

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		ARREST / NOTICE TO APPEAR Juvenile Referral Report								
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 06 16-127162				
Charge Type: Check as many as apply 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor		5. Ordinance <input type="checkbox"/> 6. Other _____		If Weapon Seized Enter Type _____		Multiple Clearance Indicator				
Location of Arrest (Including Name of Business) 22664 MERIDIANA DRIVE BOCA RATON FL 33433										
Date of Arrest Sep 15, 2016	Time of Arrest 00:45	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle N/A				
Name (Last, First, Middle) CONSTANTINO NICOLE REBECCA NEWMAN						Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W-White I-American Indian B-Black O-Oriental/Asian	Sex W F	Date of Birth 11/26/1995	Height 5'00"	Weight 115	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build SMALL		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) RIBS (QUOTE), SUN (R/LEG), R/WRIST(QUOTE), BACK(QUOTE)				Marital Status SINGLE		Religion NONE	Indication of: Alcohol Influence Drug Influence	Y N Unk <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		
Local Address (Street, Apt. Number) 22664 MERIDIANA DRIVE		City	State	Zip	Phone 631-708-5532	Residence Type: 1. City 2. County	3. Florida 4. Out of State	2		
Permanent Address (Street, Apt. Number) 22664 MERIDIANA DRIVE		City	State	Zip	Phone 631-708-5532	Address Source VERBAL				
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation STUDENT				
DL Number, State C-523-636-95-926-0		Social Security Number		INS Number	Place of Birth PORT JEFFERSON, NY	Citizenship US				
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	1. Arrested 2. At Large			
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	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	Juvenile Department		TOT HRS/DYS				
Released To (Name)		Relationship	1. Handled/Processed within 2. Held/Retained 3. Incarcerated		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 N. NA P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute P. Produce C. Cultivate	M. Manufacture/ Produce A. Amphetamine	Z. Other	Drug Type N. NA A. Amphetamine	B. Barbiturates C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana	P. Peraphenies/ Equipment	U. Unknown Z. Other
Charge Description DATING BATTERY (SIMPLE)			Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03(1)(A)(1)		Violation or ORD. #		
Drug Activity N	Drug Type N	Amount/Unit N/A	Offense # 16-127162	Warrant/Capias Number		Bond			NONB	
Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input 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 type="checkbox"/> N		Statute Violation Number		Violation or ORD. #		
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond			20	
Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation or ORD. #		
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond			SEP 15 AM 4:05	
Location (Court, Address, Room Number) 3228 GUN CLUB ROAD WEST PALM BEACH FL 33406								Court Date and Time Month Day Year Time AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>		
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 WILFULLY 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 Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other _____				Signature of Arresting Officer <i>man</i>				Name Verification (Printed by Arrestee)		
				Name of Arresting Officer D/S M. VASCONCELOS				ID # 23113 (PRINT)		
Intake Deputy WB/83		ID #	Pouch #	Transporting Officer D/S M. VASCONCELOS	ID # 23113	Agency				
Witness here if subject signed with an "X"										

SCANNED

SEP 15 2016

OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

Agency ORI Number FLO 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06	16-127162		
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) CONSTANTINO		NICOLE REBECCA	NEWMAN	Race W	Sex F
Charge DATING BATTERY (SIMPLE)		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					
The undersigned 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 <u>14</u> day of <u>SEPTEMBER</u> 20 <u>16</u> at <u>23:00</u> <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		<u>15</u>	day of	<u>SEPTEMBER</u>	20	<u>16</u>	by:
D/S RAMOS #18336							
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)							

<u>D/S M. VASCONCELOS</u>	<u>23113</u>
Name of Arresting/Investigating Officer	
SCANNED	
Signature of Arresting/Investigating Officer	
Page <u>1</u> of <u>2</u>	
SEP 15 2016	

OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

Agency ORI Number FLO 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06	16-127162		
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) CONSTANTINO			NEWMAN	Race W	Sex F
Charge DATING BATTERY (SIMPLE)		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
Address Source					
Occupation					
The undersigned 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 <u>14</u> day of <u>SEPTEMBER</u> 20 <u>16</u> at <u>23:00</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM					

████████████████████ denied Constantino's allegations. █████ 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. █████ said that he tried to leave Constantino's residence, however she held herself against the door and did not let him leave. Then, as █████ tried to leave again, Constantino slapped his face a few times and broke his prescription glasses. █████ stated that in response to Constantino's aggressiveness he hit her face. █████ attempted to leave the residence again, when Constantino latched on his leg to stop him. █████ pushed Constantino off his leg when she screamed that her cheek bone was broken. █████ 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		15	day of	SEPTEMBER	20	16	, by:
<u>D/S RAMOS #18336</u>				<u>D/S M. VASCONCELOS</u>		<u>23113</u>	
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)				Name of Arresting/Investigating Officer		<u>SCANNED</u>	
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)				Signature of Arresting/Investigating Officer		Signature of Arresting/Investigating Officer	
						Page <u>2</u> of <u>2</u>	

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: **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