

J# 0481102

P# 2719

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report1. Arrest 3. Request For Warrant  
2. N.T.A. 4. Request For Capias

1 Juvenile N

OBTS Number		Agency ORI Number <b>FLO 5 0 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06 16-127162</b>	
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		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) <b>22664 MERIDIANA DRIVE BOCA RATON FL 33433</b>		Location of Offense (Including Name of Business) <b>22664 MERIDIANA DRIVE BOCA RATON FL 33433</b>		Date of Arrest <b>Sep 15, 2016</b>		Time of Arrest <b>00:45</b>	
Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) <b>CONSTANTINO NICOLE REBECCA NEWMAN</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)		Race W - White B - Black O - Oriental/Asian <b>W F</b>		Sex <b>11/26/1995</b>	
Date of Birth		Height		Weight		Eye Color	
Hair Color		Complexion		Build			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>RIBS (QUOTE), SUN (R/LEG), R/WRIST(QUOTE), BACK(QUOTE)</b>		Marital Status <b>SINGLE</b>		Religion <b>NONE</b>		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>	
Local Address (Street, Apt. Number) <b>22664 MERIDIANA DRIVE BOCA RATON FL 33433</b>		Phone <b>631-708-5532</b>		Residence Type 1. City 2. County 3. Florida 4. Out of State <b>2</b>			
Permanent Address (Street, Apt. Number) <b>22664 MERIDIANA DRIVE BOCA RATON FL 33433</b>		Phone <b>631-708-5532</b>		Address Source <b>VERBAL</b>			
Business Address (Street, Apt. Number)		Phone		Occupation <b>STUDENT</b>			
D/L Number, State <b>C-523-636-95-926-0</b>		Social Security Number		INS Number		Place of Birth <b>PORT JEFFERSON, NY</b>	
Citizenship <b>US</b>		Co-Defendant Name (Last, First, Middle)		Race		Sex	
Date of Birth		1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile			
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile					
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other		Name (Last, First, Middle)		Phone			
Address (Street, Apt. No.)		City		State		Zip	
Business Phone		Notified By (Name)		Date		Time	
Relationship		Released To (Name)		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 561 355-2526) informed of any address change. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)		School Attended		Grade			
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		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce Cultivate	
Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana	
P. Paraphernalia/ Equipment		U. Unknown Z. Other					
Charge Description <b>DATING BATTERY (SIMPLE)</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>784.03(1)(A)(1)</b>	
Violation or ORD. #		Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount/Unit <b>N/A</b>	
Offense # <b>16-127162</b>		Warrant/Capias Number		Bond <b>NONE</b>			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Violation or ORD. #		Drug Activity		Drug Type		Amount/Unit	
Offense #		Warrant/Capias Number		Bond			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Violation or ORD. #		Drug Activity		Drug Type		Amount/Unit	
Offense #		Warrant/Capias Number		Bond			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Violation or ORD. #		Drug Activity		Drug Type		Amount/Unit	
Offense #		Warrant/Capias Number		Bond			
Location (Court, Address, Room Number) <b>3228 GUN CLUB ROAD WEST PALM BEACH FL 33406</b>		Court Date and Time Month Day Year Time AM PM <b>SEP 15 AM 4:05</b>		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)		Date Signed		Name Verification (Printed by Arrestee)			
HOLD for Other Agency Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Signature of Arresting Officer <b>D/S M. VASCONCELOS</b> ID # <b>23113</b>		Name Verification (Printed by Arrestee) (PRINT)		Page <b>1 of 1</b>	
Intake Deputy <b>W6/83</b>		ID # Pouch #		Transporting Officer <b>D/S M. VASCONCELOS</b> ID # <b>23113</b> Agency		Witness here if subject signed with an "X"	

SCANNED  
SEP 15 2016

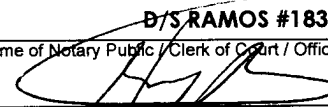
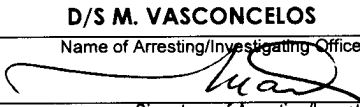
OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest    3. Request For Warrant 2. N.T.A.   4. Request For Capias		1	Juvenile	N
Agency ORI Number <b>FLO 5 0 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06</b>		<b>16-127162</b>		
Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Special Notes						
Defendant Name (Last, First, Middle) <b>CONSTANTINO NICOLE REBECCA NEWMAN</b>				Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>11/26/1995</b>		
Charge <b>DATING BATTERY (SIMPLE)</b>				Charge				
Charge				Charge				
Victim Name (Last, First, Middle)				Race	Sex	Date of Birth		
Local Address (Street, Apt. Number)				City	State	Zip	Phone	Address Source
Business Address (Street, Apt. Number)				City	State	Zip	Phone	Occupation
The undersign swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The person taken into custody...  <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> confessed to admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.								
On the <b>14</b> day of <b>SEPTEMBER</b> 20 <b>16</b> at <b>23:00</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM								

