

049897

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ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1 Arrest 3 Request for Warrant
2 NTA. 4 Request for Capias 1

Juvenile

ADMINISTRATIVE	OBTS Number	Agency ORI Number FLO 50000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 18073420			
	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	If Weapon Seized Enter Type	Multiple Clearance Indicator			
	Location of Arrest (including Name of Business) 675 Royal Palm Beach Boulevard, Room 123, Royal Palm Beach, FL				Location of Offense (Business Name, Address) 675 Royal Palm Beach Boulevard, Room 123, Royal Palm Beach, FL				
	Date of arrest 05/12/2018	Time of Arrest 0330	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle		
DEFENDANT	Name (Last, First, Middle) Darzinikas, Joseph, Stanley						Alias (Name, DOB, Soc. Sec. #, Etc.)		
	Race W - White / - American Indian B - Black / - Oriental/Asian	Sex M	Date of Birth 08/17/1967	Height 6'02"	Weight 250lbs	Eye Color Blue	Hair Color Brown	Complexion Light	Build Large
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status	Religion	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		
	Local Address (Street, Apt. Number) 675 Royal Palm Beach Boulevard, Room 123 Royal Palm Beach, FL		(City) Royal Palm Beach	(State) FL	(zip) 33411	Phone (939) 265-0093	Residence Type 1 City 3 Florida 2 County 4 Out of State 1		
	Permanent Address (Street, Apt. Number) 303 CANYON DR N		(City) Lehigh Acres	(State) FL	(zip)	Phone	Address Source Florida DL		
	Business Address (Name, Street)		(City)	(State)	(zip)	Phone	Occupation Furniture Sales		
	D/L Number, State D-625-497-67-297-0, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) Indianapolis, IN		Citizenship US
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
	CO-DEF	<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 Yes, by: (Name) No: (Reason)				School Attended		Grade			
JUVENILE	Property Crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property			Value of Property				
	Activity	S Sell	R Smuggle	K. Dispense	M. Manufacture/ Produce/ Cultivate	Drug Type	B. Barbiturate	H. Hallucinogen	P. Paraphernalia/ U. Unknown
	N. N/A	B. Buy	D. Deliver	Distribute		N. N/A	C. Cocaine	M. Marijuana	Equipment
	P. Possess	T. Traffic	E. Use			A. Amphetamine	E. Heroin	O. Opium/Deriv	S. Synthetic
	Charge Description Aggravated domestic battery by strangulation		Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.041 (2A)		Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense # 18073420	Warrant / Capias Number		Bond NO BOND		
	Charge Description Simple domestic battery by strangulation		Counts 4	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03 (1A) 2		Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense # 18073420	Warrant / Capias Number		Bond NO BOND		
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond		
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond			
NOTICE TO APPEAR	Location (Court, Room Number, Address)								
	Court Date and Time Month _____ Day _____ Year _____ Time _____ 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					
ADMIN	HOLD for other Agency Name		Signature of Arresting Officer X [Signature]		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) D/S Jon Snow		I.D. # 7982		(PRINT)		
	Intake Agency Thomas 7930		Pouch #		Transporting Officer I.D. # D/S McArthur 6199		Agency PBSC		
	Witness here if suspect signed with an "X"				PAGE 1 OF 1				

VICTIM NOTIFICATION
REQUIRED

MAY 13 AM 5:27
P.B.S.C. CLERK

PROBABLE CAUSE AFFIDAVIT

1 Arrest
2 NTA
3 Request for Warrant
4 Request for Capias

1

Juvenile

OBTS Number Agency ORI Number Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number 18073420

Charge Type Check as many as apply 1 Felony 2 Traffic Felony 3 Misdemeanor 4 Traffic Misdemeanor 5 Ordinance 6 Other Special Notes

Name (Last, First, Middle) Darzinikas, Joseph, Stanley Alias Race W Sex M Date of Birth 08/17/1967

Charge Description Aggravated domestic battery by strangulation Simple domestic battery

Victim's Name (Last, First, Middle) Wells, Kele, An Race W Sex F Date of Birth 05/26/1971

Local Address (Street, Apt Number) 3504 15TH ST SW (City) Lehigh Acres (State) FL (Zip) 33976 Phone (561) 598-4753 Address Source Florida driver's license

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 [] was observed by [] who told [] that he/she saw the arrested person commit the below acts. [] was found to have committed the below acts, resulting from my (described) investigation.

