge Description Batters Sample		Counts 01	Domestic Violence □ Y □ N	Statute Violation Number 789103				Violation of ORD #		
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number				Bond		
CHARGE	Charge Description		Counts	Domestic Violence □ Y □ N	Statute Violation Number				Violation of ORD #		
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number				Bond		
CHARGE	Charge Description		Counts	Domestic Violence □ Y □ N	Statute Violation Number				Violation of ORD #		
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number				Bond		
CHARGE	Charge Description		Counts	Domestic Violence □ Y □ N	Statute Violation Number				Violation of ORD #		
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number				Bond		
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 <input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		Location (Court, Room Number, Address)								
			Court Date and Time		Month	Day	Year	Time	8:30	A.M.	P.M.
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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED											
Signature of Defendant (or Juvenile and Parent/ Custodian) Date Signed SCANNED JUL 31 2012 15:45:16											
ADMIN.	HOLD for other Agency Name:		Signature of Arresting Officer X		Name Verification (Printed by Operator) (PRINT)				JUL 30 2012 16:08:13		
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) will/Sen		I.D. # 2199			PAGE	
	Intake Deputy		Pouch #		Transporting Officer I.D. # 408		Agency PBGPD			OF /	
Witness here if subject signed with an "X" / OF /											

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 07/30/2012 17:01	Agency Name PALM BEACH GARDENS POLICE			Agency Report Number 7 8 12-003966		
D E F	Name (Last, First, Middle) SNIDER, JESSICA MARIE	Alias			Race W	Sex F	Date of Birth 01/25/1991
C H R G	Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)						
V I C T I M	Victim's Name (Last, First, Middle) SNIDER, PATRICIA KATHLEEN				Race W	Sex F	Date of Birth 05/09/1954
Local Address (Street, Apt. Number) 10154 ASPEN WAY, PALM BEACH GDNS, FL 33410				(City) (State) (Zip)	Phone (561) 799-4100	Address Source SELF	
Business Address (Name, Street) PBG				(City) (State) (Zip)	Phone	Occupation CLERK	
DEFENDANT'S STATEMENTS: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): REDNESS ON UPPER LEFT ARM			
RELATIONSHIP BETWEEN VICTIM & SUSPECT MOTHER/DAUGHTER							
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"/> <input type="checkbox"/>	NO				
	Victim:	<input checked="" type="checkbox"/> <input type="checkbox"/>					
	911 CALL:	<input type="checkbox"/> <input checked="" type="checkbox"/>	CALLER:				
	WEAPON USED:	<input type="checkbox"/> <input checked="" type="checkbox"/>	TYPE:				
	WITNESSES:	<input type="checkbox"/> <input checked="" type="checkbox"/>	(If YES, attach witness list)				
	INJURIES:	<input checked="" type="checkbox"/> <input type="checkbox"/>					
	MEDICAL TREATMENT:	<input type="checkbox"/> <input checked="" type="checkbox"/>					
	AT: Scene:	<input type="checkbox"/> <input type="checkbox"/>	PARAMEDICS:				
	Hospital:	<input type="checkbox"/> <input 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 type="checkbox"/> <input checked="" type="checkbox"/>						
N A R R	On 7/30/12, at approximately 4:07 pm, I was dispatched to 10154 Aspen Way, Palm Beach Gardens, Palm Beach County, Florida, in reference to a report of a domestic dispute between mother and daughter.						
	On arrival, I met with Sgt. Glass who spoke to victim Patricia Snider who advised the following.						
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, <u>GUILLEN, EDUARDO</u> personally known to me, who, being first duly sworn, says that the facts above based upon my investigation, are true.							
SIGNATURE OF ARRESTING OFFICER <u>GUILLEN, EDUARDO</u>							
Sworn to and subscribed to before me this <u>30</u> day of <u>July</u> , <u>2012</u> .							
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 77.10)							
ROB BROWN, CLERK Palm Beach County, FL JAIL BRANCH							
2012 JUL 31 AM 5:41							

SCANNED

JUL 31 2012

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 07/30/2012 17:01	Palm Beach County Narrative Continuation		
	Agency ORI Number FL 0502600	Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 12-003966	

Earlier this day Patricia and her daughter, Jessica Snider were arguing when Jessica began punching herself in the head stating she wanted to kill herself. She then picked up a glass coaster and began striking herself in the head again stating she wanted to kill herself. Jessica then turned her aggression toward Patricia and struck her two times with a closed fist striking her upper left arm causing minor swelling and redness. Patricia then called the police.

E When I arrived on scene I spoke to Patricia who reiterated the aforementioned statement. She then displayed her upper left arm and I observed minor redness.

Det. Rigney and I attempted to speak to Jessica however she was argumentative and repeatedly asked questions regarding what the Palm Beach County Jail was like and if she would be in a cell by herself.

Based on the results of my investigation, Jessica Snider is charged with simple battery, domestic related, contrary to F.S.S. 784.03(1). In addition to this arrest, an involuntary Baker Act was completed on Jessica due to her current mental state and desire to harm herself. She was transported to the Palm Beach County Jail without incident.

Patricia Snider completed a sworn witness statement and was issued a Domestic Violence Notice of Legal Rights and Remedies packet. A Victim Notification form was also completed. Nothing further.

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 30 day of July, 2012

GUILLEN, EDUARDO
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.G.S. 1/1/10)

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 1710)

SCANNED
JUL 31 2012

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

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