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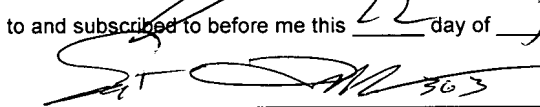
OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile	
Agency ORI Number FLO 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPT.		Agency Report Number (N.T.A.'s only) 7 8 1 7 100 3 7 4 5					
Charge Type: Check 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		Multiple Clearance Indicator					
Location of Arrest (Including Name of Business) 4200 NORTHLAKE BLVD, PBL FL		Location of Offense (Business Name, Address) SAME AS ARREST 4200 Northlake Blvd PBL FL							
Date of arrest 0.6.22.17		Time of Arrest 8.3.55		Booking Date		Booking Time		Jail Date	
Jail Time		Location of Vehicle							
Name (Last, First, Middle) CARDONA, JOSEPH ANTHONY		Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White B - Black		Sex M		Date of Birth 1.0.27.9.0		Height 509		Weight 200	
Eye Color BRD		Hair Color BLK		Complexion MED		Build MED			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) R ARM, NECK		Marital Status		Religion		Indication of: Alcohol Influence Drug Influence		Y N Unk	
Local Address (Street, Apt. Number) 821 SNYDER BEACH RD		(City) LAKE PARK		(State) FL		(Zip) 33403		Phone (813) 502-3714	
Permanent Address (Street, Apt. Number) SAME AS LOCAL		(City)		(State)		(Zip)		Residence Type: 1. City 2. County 3. Florida 4. Out of State	
Business Address (Name, Street)		(City)		(State)		(Zip)		Address Source SELF	
D/L Number, State C635481903870 (FL)		Soc. Sec. Number		INS Number		Place of Birth (City, State) FT. LAUDERDALE		Citizenship US	
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"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. 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"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 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. TOT HRS/DYS 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					
Property Crime? <input type="checkbox"/> Yes <input 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		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 7.8.4.103	
Drug Activity N		Drug Type N		Amount / Unit		Offense # 17-3745		Warrant / Capias Number	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity N		Drug Type N		Amount / Unit		Offense #		Warrant / Capias Number	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity N		Drug Type N		Amount / Unit		Offense #		Warrant / Capias Number	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity N		Drug Type N		Amount / Unit		Offense #		Warrant / Capias Number	
<input checked="" type="checkbox"/> Instruction No. 1 <input type="checkbox"/> Mandatory Appearance in Court <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) 3188 S. A Blvd		Court Date and Time Month 7 Day 26 Year 2017 Time 10:00 AM		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			
HOLD for other Agency Name:		Signature of Arresting Officer X [Signature] 459		Name Verification (Printed by Arrestee) SCANNED		JUN 22 2017		PAGE	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) BARKER		I.D. # 459		Witness here if subject signed with an "X"		1 OF 1	
Intake Deputy SPANN 8101		Pouch #		Transporting Officer Z. Barker 459		I.D. # 459		Agency PBG	

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - JAIL GOLD - DEFENDANT

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 06/22/2017 03:55		Agency ORI Number FL 0502600		Agency Name PALM BEACH GARDENS POLICE		Agency Report Number 7 8 17-003745	
	Name (Last, First, Middle) CARDONA, JOSEPH ANTHONY						Race W	Sex M
C R I M E	Charge Description 784.03(1)(A)(2) BATTERY - CAUSE BODILY HARM							
	Victim's Name (Last, First, Middle) CADLE, MICHELLE LEE						Race W	Sex F
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) 9405 BLOOMFIELD DR, PBSO, FL 33410				Phone (561) 768-2482		Address Source	
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation	
O B S E R V E R	Written <input type="checkbox"/>		Taped <input checked="" type="checkbox"/>		Oral <input type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): DISTRAUGHT	
	DEFENDANT'S STATEMENTS:		VICTIM'S STATEMENTS:					
A D D I T I O N A L	RELATIONSHIP BETWEEN VICTIM & SUSPECT BOY/GIRLFRIEND							
	<p>PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>Victim: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO CALLER: ANONYMOUS</p> <p>WEAPON USED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TYPE:</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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>AT: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PARAMEDICS:</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	On June 22, 2017 at approximately 3:24 a.m. I Officer Barker responded to 4200 Northlake Blvd (Garden Town Square shops) in the City of Palm Beach Gardens, Palm Beach County, Florida, in reference to a report of a battery. My body worn camera was activated and tagged accordingly.							
	<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>22</u> day of <u>June</u>, 2017</p> <p> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>							

SCANNED
JUN 22 2017

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 06/22/2017 03:55		
	Agency ORI Number FL 0502600	Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 17-003745

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 Upon arrival, I observed a female who was walking away from a male as they were both screaming at each other. While approaching the two individuals I observed clothes that were scattered across the parking lot of the plaza. I then made contact with the female half who was identified via Florida ID card as Michele Cadle (W/F 02/11/1988). she appeared to be distraught. Michele advised that she had been having drinks with her fiancé Joseph Cardona (W/M 10/27/1990) at the Crazy Horse Saloon (4240 Northlake Blvd). Michele said that she got into an argument with Joseph because he was accusing her of cheating on him with his friend whom they were having drinks with.

Michele said that they continued to argue as they followed each other throughout the parking lot of the plaza. Michele explained that the situation was becoming physical at which time Joseph extended his arm and pushed her. Michele then fell to the ground and injured her right elbow and left knee. I observed a bloody abrasion on Michele's right elbow and left knee cap.

While speaking to Joseph he advised that he had been having drinks with his fiancé Michele at the Crazy Horse Saloon. Joseph said that the two got into an argument over a combination of them being intoxicated, him having a drink with a friend from work and the fact that she had a bad day. Post Miranda warnings Joseph said that Michele was angry because he was accusing her of ignoring him. Michele then put her hand out at which time he said that he put his hand out to block her and she fell into the bushes. Joseph advised that Michele and him have been together for over a year. Both individuals advised that their relationship is intimate.

Based on the above facts and circumstances Joseph Cardona was placed under arrest for Battery - Cause Bodily Harm in violation of F.S.S. 784.03(1) (A) (2) .

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 22 day of June, 2017

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

SCANNED
 JUN 22 2017

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STATE ATTORNEY

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CRIME ANALYSIS

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