On Wednesday, September 14, 2016, at approximately 23:00 hours, I was dispatched to 22664 Meridiana Drive, in unincorporated Boca Raton, Palm Beach County, Florida, regarding a disturbance in progress. Upon my arrival I made contact with complainant/victim [REDACTED]. Details are as follows:

[REDACTED] and Nicole Constantino have been in a romantic relationship for the past nine months. [REDACTED] stated that Constantino and he, were in her bedroom when a verbal argument ensued between them. [REDACTED] said that as he was trying to leave the bedroom Constantino held herself against the door in attempt to avoid him to leave the bedroom. [REDACTED] stated that he stepped back and sat down on Constantino's bed. Then, Constantino approached [REDACTED] and head-butted him. [REDACTED] got up and tried to leave the bedroom for the second time, however Constantino held herself against the door again. [REDACTED] tried to move Constantino away from the door and she "flopped" down in the process. [REDACTED] managed to leave the bedroom and called 911 for assistance.

Next, I spoke with Constantino, who stated that earlier today, [REDACTED] and Constantino were in her bedroom, when a verbal argument ensued between them because she "hooked up with another guy". Constantino stated that [REDACTED] was seated on her bed when he, slightly, punched her stomach, consequently Constantino, to protect herself, head-butted [REDACTED]. Constantino confirmed that she tried to stop [REDACTED] to leave her bedroom, because she is afraid that he will terminate their relationship.

Constantino stated that on 09/12/2016, [REDACTED] and she, started a physical altercation because she went out with someone else after they broke up. Constantino stated that [REDACTED], allegedly, pushed her around and tried to snap her neck. [REDACTED] tried to leave Constantino's residence, however she followed him outside the residence and convinced him to stay. They went back inside and had a drink. Moments later, [REDACTED] allegedly, started to push her again when she slapped [REDACTED] on his face and broke his prescription glasses. After this incident, [REDACTED] drove Constantino to Delray Medical Center, however neither [REDACTED] nor Constantino called the police to report this incident.

The foregoing instrument was sworn to and affirmed before me this <b>15</b> day of <b>SEPTEMBER</b> 20 <b>16</b> , by:	
<b>D/S RAMOS #18336</b> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)  Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<b>D/S M. VASCONCELOS 23113</b> Name of Arresting/Investigating Officer  Signature of Arresting/Investigating Officer
Page 1 of 2 <b>SCANNED</b> <b>SEP 15 2016</b>	

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.		3. Request For Warrant 4. Request For Capias		1	Juvenile	N
Agency ORI Number <b>FLO 5 0 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERRIF'S OFFICE</b>		Agency Report Number <b>06</b>		<b>16-127162</b>				
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		Special Notes								
Defendant Name (Last, First, Middle) <b>CONSTANTINO NICOLE REBECCA</b>				<b>NEWMAN</b>		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>11/26/1995</b>		
Charge <b>DATING BATTERY (SIMPLE)</b>				Charge						
Charge				Charge						
Victim Name (Last, First, Middle)				Race		Sex		Date of Birth		
Local Address (Street, Apt. Number)				City		State		Zip		Phone
Business Address (Street, Apt. Number)				City		State		Zip		Phone
Occupation				Address Source						
The undersign swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The person taken into custody...										
<input type="checkbox"/> committed the below acts in my presence.  <input type="checkbox"/> confessed to admitting to the below facts.				<input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.						
On the <b>14</b> day of <b>SEPTEMBER</b> 20 <b>16</b> at <b>23:00</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM										

[REDACTED] denied Constantino's allegations. [REDACTED] said that on 09/12/2016 Constantino and he were having some drinks when a verbal argument ensued between them because Constantino slept with another man. [REDACTED] said that he tried to leave Constantino's residence, however she held herself against the door and did not let him leave. Then, as [REDACTED] tried to leave again, Constantino slapped his face a few times and broke his prescription glasses. [REDACTED] stated that in response to Constantino's aggressiveness he hit her face. [REDACTED] attempted to leave the residence again, when Constantino latched on his leg to stop him. [REDACTED] pushed Constantino off his leg when she screamed that her cheek bone was broken. [REDACTED] stated that Constantino drove them both to Delray Medical Center and told the hospital staff that she fell down stairs.

