19mm 012443MB

	OBTS Number	, , , , , , , , , , , , , , , , , , , ,	TICE TO APPEA eferral Report	1. Arrest 3. Request for V 2. N.T.A. 4. Request for C	Warrant Juvenile N				
NOT	Agency ORI Number Agency ORI Number FL 0 5 0 0 3 0 0	ncy Name BOYNTON BEACH	POLICE DEPT.	Agency Report Number 34- 19-062	Agency Report Number 34- 19-062319				
ADMINISTRATION		3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 6. Other	If Weapon Seized Enter Ty	ype Multiple Clearance 01				
ADMI	Location of Arrest (Including Name of Business) 4101 Pinehurst Dr. Boynton Beach, FL 33			e (Business Name, Address) E Huast Da. Bunt	TON BEACH F1 334				
	Date of Arrest Time of Arrest 11/08/2019 2356	Booking Date Booking Til		Jail Time Location of	f Vehicle				
	Name (Last, First, Middle) Silva, Karina Marcela	Alias (Name	, DOB, Soc. Sec. #, Etc)						
	W-White I - American Indian B - Black 0 - Oriental / Asian W F 03/03/	1988 5'01	125	Brown Blonde Fa					
5	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, D	Description)	Sing	None	ndication of: Y N Unk. Ncohot Influence =				
DEFENDANT	Local Address (Street, Apt. Number) (Cit 4101 Pinehurst Dr. Boynton Beach, FL 33	436	(State) (Zip	(561)774-4643	Residence Type 1. City 3. Florida 2. County 4. Out of State				
△	Permanent Address (Street, Apt. Number) (Cr	y)	(State) (Zip		Address Source erbal				
	Business Address (Street, Apt. Number) (Cit	y)	(State) (Zip		Docupation Uditor				
	S410513885830 FL	oc, Sec. Number	INS Number	Place of Birth Minas, Brazil	Citizenship Yes				
CO-DEF	Co-Defendant Name (Last, First, Middle)	Race	Sex Date of Birti	2. At Large 4.	Felony 5. Juvenile Misdemeanor				
8	Co-Defendant Name (Last, First, Middle)	Race		2. At Large 4.	Fefony				
	☐ Parent Name (Last) (F☐ Legal Custodian☐ Other☐ Name (Last)	······································	OTIFICATI	ØN	Residence Phone				
Ì	Address (Street, Apt. Number)	(City) RF(DITTRE D'State)	(Žip)	Business Phone				
Ę	Notified by: (Name)	bad	Time	Juvenile Disposition 1. Handled/Processed within Dept. and Released	n 2. TOT HRS/DYS 3. Incarcerated				
JUVENILE	Released To: (Name) Relationship Dept. and Released 3. Incarcerated Time								
	The above address was provided bydefendant and/ordefendant's parents. The child and/or parent was told to keep the Juvenile School Attended Court Clerk's Office (Phone 561-355-2526) informed of any change of address: Yes, By. (Name)								
	Property Crime? Description of Property Yes No			Value of Property					
3000	Drug Activity S. Sell R. Smuggle K. Dispense/ N. N/A B. Buy D. Deliver Distribute P. Possess T. Traffic E. Use Charge Description	M. Manufacture Z. Other Produce/ Cultivate Counts	Drug Type B. Bar N. N/A C. Coc A. Amphetamine E. Her	ceine M. Marijuana Equipme	ent Z. Other				
CHARGE	Simple Battery (Domestic) Drug Activity Drug Type Amount/Unit	1 Offense #	■Yes □No	784.03.1A1 Warrant/Capias Number	- Record				
⊢	N N N N	19-0623 Counts	Domestic Violence	Statute Violation Number	Violation of ORD#				
CHARGE	Drug Activity Drug Type Amount/Unit	Offense #	☐Yes ☐No	Warrant/Capies Number	Bond				
Н	Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#				
CHARGE	Drug Activity Drug Type Amount/Unit	Offense #	□Yes □No	Warrant/Capias Number	Bond				
ļ	Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#				
CHARGE	Drug Activity Drug Type Amount/Unit	Offense #	Yes No	Warrant/Capias Number	Bond				
	Mandatory Appearance in Court South Co	ourt, Room Number, Address)	West Atlantic Ave	, Delray Beach, FL 33444					
APPE	You need not appear in Court but must Court Date Comply with instruction on reverse side. Court Date	end Time thDecember Di	y11th Ye	r2019 Time9:30	■ A.M. □ P.M.				
NOTICE TO APPEAR	APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE	O ANSWER THE OFFENSE CHAR TO APPEAR, THAT I MAY BE HEL	GED OR TO PAY THE FIN D IN CONTEMPT OF COU	E SUBSCRIBED, I UNDERSTAND THAT S RT AND A WARRANT FOR MY ARREST S	SHALL DETESUED.				
οŽ		venile and Parent/Custodian)		Date Signed					
	HOLD for other Agency Name:	Signature of Arresting Officer	18.4	Name Verification (Printed by Ame (PRINT)					
ADMIN.	Dangerous Resisted Arrest Suicidal Other: Intake Deputy I.D.# Pouch#	Name of Arresting Officer (Print) T. Posey Transporting Officer	I.D. # 1104 I.D. # Agency		Page				
L	SEVINS 7622	T. Posey	I.D. # Agency 1104 BBP(တ္က 1 ြ 1				



DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT PALM BEACH COUNTY



•						•
On the 11th day o	f November	2019	at 2140 ho	urs		
Subject: Silva, Karina	Marcela	DOB: 03/	03/1988	Case #:	19-0	62319
Charge Description: Sim	ple Battery (Domestic)		Statute #: 784.0	03.1A1		
Victim: Drabik, Joshua,	Joseph D	OB: 05/24/1986	Race:	W	Sex:	M
Local Address: 4101 Pine	ehurst Dr ,	Boynton Beach	,FL, 33436			
Personal Contact: 954-592	2-8859					.
Narrative: I responded to 4101 Pine Caller, W/K Karina Silva year, W/M Joshua Drabil Upon arrival, I made con argument ensued. Silva siphone over his thigh. Afte her face" causing Silva to in her face", Silva could rorabik was about an arm grabbed her ankle and pagainst the bed. Silva stadoor at which point Silva observe and swelling/reconders.	(DOB 03/03/1988) state (DOB 05/24/1986). tact with Silva who state stated during the argumer attempting to break he slap Drabik in the face not provide any specific is length away contradiculled her from the bed a sted Drabik then hip che called police. I inspecte	ed she was in ar ed her and Drab ent, Drabik got is phone, Silva by When asked a details on what cting her previous and also placed ecked her and go	ik were lying in out of bed and stated Drabik 'bout how Dral made her slap us statement. his opened haulded her out devidence of he	n bed wher attempted approache bik "approa o Drabik an Silva state and on her f of the room	in boyf n a vert to bread her a nched h d later d Drabi ace an and lo	pal ak his and got in her and go stated k then d pushed cked the did not
with a small drop of flesh After speaking with Silva argument ensued. Drabil lying in bed with Silva at him with an open hand a placed him in a choke he then guided Silva outside door behind him. Drabik Drabik stated he then left injuries and did not obse the left side of Drabik's n scene; however, refused Based on the Silva and Drabik and Drabik stated he then left side of Drabik's n scene; however, refused	, I made contact with Drack confirmed he attempted the time. Drabik stated cross his left and right could with her arm/elbow at the bedroom in an attempted then stated Silva was at the scene before returned any redness/swellineck consistent with his second	rabik who confirmed to break his p Silva then rolled theek approximant the which point Drempt to remove to ble to push the coning when office g on his cheeks statements. Dra	med he was ly hone over his lover on top o ately 3 times. I abik pulled he himself from the door open and ars arrived. I in . I did observe bik was offere	ing in bed a thigh but s f him and p Drabik state r off of him ne altercation continue a spected Di a large red d medical a	Silva w tated h proceed ed Silva . Drabil on and arguing rabik fo d cut/at assistan	hen an e was still ded to slap a then k stated he lock the with him. r any prasions o
consistent with his stater Simple Battery (Domesti and later transported to I	nents, I find probable ca c) pursuant to FSS 784. Palm Beach County Jsa	ause to charge a .031A1. Silva wa	ınd arrest Kari	na Silva wi	th 1 co	unt of
Defendant's Statement: Observation Of Victim (Ph Drabik was distraught an			im's Statemen	t: Taped		

NOV 03 1. O

Relationship Between Victim and Suspect:

Drabik and Silva have been dating and living together for approximately 1 year

Photographs:	Scene:	Yes	■ No		
	Victim:	Yes	□No		
911 Call:		Yes	□No	Caller:	Karina Silva
Tape Requested	l:	Yes	□No		
Weapon Used:		☐ Yes	■ No	Type:	
Witnesses:		☐ Yes	■ No		A
Injuries:		Yes	☐ No		
Medical Treatmo	ent:	☐ Yes	■ No		
At Scene		☐Yes	■ No	Parame	dics:
At Hospital		Yes	■ No	Physici	an(s):
·		_	<u> </u>	Hospita	ıl:
Act Committed	In Presenc	e Of Minor	(s): 🔲	Yes	■No
Name:					Age:
Name:		13 1 7 3 41		-	Age:
F.D.C.F. Notified	: • Y	es \square N	lo	Vic	im Pregnant: Yes No
Violation Of Res		_	∏Yes		No Case #:
Prior History Of	_		☐ Yes		No
Alcohol Or Drug			Yes	_	No Inknown
	,		_		_
		Vi	ctim C	ontac	t Information:
Phone	Home:	954 592 8	3859		Work:
Employer:	South FI	orida Bible	College		
Relative Name:	N/A				Phone: N/A
Address:	2200 SW	/ 10 St	J		
City/State:	Deerfield	d Beach		,FL ,3:	3442
State Of Florida County Of Palm Appeared befor		T. Posey	. (prir	nt name) i	personally known to me, who, being first duly sworn, says tha
the facts above,					
	()				
5	<i>Y</i>	_/			
Signature Of Arr	estingOffi	c d			
Sworn to and sul	bscribed to	me before	this 11th	day of N	ov ,2019
6	1/2	cor/ESS 1	£7		

70.7 (1.55) 1**00**7 (1.55)

SUSPECT/ OFFENDER:

Silva, Karina Marcela

(FOR WARRANTS USE ONLY)

VICTIM NOTIFICATION FORM

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

- Homicide (Ch. 782)
- Attempted Murder

- Sexual Offense (Ch. 794)

- Stalking (S. 784.084)

- Attempted Sexual Offense

- 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 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 #:Offense: Simple Batte	19-062319 ry (Domestic)	Agency: <u>Boynton Beach Police Department</u>				
	Suspect/Offender: Silva						
	DOB: 03/03/1988	Race: W	Sex: F				
2.	Warrant # (s):						
3.	Complete one (1) of the	e following:					
A.	Victim's Name:Drabik, Joshua, Joseph						
	Address: 4101 Pinehu	ırst Dr					
	City: Boynton Beach	State					
	Home #: 954 592 885	i9 Work #:	Other:				
В.	Victim's Next of Kin:	N/A					
U.	Address:						
	City:	State:	Zip:				
		Work #:	Other:				
C:	Victim's designated con Name:	tact other than next	of kin (for example: a friend or neighbor):				
	Address:						
	City:	State:	Zip:				
	Home#:		Other:				
4.	Relevant identification	or case numbers a	ssigned to the case (please specify):				
UNDE			IS VICTIM NOTIFICATION FORM, AND HT TO BE NOTIFIED OF THE RELEASE OF THE				
	/						
Signatu	re of Victim:						
Printed	Name of Victim: Drabik,	Joshua, Joseph					
Officer	's Name:T. Posey	1.D.	# 1104 Date:11/08/2019				



Palm Beach County Sheriff's Office - Arrests Only

	х	Florida State Statute	Description	Page Number(s)
		119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
ions		943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
L/E Exemptions		119.071(4)(c)	Undercover personnel.	
I/E E		119.071(2)(f)	Confidential informants (Cls).	
		119.071(2)(e)	Confession.	
ns		985.04(1)	Juvenile offender records.	
mptio		119.071(h)(i)	Assets of a crime victim.	
Public Info. Exemptions		395.3025(7)(a), 456.057(7)(a)	Medical information.	
olic Int		394.4615(7)	Mental health information.	
P		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.	
	⊠	(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.	
of 23)		(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
Rule		(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)				
il Administr				
es of Judicia				
Florida Rul				
			>	
Jer.		415.107 (1)	Other: Elderly Abuse	
Other		539.001(b)-(l)FSS, 539.003 FSS	Other: Pawn Broker Information	

REVIEW COMPLETED BY

	Date: 11/9/2019
Booking Number: 2019036250	Specialist Name/ID: M. Tooks #8557