On the 9th day of May 20 18 at Unk [] A.M [x] P.M. (Specifically include facts constituting cause for arrest.) On May 12, 2018 Deputy Chaparro encountered a woman sleeping inside her car in the parking lot located at 11051 Southern Boulevard, Royal Palm Beach, Florida. The woman was identified as Kele An Wells, who described a domestic battery that occurred on May 9, 2018 while she and her boyfriend, Joseph Darzinikas, were in their room. Wells had noticeable bruising on her face, both arms, and one leg. During a subsequent recorded statement while investigating the situation, Wells stated to me that Darzinikas had attacked her, punching her in the face, striking her in head, and once on the floor inside the hotel room, stomping on Wells' head as she lay on the floor. Wells also described Darzinikas grabbed her by her throat and choked her with both hands, restricting her airway and blood supply enough that she believed she was going to lose consciousness.

Wells was extremely frightened and timid when I spoke with her, and stated she had been inside her car sitting in the parking lot because she had no other place to go. Wells stated Darzinikas got drunk this evening and she was afraid he was going to become violent. Wells stated she had no money and her car was nearly out of gas.

When deputies made contact with Darzinikas, he required no explanation as to why they were there, stating something like "Yeah, I know what this is about".

Based upon the totality of the circumstances, which include visible signs of injury consistent with the allegation made by the victim, probable cause exists to arrest and charge Joseph Darzinikas with committing domestic battery by strangulation, in violation of FSS.784.041, and simple domestic battery, in violation of FSS.784.03 (1b1).

STATE OF FLORIDA COUNTY OF PALM BEACH (Signature of Arresting/Investigative Officer) The foregoing instrument was sworn to or affirmed and subscribed before me this 12th day of May 20 18 by D/S Jon Snow, 7982 (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Agency ID DS Mc MATTON 6149 Notary Public, Clerk of Court, Officer (F.S.S) 117.10

VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER:

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 #: 18073420 Agency: PB50
Offense: Aggravated battery by strangulation
Suspect/Offender: Joseph Darzini kas
D.O.B. 8/17/67 Race: W Sex: M

2. Warrant #(s): _____

3.a. Victim's name: Kele An Wells D.O.B. 5/26/71 Race: W Sex: F
Address: 3504 15th Street SW
City: Lehigh Acres State: FL Zip: 33976
Home #: _____ Work #: _____ Other: 561-598-4753
239-244-6617

b. Victim's next of kin, friend or neighbor: unk.
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: J

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: _____

Deputy's Name: Johnson I.D.# 7982 Date: 5/12/18

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records
PB50 #0029A REV. 4/99

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#:

**PALM BEACH COUNTY SHERIFF'S OFFICE
DOMESTIC VIOLENCE PROBABLE CAUSE SUPPLEMENTAL FORM
(SUBMIT WITH STATE ATTORNEY'S COPY OF PROBABLE CAUSE AFFIDAVIT)**

CASE NUMBER: 18073420

DEFENDANT'S NAME: Joseph Draznikas

DEFENDANT'S STATEMENT: YES NO (IF YES: WRITTEN TAPED ORAL)

SYNOPSIS: _____

VICTIM'S NAME: Kate An Wells

VICTIM'S STATEMENTS: YES NO (IF YES: WRITTEN TAPED ORAL)

OBSERVATIONS OF VICTIM: (PHYSICAL & EMOTIONAL) Scared, timid, intimidated

RELATIONSHIP BETWEEN VICTIM AND SUSPECT: Boyfriend / girlfriend

PHOTOGRAPHS: SCENE: YES NO VICTIM(S): YES NO

911 CALL: YES NO WHO CALLED: _____

WEAPON USED: YES NO TYPE: _____

MEDICAL TREATMENT: YES NO

AT SCENE: YES NO PARAMEDICS: _____

AT HOSPITAL: YES NO HOSPITAL: _____ PHYSICIAN: _____

ARE CHILDREN LIVING IN HOME: YES NO

NAME: _____ DOB: _____

NAME: _____ DOB: _____

NAME: _____ DOB: _____

WAS ACT(S) COMMITTED IN PRESENCE OF MINOR(S): YES NO (IF YES SAME AS ABOVE OR SPECIFY)

NAME: _____ DOB: _____

NAME: _____ DOB: _____

NAME: _____ DOB: _____

DCF NOTIFIED: (IF CHILD ABUSE) YES NO

VICTIM PREGNANT: YES NO

PRIOR HISTORY OF DOMESTIC VIOLENCE: YES NO

ALCOHOL OR DRUGS INVOLVED: YES NO

VIOLATION OF RESTRAINING ORDER: YES NO CASE #: _____

ALTERNATE VICTIM CONTACT INFORMATION: (IF VICTIM DECIDES TO LEAVE RESIDENCE)

RELATIVE/FRIEND NAME: N A PHONE: _____

RELATIVE/FRIEND ADDRESS: _____