

J-0447182

P. 3533

ARREST / NOTICE TO APPEAR

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	
D E F	Agency ORI Number FL 0500200	Alias	Race W	
D E F	Name (Last, First, Middle) ROSENTHAL, MARIA JESUS	Sex F	Date of Birth 09/25/1978	
C O R G	Charge Description 784.03(1a1) BATTERY	Race W	Sex M	
V I C T I M	Victim's Name (Last, First, Middle) [REDACTED]	Address Source	Date of Birth 11/09/1951	
Local Address (Street, Apt. Number) (City) (State) (Zip) [REDACTED]		Phone	Occupation [REDACTED]	
Business Address (Name, Street) (City) (State) (Zip) [REDACTED]		Phone	[REDACTED]	
SELF EMPLOYED		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): UPSET		
DEFENDANT'S STATEMENTS: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> ORAL VICTIM'S STATEMENTS: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> WRITTEN				
RELATIONSHIP BETWEEN VICTIM & SUSPECT [REDACTED]				
A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS: Scene: <input type="checkbox"/> <input checked="" type="checkbox"/> NO Victim: <input type="checkbox"/> <input checked="" type="checkbox"/> YES	911 CALL: <input checked="" type="checkbox"/> <input type="checkbox"/> CALLER: [REDACTED]		
	WEAPON USED: <input type="checkbox"/> <input checked="" type="checkbox"/> TYPE:	WITNESSES: <input type="checkbox"/> <input checked="" type="checkbox"/> (If YES, attach witness list)		
	INJURIES: <input type="checkbox"/> <input checked="" type="checkbox"/> MEDICAL TREATMENT: <input type="checkbox"/> <input checked="" type="checkbox"/>	AT: Scene: <input type="checkbox"/> <input checked="" type="checkbox"/> PARAMEDICS: Hospital: <input type="checkbox"/> <input checked="" type="checkbox"/> PHYSICIAN(S) / HOSPITAL:		
	ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> <input checked="" type="checkbox"/> NAMES/AGES:	H. R. S. NOTIFIED: <input type="checkbox"/> <input checked="" type="checkbox"/>		
	VICTIM PREGNANT: <input type="checkbox"/> <input checked="" type="checkbox"/>	VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> <input checked="" type="checkbox"/> CASE #: [REDACTED]		
	PRIOR HISTORY OF DOMESTIC VIOLENCE: <input checked="" type="checkbox"/> <input type="checkbox"/>	ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> <input type="checkbox"/>		
	N A R R H/F Arrested for Domestic Simple Battery			
	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.			
	 Daniel Reissi 776 SIGNATURE OF ARRESTING OFFICER			
Sworn to and subscribed to before me this <u>6</u> day of <u>April</u> , <u>2017</u>				
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.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

Narrative Continuation

ADM IN	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
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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).

[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.

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.

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.

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.

[REDACTED] declined the domestic violence pamphlet.

A victim notification form was completed and Maria was delivered to Palm Beach County Jail after processing.

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, [REDACTED] personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

Dawn Reissi 776

Dawn Reissi 776

SIGNATURE OF ARRESTING OFFICER

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

JEREMY R

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

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: _____ D.O.B. 11/09/51 Race: wht Sex: male
 Address: _____
 City: _____ State: _____ Zip: _____
 Home#: _____ Work#: _____ Other: _____

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