

## ARREST / NOTICE TO APPEAR

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

JUVENILE

1

AD M I N I S T R A T I O N	OBTS Number		Agency ORI Number <b>0500800</b>		Agency Name <b>West Palm Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>9   4   2017-0015009</b>	
D E F E N D A N T	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 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: <b>Hands/feet/teeth</b>		Multiple Clearance Indicator			
	Location of Arrest (Including Name of Business) <b>10022 NORTHLAKE BLVD</b>				Location of Offense (Business Name, Address) <b>10022 NORTHLAKE BLVD 10022, WEST PALM BEACH, FL</b>			
	Date of Arrest <b>08/06/2017</b>		Time of Arrest <b>18:11</b>		Booking Date		Booking Time	
	Jail Date		Jail Time		Location of Vehicle			
J U V E N I L E	Name (Last, First, Middle) <b>SALCEDO, JIMIESHA</b>							
	Alias:							
	Race W - White B - Black O - Oriental/Asian <b>W</b>		Sex <b>F</b>		Date of Birth <b>04/15/1993</b>		Height <b>5'03</b>	
	Weight <b>150</b>		Eye Color <b>BLUE</b>		Hair Color <b>BLOND OR</b>		Complexion <b>LIGHT</b>	
	Build <b>S</b>		Marital Status <b>M</b>		Religion		Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
	Local Address (Street, Apt. Number) <b>10022 IBIS RESERVE CIR 1022, WEST PALM BEACH, FL 33401</b>				(City) <b>WEST PALM BEACH</b>		(Zip) <b>33401</b>	
	Permanent Address (Street, Apt. Number) <b>10022 IBIS RESERVE CIR 1022, WEST PALM BEACH, FL 33401</b>				(City) <b>WEST PALM BEACH</b>		(Zip) <b>33401</b>	
	Business Address (Name, Street) <b>ANDERSON, IN</b>				(City) <b>ANDERSON, IN</b>		(Zip) <b>46011</b>	
	D/L Number, State <b>/</b>		Soc. Sec. Number <b>[REDACTED]</b>		INS Number		Place of Birth (City, State) <b>ANDERSON, IN</b>	
	Citizenship <b>US</b>							
C O D E F	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
C H A R G E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)					
	<input type="checkbox"/> Legal Custodian		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.		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property	
	<input type="checkbox"/> Yes, by: _____		<input type="checkbox"/> No: _____		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		Statute Violation Number <b>784.03(1)(A)</b>	
	Charge Description <b>BATTERY - BATTERY (SIMPLE)</b>		Drug Activity		Drug Type <b>N</b>		Amount / Unit <b>/</b>	
	Offense # <b>2017-0015009</b>		Counts <b>1</b>		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number	
	C H A R G E	Charge Description		Drug Activity		Drug Type		Amount / Unit
Offense #		Counts		Domestic Violence		Warrant / Capias Number		
Statute Violation Number		Violation of ORD #		Bond				
C H A R G E	Charge Description		Drug Activity		Drug Type		Amount / Unit	
	Offense #		Counts		Domestic Violence		Warrant / Capias Number	
	Statute Violation Number		Violation of ORD #		Bond			
C H A R G E	Charge Description		Drug Activity		Drug Type		Amount / Unit	
	Offense #		Counts		Domestic Violence		Warrant / Capias Number	
	Statute Violation Number		Violation of ORD #		Bond			
I N T A K E	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 type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> PROPERTY - Received By <input type="checkbox"/> Released By <input type="checkbox"/> Released To				Explain:			
	Transported By				Date Transported		Time Transported	
N O T I C E T O A P P E A R	<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)			
	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.				Court Date and Time			
	Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed			
A D V E R S E	HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)			
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>VENIER, RYAN</b>		I.D. # <b>01835</b>		(PRINT)	
	Intake Deputy <b>[Signature]</b>		Pouch #		Transporting Officer <b>[Signature]</b>		I.D. #	
Agency		Witness here if subject signed with an "X".		PAGE 1 OF 1				

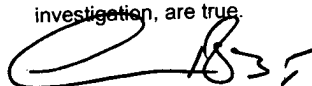
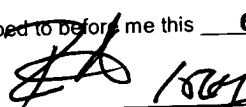
☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ DEFENDANT

