J# 0419943 Bmm1402A P# 1811

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

OBTS Number			Juvenile	
			1	N

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 18153704

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized / Type: 1. Yes 2. No

Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
6348 PINE JOG, BOCA RATON, FL, 33433	6348 PINE JOG AVE, BOCA RATON,FL, 33433

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
12/09/2018	1734					

DEFENDANT

Name (Last, First, Middle): **Polajenko, Joseph, Benjamin** — Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	02/01/1991	5'11	185	BROWN	BLACK	LIGHT	MEDIUM

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): Scars on right Arm, tatoo on left shoulder+wrist

Marital Status: Single — Religion: UK — Indication of: Alcohol Influence ☒ Y ☐ N ☐ Unk. Drug Influence ☐ ☐ ☐

Local Address (Street, Apt. Number) (City) (State) (Zip): 6348 Pine Jog Ave, Boca Raton, FL 33433 — Phone: (954) 839-2126 — Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 6348 Pine Jog Ave Boca Raton FL 33433 — Phone: 954 851-3921 — Address Source: VERBAL

Business Address (Name, Street) (City) (State) (Zip): — Phone: ( ) — Occupation: BUSBOY

DL Number, State	INS Number	Place of Birth (City, State)	Citizenship
P425482910410, FL [redacted]		RENO, NEVADA	US

CO-DEF

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: — 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 provided by ☐ defendant and / or ☐ 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. ☐ Yes, by: (Name) ☐ No: (Reason)

School Attended: — Grade:

Property Crime? ☐ Yes ☐ 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/Deriv. P. Paraphernalia/ Equipment S. Synthetics U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
SIMPLE BATTERY DOMESTIC	1	☒ Y ☐ N	784.03(1)(A)(1)	N/A

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		18153704		Domestic

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

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CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address): **South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996**

Court Date and Time: Month Day Year Time AM PM

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: 12/09/2018

ADMIN

HOLD for other Agency Name: — ☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other:

Intake Deputy [redacted] I.D. # 4813 Pouch #

Signature of Arresting Officer: x DS Engel 9576

Name of Arresting Officer (Print): DS ENGEL I.D. # 9576

Transporting Officer: MCNAB ID # 28272 Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT) — Witness here if subject signed with an -X-

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PBSO #148 REV. 8/97

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DEC 10 2018

PROBABLE CAUSE AFFIDAVIT

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

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 18153704

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Polajenko, Joseph, Benjamin		W	M	02/01/1991

CHARGES

Charge Description	Charge Description
SIMPLE BATTERY DOMESTIC 784.03(1)(A)(1)	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
Iraheta, Miguel, Angel	I	M	05/07/1965

Local Address (Street, Apt. Number) (City) (State) (zip)	Phone	Address Source
6348 Pine Jog Ave, Boca Raton, FL 33433	( ) 561-858-5165	VERBAL
Business Address (Name, Street) (City) (State) (zip)	**Phone**	**Occupation**
	( )	BUSBOY

PROBABLE CAUSE STATEMENT

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.
The Person taken into custody

☐ committed the below acts in my presence.
☐ confessed to _____ admitting to the below facts.
☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
☒ was found to have commited the below acts, resulting from my (described) investigation.

On the DECEMBER day of 9 2018 at 1818 ☐ A.M. ☒ P.M. (Specifically include facts constituting cause for arrest.)

ON 12/9/18 AT APPROXIMATELY 1615HRS I ARRIVED AT 6348 PINE JOG AVE, BOCA RATON, FL, 33433 IN REFERENCE TO A DOMESTIC BATTERY.

