

0513619

19CF11873 MB 2037

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest 3. Request For Warrant 1 Juvenile
2. N.T.A. 4. Request For Capias

OBTS Number
Agency ORI Number: FLO 5 0 0 0 0 Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number: 06 19-153106

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other
If Weapon Seized: Enter Type: Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business): [Redacted] Location of Offense (Including Name of Business): [Redacted]

Date of Arrest: 12/28/2019 Time of Arrest: 12:15 Booking Date: 12/28/2019 Booking Time: [Redacted] Jail Date: [Redacted] Jail Time: [Redacted] Location of Vehicle: [Redacted]

Name (Last, First, Middle): [Redacted] Alias (Name, DOB, Soc. Sec. # Etc.): [Redacted]

Race: W White 1 - American Indian 3 - Black 0 - Oriental/Asian Sex: F Date of Birth: 8/20/1995 Height: 4'11" Weight: 110 Eye Color: Blue Hair Color: Blonde Complexion: Light Build: Small

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): [Redacted] Marital Status: Single Religion: None Indication of Alcohol Influence: Y N Unit:

Local Address (Street, Apt. Number): [Redacted] City: [Redacted] State: [Redacted] Zip: [Redacted] Phone: [Redacted] Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number): [Redacted] City: [Redacted] State: [Redacted] Zip: [Redacted] Phone: [Redacted] Address Source: [Redacted]

Business Address (Street, Apt. Number): [Redacted] City: [Redacted] State: [Redacted] Zip: [Redacted] Phone: [Redacted] Occupation: [Redacted]

Oil Number, State: K320543958000 Social Security Number: [Redacted] INS Number: [Redacted] Place of Birth: NY NYACK, New York Citizenship: US

Co-Defendant Name (Last, First, Middle): [Redacted] Race: W Sex: M Date of Birth: 11/01/1995 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Parent Legal Guardian Other: Name (Last, First, Middle): [Redacted] Phone: [Redacted]

Address (Street, Apt. No.): [Redacted] City: [Redacted] State: [Redacted] Zip: [Redacted] Business Phone: [Redacted]

Notified By (Name): [Redacted] Date: [Redacted] Time: [Redacted] Juvenile Disposition: [Redacted]

Released To (Name): [Redacted] Relationship: [Redacted] Date: [Redacted] Time: [Redacted]

The above address was provided by defendant and/or defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561 355-2526) informed of any address change. Yes, by (Name) No, (Reason)

Property Crime? Yes No Description of Property: [Redacted] Value of Property: [Redacted]

Drug Activity: S. Sell R. Smuggle K. Dispense/ Distribute M. Manufacture/ Produce Cultivate Z. Other N. NA B. Buy D. Deliver E. Use C. Cocaine M. Marijuana P. Paraphernalia/ Equipment U. Unknown Z. Other

Charge Description: Child Abuse Counts: 1 Domestic Violence: Statute Violation Number: 827.03 (2)(c)(1) (2) (c) Violation or ORD. #: [Redacted] Warrant/Capias Number: 19-153106 Bond: [Redacted]

Charge Description: [Redacted] Counts: [Redacted] Domestic Violence: Y N Statute Violation Number: [Redacted] Violation or ORD. #: [Redacted] Warrant/Capias Number: [Redacted] Bond: [Redacted]

Charge Description: [Redacted] Counts: [Redacted] Domestic Violence: Y N Statute Violation Number: [Redacted] Violation or ORD. #: [Redacted] Warrant/Capias Number: [Redacted] Bond: [Redacted]

Charge Description: [Redacted] Counts: [Redacted] Domestic Violence: Y N Statute Violation Number: [Redacted] Violation or ORD. #: [Redacted] Warrant/Capias Number: [Redacted] Bond: [Redacted]

Location (Court, Address, Room Number): [Redacted]

Court Date and Time: Month: [Redacted] Day: [Redacted] Year: [Redacted] Time: [Redacted] AM PM

I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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): [Redacted] Date Signed: [Redacted]

HOLD for Other Agency: Name: [Redacted] Signature of Arresting Officer: Det. L. Leto 25506 ID #: 25506 Name Verification (Printed by Arrestee): [Redacted] (PRINT) [Redacted] Page: 1 of 1

NO BOND VICTIM NOTIFICATION REQUIRED

NOT A CERTIFIED COPY

2019 DEC 28 11:00 AM

2019 DEC 28 2019

NARRATIVE CONTINUATION

her sick grandmother. [REDACTED] said that [REDACTED] was wheeled onto the plane in a wheelchair because he has a back injury. While they were awaiting take-off, JetBlue personnel advised [REDACTED] that he needed to exit the plane as they were not allowing him to travel because he was crying and was saying he was in severe pain. [REDACTED] said they were extremely upset because they were not allowed to travel, so after they left the airport, [REDACTED] dropped she and [REDACTED] of at their home, located at [REDACTED]. After dropping them off, [REDACTED] said [REDACTED] went to [REDACTED], and purchased, "Five blue Oxys" off the street. [REDACTED] said that she and [REDACTED] had been using Suboxone up until the episode at the airport, when they replapsed with the, "Oxys." [REDACTED] said they smoked two of the, "Oxys" last night, using tin foil, and the remaining three today, again, using tin foil. [REDACTED] said that whenever they smoke, they either go into the bathroom and turn the fan on, or go outside. [REDACTED] also said that when they, "Smoke" they leave [REDACTED] unattended in the bedroom of their one-bedroom apartment.

[REDACTED] said that earlier today, around 1700 hours, she and [REDACTED] were involved in a verbal domestic dispute. During this dispute, she was seated on the couch in the living area, and [REDACTED] was lying on the bed. She said that [REDACTED] was standing, and going back and forth in between the living area where she was and the bedroom where [REDACTED] was. She said [REDACTED] was left unattended, but not for more than five minutes. She also said that [REDACTED] doesn't walk yet, but does crawl and is able to pull herself up on furniture. She said that [REDACTED] got a phone call from the Fort Lauderdale Airport regarding the arrival of their luggage and since they were fighting, [REDACTED] took [REDACTED] with him and she thought he was going to the airport. [REDACTED] said that shortly thereafter, is when she received the phone call saying that [REDACTED] was unresponsive and taken to the hospital. [REDACTED] said she, "Believes" [REDACTED] was okay when she left with [REDACTED]. [REDACTED] voluntarily signed a PBSO "Consent to Search" Form for the entirety of her residence, acknowledging that her home would be searched for contraband which might lead to the substance [REDACTED] ingested.

DCF Child Protective Investigator, Jennifer Silvey, ID #JS10145, arrived on scene and [REDACTED] repeated the same information to her and confirmed that [REDACTED] was on the bed in the bedroom, unattended, while she and [REDACTED] were fighting. She also acknowledged there was a large ziplock bag containing all the medications they had packed to take to New York, also on the bed.

Both CPI Silvey and I responded to the Palm West Hospital, located at 13001 Southern Boulevard, in Loxahatchee, Florida, 33470, where we met with [REDACTED]. [REDACTED] told me, in the presence of Detective B. Pherson, ID 13024, that he had retained the services of an attorney and was not going to speak to us. [REDACTED] presented as very arrogant and sarcastic, and was very uncooperative. CPI Silvey advised [REDACTED] that

NARRATIVE CONTINUATION

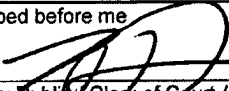
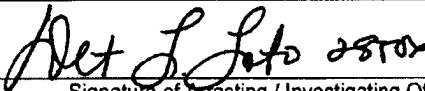
she needed to speak with him, and he told her that [REDACTED] was on the bed when he and [REDACTED] were fighting. [REDACTED] also told CPI Silvey that he is prescribed a host of pain medications, as well as possessing a medical Marijuana license (which he could not produce), due to a back injury. He said he was unsure of how [REDACTED] got into any of the medications, because the bottles were in ziplock bags while they were unpacking. He also said it was possible she got into the Suboxone film strips, but he never saw it occur. He told her that while en route to his grandparents house, he did not realize she was unresponsive in her car seat; only thinking that she was sleeping. [REDACTED] was not able to provide CPI Silvey with any other information relative to [REDACTED].

PBSO Crime Scene Investigators and SVU Sgt. J. Martinez responded to the [REDACTED] residence located at [REDACTED], to execute the Consent to Search. While there, they discovered several items considered to be drug paraphernalia, along with several prescription bottles, both opened and closed, strewn about the bed and within the confines of the bedroom. Photographs were taken and placed into PBSO Evidence. With [REDACTED] admitting that [REDACTED] was left on the bed, unattended, it is evident that she would have had access to any one of the multiple prescribed narcotics, along with burnt tin foil, with residue, used for smoking narcotics, that was also on the bed where she was lying. Crime Scene Investigators documented numerous items of paraphernalia and medications, which were placed into PBSO Evidence. One bottle of prescribed [REDACTED] was prescribed on [REDACTED] and was [REDACTED]. In addition, during our digitally recorded interview [REDACTED] admitted that she and [REDACTED] were smoking Oxys earlier in the day, using tin foil, and, therefore, the child was clearly endangered, allowing her to ingest a substance resulting in her becoming unresponsive and requiring three does of [REDACTED] and placement in the [REDACTED].

As a result, both [REDACTED] and [REDACTED] are in violation of F.S.S. 827.03(3)(e)(1), Child Abuse, "Neglect", which states, "A caregiver's failure or omission to provide a child with the care, supervision, and services necessary to maintain the child's physical and mental health, including, but not limited to, food, nutrition, clothing, shelter, supervision, medicine, and medical services that a prudent person would consider essential for the well-being of the child, when they left her unattended with drug paraphernalia and prescription narcotics. Therefore, both [REDACTED] and [REDACTED] were placed under arrest and transported to the Palm Beach County Mail Jail for detention.

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NARRATIVE CONTINUATION

Sworn and Subscribed before me		
Signature Notary Public / Clerk of Court / Officer (F.S.S 117.10)	DETECTIVE B. PHERON, 13024	Signature of Arresting / Investigating Officer DETECTIVE L. LETO, 25506
Name of Notary Public / Clerk of Court / Officer (F.S.S 117.10)	12/28/2019	Name of Officer (Please Print) 12/28/2019
Date		Date

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VICTIM NOTIFICATION FORM

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)
- 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.
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense
- Dating Violence

Upon completion, this form must accompany the booking paperwork.
If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 19-153106 Agency: PBSO
Offense: Child Abuse
Suspect/Offender: [REDACTED]
D.O.B. Walton 11/1/95 & Katz.8/20/95 Race: White Sex: Male & Female

2. Warrant #(s): _____

3.a. Victim's name: [REDACTED] D.O.B. [REDACTED] Race: White Sex: F
Address: [REDACTED]
City: [REDACTED]
Home #: [REDACTED] Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: N/A -- DCF Custody
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: 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: DET. L. LETO I.D. # 25506 Date: 12/28/2019

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #:



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input checked="" type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	5
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	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.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), 2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input checked="" type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	1-5, 7
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	782.04 (FS)	Other: Witness	
	<input type="checkbox"/>	415.107 (1)	Other: In order to protect the rights of the individual or other persons responsible for the welfare of a vulnerable adult, all records concerning reports of abuse, neglect, or exploitation of the vulnerable adult.	

REVIEW COMPLETED BY

Booking Number: 2019041133	Date: 12/28/2019
	Specialist Name/ID: M. Tooks #8557

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