AUG 07 2017

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>08/06/2017 18:13</b>	Agency ORI Number <b>FL 0500800</b>		Agency Name <b>WEST PALM BEACH POLICE DEPARTMENT</b>		Agency Report Number <b>9   4   2017-0015009</b>		
	Name (Last, First, Middle) <b>SALCEDO, JIMIESHA</b>					Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>04/15/1993</b>
C H A R G E	Charge Description <b>784.03(1) BATTERY - BATTERY (SIMPLE)</b>					Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>12/29/1992</b>
	Victim's Name (Last, First, Middle) [REDACTED]					Phone [REDACTED]	Address Source [REDACTED]	
V I C T I M	Business Address (Home, Office) [REDACTED]					Phone [REDACTED]	Occupation [REDACTED]	
	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>UPSET</b>					
VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>								
RELATIONSHIP BETWEEN VICTIM & SUSPECT [REDACTED]								
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"/> YES <input type="checkbox"/> NO							
	Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
	911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		CALLER: <b>VICTIM AND OFFENDER</b>					
	WEAPON USED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TYPE: <b>HANDS</b>					
	WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		(If YES, attach witness list)					
	INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
	MEDICAL TREATMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
	AT: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PARAMEDICS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PHYSICIAN(S) / HOSPITAL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		NAMES/AGES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CASE #: <b>INDIANA</b>						
PRIOR HISTORY OF DOMESTIC VIOLENCE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO								
ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
N A R R	On 8-6-17 at approx. 1655 Hrs. I responded to [REDACTED] in reference to a Domestic Battery call. Upon arrival, I made contact with victim, [REDACTED] who advised he was in an argument with his [REDACTED] Jimiesha Salcedo at their home today. The argument was over "cheating" and photos in one another's cellphone. During the argument, [REDACTED] advised that J Salcedo attacked him. He stated that she hit and scratched him.							
	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 <u>6</u> day of <u>August</u> , <u>2017</u> .  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)							

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS  
SCANNED

P.I.O.

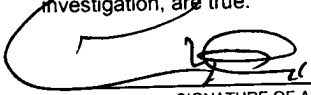
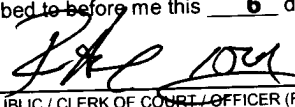
AUG 07 2017

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

Narrative Continuation

A D M I N  N A R R A T I V E	Date / Time <b>08/06/2017 18:13</b>	Agency ORI Number <b>FL 0500800</b>		Agency Name <b>WEST PALM BEACH POLICE DEPARTMENT</b>	Agency Report Number <b>9   4   2017-0015009</b>
	<p>He stated this his happened many times in the past. I observed a large scratch on his neck on the right side which starts at the center of his neck and goes down to his chest. This injury is apparently from J Salcedo's nail.</p> <p>The couple is [REDACTED] and have one child, Isabella Salcedo. J Salcedo has another child who lives in this home, Nicholas Kellen. The two have been [REDACTED] and recently moved to Florida from Indiana where [REDACTED] advised that had previous domestic issues where the PD was notified.</p> <p>I made contact with J Salcedo who advised she was in an argument with [REDACTED] and during the argument, she was attacked. She stated the scratch on her husband was in self defense. She stated she has been trying to leave him and get on with her life but has failed to do so. The only marks on J Salcedo where redness around her wrist as if [REDACTED] was holding her wrists as to stop her from hitting him. J Salcedo was sunburned at the time, so any injures were difficult to observe.</p> <p>Due to the statements and the injuries consistent with [REDACTED] recollection, J Salcedo was handcuffed (double locked and checked for fit) and placed in the rear of my patrol vehicle.</p> <p>Due to the fact that J Salcedo did intentionally strike [REDACTED] against his will, probable cause exists for the charge of Domestic Battery per F.S.S. 784.03(1)</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>6</u> day of <u>August</u>, <u>2017</u>.</p> <p> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>				

SCANNED

AUG 07 2017  
CRIME ANALYSIS

P. I. O.

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

## VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes.

- **Homicide** (Ch 782)
- **Sexual Offense** (Ch. 794)
- **Attempted Murder**
- **Attempted Sexual Offense**
- **Stalking** (S. 784.048)
- **Domestic Violence** - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. 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 # 17-15009 Agency: WPBRD  
Offense: Domestic Battery  
Suspect/Offender: Jimiesha Salcedo  
D.O.B. 4-15-93 Race: W Sex: F
2. Warrant #(s) \_\_\_\_\_
3. Complete one (1) of the following:
  - a. Victim's name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Home: \_\_\_\_\_
  - b. Victim's next of kin: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work#: \_\_\_\_\_ Other: \_\_\_\_\_
  - c. Victim's designated contact other than next of kin (for example: a friend or neighbor):  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work#: \_\_\_\_\_ Other: \_\_\_\_\_
4. Relevant identification or case numbers assigned to the case (please specify).  
\_\_\_\_\_

**WAIVER:** I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

**SCANNED**

**AUG 07 2017**

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

Printed name of person waiving notification: \_\_\_\_\_

Officer's Name: Aryan Venier I.D.: 1835 Date: 8/6/17