

J# 0462858 17MM010030 PCH#8

ARREST / NOTICE TO APPEAR

A D M I N I S T R A T I O N	OBTS Number		Agency ORI Number <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>		Agency Report Number (N.T.A.'s only) <b>3   2   2017-011356</b>		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias <b>1</b>		JUVENILE									
	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 <b>Hands, Feet, Fist, Teeth</b>		Multiple Clearance Indicator															
	Location of Offense (Business Name, Address)																			
	Date of Arrest <b>08/13/2017</b>		Time of Arrest <b>23:21</b>		Booking Date <b>08/13/2017</b>		Booking Time <b>23:45</b>		Jail Date <b>08/13/2017</b>		Jail Time <b>23:31</b>		Location of Vehicle <b>N/A</b>							
D E F E N D A N T	Name (Last, First, Middle) <b>SANTANA, MARITZA GISELLE</b>																			
	Alias: _____																			
	Race W - White B - Black <b>W</b>		Sex <b>F</b>		Date of Birth <b>01/25/1991</b>		Height <b>5'02</b>		Weight <b>115</b>		Eye Color <b>HAZEL</b>		Hair Color <b>BROWN</b>		Complexion <b>LIGHT</b>		Build <b>Small</b>			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TATT R STOMACH / FLOWER; TATT R SHOULDER / "FREE"</b>						Marital Status <b>S</b>		Religion <b>CATHOLIC</b>		Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>									
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>3846 NW 5TH TERRACE, BOCA RATON, FL 33431</b>						Phone <b>(561) 213-5311</b>		Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>1</b>											
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>3846 NW 5TH TERRACE, BOCA RATON, FL 33431</b>						Phone <b>(561) 213-5311</b>		Address Source <b>DEF</b>											
	Business Address (Name, Street) (City) (State) (Zip)						Phone		Occupation <b>Student</b>											
	D/L Number, State <b>S535547915250 / FL</b>				Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>LAS VEGAS, NV,</b>		Citizenship <b>US</b>									
	Co-Defendant Name (Last, First, Middle)												Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
	J U V E N I L E	Co-Defendant Name (Last, First, Middle)												Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Legal Custodian												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 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: S. Sell, N. N/A, P. Possess S. Sell, B. Buy, T. Traffic R. Smuggle, D. Deliver, E. Use K. Disperse/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 <b>BATTERY (DOMESTIC)</b>												Statute Violation Number <b>784.03(1A1)</b>		Violation of ORD #						
Drug Activity: <b>N</b> Amount / Unit: <b>/</b> Offense #: <b>2017-011356</b> Counts: <b>1</b> Domestic Violence: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Warrant / Capias Number												Bond								
C H A R G E	Charge Description												Statute Violation Number		Violation of ORD #					
	Drug Activity: <b>/</b> Amount / Unit: <b>/</b> Offense #: <b>/</b> Counts: <b>/</b> Domestic Violence: <input type="checkbox"/> Y <input type="checkbox"/> N Warrant / Capias Number												Bond							
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	Drug Activity: <b>/</b> Amount / Unit: <b>/</b> Offense #: <b>/</b> Counts: <b>/</b> Domestic Violence: <input type="checkbox"/> Y <input type="checkbox"/> N Warrant / Capias Number												Bond							
	Health / Apparent Physical Condition of Defendant <b>GOOD</b>												Any knowledge of the following: <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 checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health												PROPERTY - Received By <b>COON</b>		Released By <b>COON</b>		Released To <b>CJ</b>			
	Transported By <b>COON</b>												Date Transported <b>08/14/2017</b>		Time Transported <b>01:45</b>		Other			
	N O T I C E  T O A P P E A R	<input type="checkbox"/> 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) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>		Court Date and Time				
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 <b>794</b>		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) <b>COON, REBECCA</b>		I.D. # <b>794</b>						
Intake Deputy <b>Spanw 8101</b>												I.D. # <b>794</b>		Agency <b>BRPD</b>						
Pouch #												Transporting Officer <b>COON</b>		I.D. # <b>794</b>		Agency <b>BRPD</b>				
Witness here if subject signed with an "X"																				
PAGE 1 OF 1																				

AUG 14 2017

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County  
Narrative Continuation

A D M I N	Date / Time <b>08/13/2017 23:21</b>	Agency ORI Number <b>FL 0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2017-011356</b>

and started yelling at her about an ex-boyfriend. Santana advised [REDACTED] was yelling asking to see her phone and woke up [REDACTED]. Santana advised that [REDACTED] stood in the bedroom and began punching himself in the eyes.

I then met with [REDACTED] who advised he had returned to the residence after taking a long drive. [REDACTED] stated that he had gone into the residence and began asking Santana about an ex-boyfriend who she had been texting. [REDACTED] asked to look at Santana's phone. Santana refused and began yelling. Santana kicked [REDACTED] in the groin with her leg and pushed him in the chest with two hands. Santana then struck [REDACTED] on the left side of his face with her right closed fist. [REDACTED] then stated, "Are you really going to hit me 5 days after neck surgery?" Santana then struck [REDACTED] several times on the left of his face with her left closed fist. [REDACTED] stated that he retreated and called the police. [REDACTED] provided a written statement.

I observed redness and swelling on either side of [REDACTED] face. Officer Frenz took photographs of the injuries.

Based on my investigation, I placed Maritza Santana under arrested in violation of F.S.S. 784.03(1A1) Simple Battery, Domestic. Sanatana was processed at BRPD then transported to Palm Beach County Jail.

[REDACTED] was given a domestic violence pamphlet and the receipt was forwarded to BRPD records. The photographs and written statement were submitted into BRPD evidence.

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.

\_\_\_\_\_  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 14 day of August, 2017.

23  
**HARDING, BRANDON BLAZE**  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED  
AUG 14 2017

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.