

J-0447182

P-3533

ARREST / NOTICE TO APPEAR

AD M I N I S T R A T I O N	OBTS Number	ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE			
D E F E N D A N T	Agency ORI Number 0500200	Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2017-005106								
	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 Hands, Feet, Fist, Teeth		Multiple Clearance Indicator							
	Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)									
	Date of Arrest 04/06/2017	Time of Arrest 22:06	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
C O D E F	Name (Last, First, Middle) ROSENTHAL, MARIA JESUS		Alias (Name, DOB, Soc. Sec. #, Etc.)									
	Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex W	Date of Birth 09/25/1978	Height 5'03	Weight 125	Eye Color BROWN	Hair Color BROWN	Complexion MEDIUM	Build		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT R THIGH / TRIBAL TATTOO		Marital Status M	Religion	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1					
	Local Address (Street, Apt. Number) 40 SW 10TH TER, BOCA RATON, FL 33486		(City)	(State)	(Zip)	Phone (561) 789-1549		Address Source FL DL				
	Permanent Address (Street, Apt. Number) 40 SW 10TH TER, BOCA RATON, FL 33486		(City)	(State)	(Zip)	Phone (561) 789-1549		Occupation				
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation				
	D/L Number, State R253550788451 / FL		Soc. Sec. Number	INS Number	Place of Birth (City, State) Costa Rica		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		
	J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)		Residence Phone						
Address (Street, Apt. Number)		(State)	(Zip)	Business Phone								
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.		School Attended		Grade								
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:		Property Crime? <input type="checkbox"/> Yes <input checked="" 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. Disperses/ 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		Statute Violation Number 784.03(1A1)		Violation of ORD #								
Drug Activity		Drug Type N	Amount / Unit	Offense # 2017-005106	Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond				
Charge Description		Statute Violation Number		Violation of ORD #								
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond					
Charge Description		Statute Violation Number		Violation of ORD #								
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond					
I N T A K E	Health / Apparent Physical Condition of Defendant		Any knowledge of the following: Explain:		<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"/> Posted Bond <input type="checkbox"/> South County Mental Health		PROPERTY - Received By		Released By		Released To					
	Transported By		Date Transported	Time Transported	Other							
	INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time							
N O T I C E T O A P P E A R	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		Signature of Arresting Officer Dan Reissi 776		Name Verification (Printed by Arrestee) APR 7 2017							
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input checked="" type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) REISSI, DANIEL		ID. # 776		(PRINT)					
	Intake Deputy ID. #		Pouch #		Transporting Officer Dan Reissi 776		Agency BRPD		PAGE 1 OF 1			

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 04/06/2017 22:06	Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2017-005106	
	Agency ORI Number FL 0500200	Alias		Race W	Sex F
D E F	Name (Last, First, Middle) ROSENTHAL, MARIA JESUS			Date of Birth 09/25/1978	
	Charge Description 784.03(1A1) BATTERY				
C H R G	Victim's Name (Last, First, Middle)			Race W	Sex M
	Local Address (Street, Apt. Number) (City) (State) (Zip)			Date of Birth 11/09/1951	
V I C T I M	Business Address (Name, Street) (City) (State) (Zip)			Address Source	
	Occupation			Phone	
SELF EMPLOYED					
DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):		
VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>			UPSET		
RELATIONSHIP BETWEEN VICTIM & SUSPECT					
<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: [REDACTED]</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 type="checkbox"/> YES <input checked="" 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>					
N A R R	H/F Arrested for Domestic Simple Battery				
<p>STATE OF FLORIDA</p> <p>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><i>Dan Reiss</i> 776</p> <p><i>Daniel Reissi</i> 776</p> <p>SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>6</u> day of <u>April</u>, <u>2017</u>.</p> <p><i>7/4</i></p> <p>CODLING, JEREMY R</p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>					

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

ADMINISTRATIVE	Date / Time 04/06/2017 22:06	Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2017-005106
	<p>On Thursday 04/06/2017 at approximately 2124 hours I responded to [REDACTED] to investigate a domestic disturbance. Upon arrival I met with the caller, [REDACTED] (02/28/1991).</p> <p>[REDACTED] advised that his mother, Maria Rosenthal (09/25/1978), is under the influence of alcoholic beverages and is acting erratic towards [REDACTED], [REDACTED] (11/09/1951). [REDACTED] advised Maria is always intoxicated and frequently creates a disturbance. [REDACTED] advised Maria was yelling at [REDACTED] and during the argument Maria slapped [REDACTED] multiple times in the face. [REDACTED] did not want to complete a statement form.</p> <p>I spoke with [REDACTED] who advised as soon as he arrived home from work, Maria began to yell and complain about domestic related issues. [REDACTED] advised Maria's behavior was erratic and during the argument Maria slapped him multiple times in the face. [REDACTED] refused medical attention and did not want to provide a statement. [REDACTED] did not allow us to take photos of his face.</p> <p>I then spoke with Maria who was uncooperative. Maria appeared very frustrated and angry. Maria was upset that [REDACTED] was temporarily living in their home. Maria appeared to be under the influence of alcoholic beverages. Maria denied slapping [REDACTED], however when mentioning his name and when he walked by she clenched her fists and put her middle finger up towards him when he walked by.</p> <p>Based on the totality of the circumstances, I placed Maria Rosenthal under arrest for domestic simple battery, pursuant to FSS 784.03(1A1) after she slapped [REDACTED] multiple times in the face.</p> <p>[REDACTED] declined the domestic violence pamphlet.</p> <p>A victim notification form was completed and Maria was delivered to Palm Beach County Jail after processing.</p>			

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.

Dan Reiss 776
Daniel Reissi 776
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 6 day of April, 2017.

CODLING, JEREMY R
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

VICTIM NOTIFICATION FORM

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

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- 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.)

Upon completion, this form must accompany the booking paperwork.

If applying for a warrant, attach this form to the filing packet.

1. Incident Report#: 17-5106 Agency: BRPD
Offense: Domestic Battery
Suspect/Offender: Maria Rosenthal
D.O.B. 9/25/78 Race: H Sex: F

2. Warrant#(s): _____

3.a. Victim's name: [REDACTED] D.O.B. 11/09/51 Race: wht Sex: male
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip: [REDACTED]
Home#: [REDACTED] Work#: [REDACTED] Other: [REDACTED]

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____ State: _____ Zip: _____
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: Pursuant to F.S. 119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).

Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: Reissi I.D.# 776 Date: 4/6/17

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

SUSPECT/OFFENDER: _____

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#: _____