UPON ARRIVAL I MADE CONTACT WITH MIGUEL IRAHETA. MIGUEL ADVISED HE ARRIVED HOME WITH HIS WIFE ERIKA IRAHETA FROM A VACATION TODAY AND NOTICED VOMIT IN THE BATHROOM. MIGUEL ADDED THAT HE SAW AN UNKNOWN WHITE MALE SLEEPING ON A COUCH INSIDE THE RESIDENCE. MIGUEL SAID THAT HE WALKED INTO HIS STEPSON JOSEPH POLAJENKO'S ROOM TO ASK HIM ABOUT THE UNKNOWN MALE AND THE VOMIT. MIGUEL ADVISED THAT HE CALLED JOSEPH'S NAME SEVERAL TIMES AND TAPPED HIS FINGER'S ON JOSEPH'S LEG TO WAKE HIM. MIGUEL EXPLAINED TO ME THAT JOSEPH SMELLED OF ALCOHOL AND HAD DIFFICULTY MAINTAINING HIS BALANCE UPON GETTING OUT OF HIS BED. MIGUEL SAID THAT HE TOOK JOSEPH BY THE HAND INTO THE HALLWAY AND ASKED HIM TO CLEANUP THE THROWUP. MIGUEL SAID THAT JOSEPH STATED HE WAS NOT GOING TO CLEAN ANYTHING UP. MIGUEL TOOK JOSEPH BY THE HAND AND STATED "THEN YOU HAVE TO GO" AND CONTINUED WALKING THROUGH THE HALLWAY. JOSEPH SAID TO HIS STEPFATHER HE IS NOT GOING THROUGH THIS AGAIN AND PUNCHED HIM WITH A CLOSED FIST AND STRUCK HIM IN THE RIGHT EAR. MIGUEL ADVISED THAT HE DEFENDED HIMDELF BY PUSHING JOSEPH INTO THE RECLINER IN THE LIVING ROOM WHERE THE TWO WERE LATCHED ONTO EACHOTHER. JOSEPH STATED HE WAS ABLE TO GET AWAY TO CONTACT THE PALM BEACH COUNTY SHERIFF'S OFFICE.

I SPOKE WITH ERIKA WHO WROTE THE FOLLOWING IN A SWORN WRITTEN STATEMENT. I WALKED OUT OF MY ROOM IN FRONT OF MY HUSBAND AND SON THEN INTO THE KITCHEN AREA. MY SON AND HUSBAND WERE WRESTLING ON THE ROCKING CHAIR RECLINER. I SAW THE RECLINER TIP BACK SOME.

I SPOKE WITH JOSEPH OUTSIDE THE RESIDENCE. JOSEPH SMELLED OF AN UNKNOWN ALCOHOLIC BEVERAGE AND STRUGGLED TO ARTICULATE WHAT HAPPENED. JOSEPH SAID THAT MIGUEL PUSHED HIM ON THE GROUND AND HE HIT HIS HEAD ON THE FLOOR. IT SHOULD BE NOTED THAT I DIDN'T OBSERVE ANY RED MARKS, BUMPS, BRUISES OR ABRASIONS ON JOSEPH'S HEAD OR FACE. I ASKED JOSEPH SEVERAL MORE QUESTIONS AND HE WAS UNABLE TO ARTICULATE WHAT HAPPENED.

I NOTICED A RED MARK ON MIGUEL'S EAR AND WHAT APPEARED TO BE A FRESH SCRATCH. I ASKED MIGUEL IF HE NEEDED MEDICAL ATTENTION AND HE REFUSED.

BASED ON MY INVESTIGATION, MIGUEL AND ERIKA'S SWORN WRITTEN STATEMENT PROBABLE CAUSE EXISTS FOR THE ARREST OF JOSEPH FOR ONE COUNT OF SIMPLE BATTERY (DOMESTIC) PURSUANT TO FSS 784.03(1)(A)(1).

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

DS Engel #9576 DS ENGEL
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 9 day of DECEMBER 2018 by DS ENGEL

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN LEO

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

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VICTIM NOTIFICATION FORM

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

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

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

SUSPECT/OFFENDER: **Polajenko, Joseph, Benjamin** COURT CASE/WARRANT#. _____ (FOR WARRANTS USE ONLY)

1. Incident Report #: **18153704** Agency: _____
   Offense: **SIMPLE BATTERY DOMESTIC**
   Suspect/Offender: **Polajenko, Joseph, Benjamin**
   D.O.B. **02/01/1991** Race: **W** Sex: **M**

2. Warrant # (s): _____

3.a. Victim's name: **Iraheta, Miguel, Angel** D.O.B. **05/07/1965** Race: **I** Sex: **M**
   Address: **6348 Pine Jog Ave**
   City: **Boca Raton, FL 33433**
   Home #- **0 561-850-5165** 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: **Iraheta, Miguel, Angel**

Deputy's Name: **DS ENGEL** I.D.# **9581** Date: **12/09/2018**

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

PBSO 08028A REV. 4198

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PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

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

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REVIEW COMPLETED BY

Booking Number: 2018040799	**Date:** 12/10/2018
	Specialist Name/ID: LR/ #6673

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