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NR FCIC DOWN

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ARREST / NOTICE TO APPEAR				Juvenile Referral Report		1. Arrest	3. Request for Warrant	2. N.T.A.	4. Request for Capias	1	Juvenile	
OBTS Number				Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)		16-139864		
FLO 500000				PALM BEACH COUNTY SHERIFF'S OFFICE		06-						
Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many as apply: <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other						Weapon Seized / Type 2. 1. Yes 2. No				Multiple Clearance Indicator 01		
Location of Arrest (Including Name of Business) 22465 SW 61ST WAY APT.140				Location of Offense (Business Name, Address) 22465 SW 61ST WAY APT.140 BOCA RATON, FL, 33428								
Date of Arrest 10/16/2016		Time of Arrest 1900		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle NONE				
Name (Last, First, Middle) GONZALEZ, PAMELA, LINDSAY												
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian				Sex W F	Date of Birth 09/02/1986	Height 5'05	Weight 152	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build MEDIUM	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) RIGHT FOOT- ANCHOR								Marital Status SINLE	Religion NONE	Indication of: Y N Alcohol Influence Drug Influence		
Local Address (Street, Apt. Number) 22465 SW 61ST WAY APT.140				(City) BOCA RATON	(State) FL	(Zip) 33428	Phone (561) 420-4290	Residence Type: 1. City 2. County 3. Florida 4. Out of State				
Permanent Address (Street, Apt. Number) 22465 SW 61ST WAY APT.140, BOCA RATON, FL, 33428				(City)	(State)	(Zip)	Phone ()	Address Source VERBAL				
Business Address (Name, Street)				(City)	(State)	(Zip)	Phone ()	Occupation BARTENDER				
DL Number, State G-524-672-86-822-0			Soc. Sec. Number [REDACTED]	INS Number		Place of Birth (City, State) LAKE WORTH, FL			Citizenship U.S.			
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large				<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large				<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other: Name (Last) (First) (Middle)				Residence Phone ()								
Address (Street, Apt. Number)				(City)	(State)	(Zip)	Business Phone ()					
Notified by: (Name)				Date 10/16/2016	Time	Juvenile Disposition 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated				Grade		
Released To: (Name)				Relationship				Date		Time		
The above address provided by <input checked="" type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)							School Attended					
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property [REDACTED]								
CGES	Drug Activity N - NA P. Possess	S. Sell B - Buy T. Traffic	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 O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other	
CHARGE	Charge Description DOMESTIC BATTERY				Counts 01	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1A1)				Violation of ORD #	
CHARGE	Drug Activity N	Drug Type N	Amount / Unit	Offense # 16-139864			Warrant / Capias Number				Bond	
CHARGE	Charge Description				Counts	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number				Violation of ORD #	
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #			Warrant / Capias Number				Bond	
CHARGE	Charge Description				Counts	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number				Violation of ORD #	
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #			Warrant / Capias Number				Bond	
CHARGE	Charge Description				Counts	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number				Violation of ORD #	
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #			Warrant / Capias Number				Bond	
NOTICE TO APPEAR	Location (Court, Room Number, Address)											
NOTICE TO APPEAR	Court Date and Time Month Day Year Time AM PM											
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												
ADMIN	Signature of Defendant (or Juvenile and Parent /Custodian)						Date Signed OCT 16 2016					
ADMIN	HOLD for other Agency Name:				Signature of Arresting Officer X [Signature]			Name Verification (Printed by Arrestee) [Signature]				
ADMIN	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other: [Signature]			Name of Arresting Officer (Print) D/S H. RAMOS ID # 18336 (PRINT)				
ADMIN	Intake Deputy		U. #	Pouch #	Transporting Officer	ID # 24111	Agency PBSC	SCANNED				
ADMIN	Witness here if subject signed with an "X" 06/19/2016											
DISTRIBUTION: WHITE - COURT COPY												
GREEN - STATE ATTORNEY												
YELLOW - AGENCY												
PINK - AGENCY												
GOLD - DEFENDANT (N.T.A.'s ONLY)												
PAGE 1 OF 1												

OBTS Number		PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile N
ADMIN	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06-	16-139864				
DEF	ChargeType: Check as many as apply. 1. Felony 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:				
CHARGES	Name (Last, First, Middle) GONZALEZ, PAMELA, LINDSAY		Alias		Race W	Sex F	Date of Birth 09/02/1986	
VICTIM	Charge Description DOMESTIC BATTERY	784.03(1A1)	Charge Description					
	Charge Description	Charge Description						
	Victim Name (Last, First, Middle)		Race M	Sex 01/28/1974	Address Source FL DL			
	Business Address (Name, Street)	(City)	(State)	(zip)	Phone ()	Occupation UNEMPLOYED		
<p>The undersigned certifies and 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.</p> <p>The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p>								
<p>On the 16TH day of OCTOBER 20 16 at 1900 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>								
<p>On 10/16/2016 at approximately 1806 hours, I responded to 22465 Southwest 61st way Apt. 140, in unincorporated Boca Raton, in reference to a domestic dispute.</p> <p>Upon arrival I met with the victim, [REDACTED], who explained the mother of his child, Pamela Gonzalez, had just punched him in the face due to a child custody exchange dispute. [REDACTED] explained that he arrived at the residence today (10/16/2016) to pick up his child, [REDACTED] as agreed verbally with Gonzalez. When [REDACTED] arrived [REDACTED] did not want to leave the residence and began crying and arguing with both parents. It should be noted [REDACTED] is four (4) years of age. During the dispute [REDACTED] then yelled at [REDACTED] causing Gonzalez to become upset. During the exchange Gonzalez then approached [REDACTED] and began yelling in his face, which caused [REDACTED] to push her away in an attempt to grab [REDACTED] and leave the residence. Gonzalez then ran up and punched [REDACTED] one (1) time with a closed fist in the lip. I was able to observe an open laceration approximately one-inch in length on the inside of [REDACTED] lip. Pictures of [REDACTED] injuries were taken and uploaded onto the domestic violence website. PBCFR station #57 responded to the scene and treated [REDACTED] for his injuries (reference run number 16-310736). [REDACTED] completed a sworn written statement detailing the events as he described them to me.</p> <p>I then spoke with Gonzalez in reference to this case. Gonzalez stated that during the child custody dispute today [REDACTED] became extremely aggressive with herself and her child. Gonzalez stated [REDACTED] began yelling at [REDACTED] due to him not wanting to leave with him. When she saw [REDACTED] verbally abusing [REDACTED] she became upset and yelled at him in his face. [REDACTED] then pushed her away from him causing her to fall to the ground. Due to feeling like she was just attacked Gonzalez then ran up to [REDACTED] and punched him in the face in which she described as "self-defense." Gonzalez explained that [REDACTED] pushed her down an additional two (2) times while he was trying to take [REDACTED] home with him. It should be noted while speaking with Gonzalez I did not notice any signs of injuries and she declined any medical attention. Gonzalez completed a sworn written statement detailing the events as she described them to me.</p> <p>Based on the following investigation I believe probable cause exists for Pamela Gonzalez for domestic battery pursuant to F.S.S. 784.03(1A1).</p>								
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>D/S H. RAMOS</p> <p>(Signature of Arresting/Investigative Officer)</p>								
ADMINISTRATIVE	<p>16TH OCTOBER 20 16 by D/S H. RAMOS 18336</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this _____ day of _____</p> <p>(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced _____)</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p> <p>F124111</p> <p>SCANNED</p> <p>PAGE 1 OF 1</p>							
<p>DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY</p> <p>PBSO #0004 REV. 04/01</p>								

VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER:

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#.

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 #: 16-139864 Agency: _____

Offense: DOMESTIC BATTERY

Suspect/Offender: GONZALEZ, PAMELA,LINDSAY

D.O.B. 09/02/1986 Race: W Sex: F

2. Warrant # (s): _____

3.a. Victim's ██████████ D.O.B. 01/28/1974 Race: W Sex: M

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: I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

SCANNED

Signature of person waiving notification: _____

OCT 17 2016

Printed name of person waiving notification: _____

Deputy's Name: D/S H. RAMOS I.D.# 18336 Date: 10/16/2016
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

PALM BEACH COUNTY SHERIFF'S OFFICE
DOMESTIC VIOLENCE PROBABLE CAUSE SUPPLEMENTAL FORM
(SUBMIT WITH STATE ATTORNEY'S COPY OF PROBABLE CAUSE AFFIDAVIT)

16-139864

CASE NUMBER# _____

DEFENDANT'S NAME: GONZALEZ, PAMELA,LINDSAY

DEFENDANTS STATEMENT YES NO (IF YES: WRITTEN TAPED ORAL)

SYNOPSIS: Suspect became upset due to victim yelling at her son. She admitted to punching victim in face.

VICTIM'S NAME: [REDACTED]

VICTIM'S STATEMENTS: YES NO (IF YES) WRITTEN TAPED ORAL)

OBSERVATIONS OF VICTIM: (PHYSICAL & EMOTIONAL) _____

Victim had bloody lip due to being punched in the face.

RELATIONSHIP BETWEEN VICTIM AND SUSPECT: _____

PHOTOGRAPHS: SCENE: YES NO VICTIM (S): YES NO

911 CALL: YES NO WHO CALLED: [REDACTED]

WEAPON USED: YES NO TYPE: _____

MEDICAL TREATMENT: YES NO

AT SCENE: YES NO PARAMEDICS: PBCFR #57 (16310736)

AT HOSPITAL: YES NO HOSPITAL: _____ PHYSICIAN: _____

ARE CHILDREN LIVING IN HOME: YES NO

NAME: [REDACTED] DOB: 09-19-2012

NAME: _____ DOB: _____

NAME: _____ DOB: _____

WAS ACT(S) COMMITTED IN PRESENCE OF MINOR(S): YES NO (IF YES SAME AS ABOVE OR SPECIFY)

NAME: _____ DOB: _____

NAME: _____ DOB: _____

NAME: _____ DOB: _____

DCF NOTIFIED: (IF CHILD ABUSE) YES NO

VICTIM PREGNANT- YES NO

PRIOR HISTORY OF DOMESTIC VIOLENCE: YES NO

ALCOHOL OR DRUGS INVOLVED: YES NO

VIOLATION OF RESTRAINING ORDER: YES NO CASE #: _____

ALTERNATE VICTIM CONTACT INFORMATION: (IF VICTIM DECIDES TO LEAVE RESIDENCE)

RELATIVE/FRIEND NAME: _____ PHONE: _____

RELATIVE/FRIEND ADDRESS: _____

SCANNED
OCT 17 2016