Based on the above facts, I believe probable cause exist to charge Constantino with one count of DATING BATTERY (SIMPLE) per FSS 784.03(1)(A)(1). Constantino was transported and booked at Palm Beach County Jail without any further incidents.

The foregoing instrument was sworn to and affirmed before me this <b>15</b> day of <b>SEPTEMBER</b> 20 <b>16</b> , by:	
<b>D/S RAMOS #18336</b> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<b>D/S M. VASCONCELOS 23113</b> Name of Arresting/Investigating Officer
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer
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**Palm Beach County Sheriff's Office**  
**DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM**  
(Submit this form with the original Probable Cause Affidavit)

Defendant: CONSTANTINO NICOLE REBECCA NEWMAN DOB: 11/26/1995 Case #: 16-127162  
Victim: RIEDER WILLIAM F. DOB: 10/14/1995 Race: W Sex: M  
Relationship between Victim and Defendant: ROMANTIC RELATIONSHIP

Photographs: Scene ☐ Yes ☒ No Victim ☒ Yes ☐ No Defendant ☒ Yes ☐ No  
911 Call: ☒ Yes ☐ No Caller: [REDACTED]  
Weapon Used: ☐ Yes ☒ No Type: \_\_\_\_\_  
Witness: ☐ Yes ☒ No Name: \_\_\_\_\_  
Victim Pregnant: ☐ Yes ☒ No If yes, \_\_\_\_\_ Weeks \_\_\_\_\_ Months  
Injuries: ☒ Yes ☐ No Description: (CONSTANTINO) LUMP ON FOREHEAD AND L/S CHEEK BRUISED

Medical Treatment: ☐ Yes ☒ No  
At Scene: ☐ Yes ☒ No Paramedics: \_\_\_\_\_  
At Hospital: ☐ Yes ☒ No Hospital: \_\_\_\_\_ Physician: \_\_\_\_\_  
Are children living in the home? ☐ Yes ☒ No DCF Notified? ☐ Yes ☒ No

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Injunction: ☐ Yes ☒ No Case #: \_\_\_\_\_  
No Contact Order: ☐ Yes ☒ No Case #: \_\_\_\_\_

Alcohol or Drugs: ☒ Yes ☐ No ☐ Unknown  
Prior history of Domestic/Dating Violence ☒ Yes ☐ No  
Defendant's statements ☒ Yes ☐ No If yes, ☒ written ☐ recorded ☐ oral  
First words Defendant said when you responded to scene: I WANT HIM OUT OF MY HOUSE

Victim's statements ☒ Yes ☐ No If yes, ☒ written ☐ recorded ☐ oral  
First words Victim said when you responded to scene: I JUST WANT TO LEAVE

Did the Victim contact anyone other than the police within an hour of the incident regarding the incident?  
☐ Yes ☒ No If yes, name: \_\_\_\_\_ phone: \_\_\_\_\_

Observations of Victim (Physical & Emotional): CALM  
☐ Upset ☐ Crying ☐ Fearful ☐ Hysterical ☐ Afraid ☒ Calm ☐ Nervous  
☐ Complained of pain ☐ Other \_\_\_\_\_

Victim contact information:  
Local Address: 21373 TOWN LAKES DR.  
BOCA RATON FL 33486

Phone: Home: 914-715-1562 Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Employer: N/A  
Name of Relative: N/A Phone: SCANNED  
SEP 15 2016

## VICTIM NOTIFICATION FORM

- 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 #: 16-127162 Agency: Palm Beach County Sheriff's Office  
Offense: DATING BATTERY (SIMPLE)  
Suspect/Offender: CONSTANTINO NICOLE REBECCA NEWMAN  
DOB: 11/26/1995 Race: W Sex: F

2. Warrant #(s): \_\_\_\_\_

3.a. Victim's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
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 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: D/S M. VASCONCELOS ID #: 23113 Date: Sep 15, 2016

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

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SEP 15 2016

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #