

0408492

NR FCIC DOWN

2110

OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N									
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06-		16-139864													
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		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 BOCA RATON, FL, 33428				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												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White I - American Indian B - Black O - 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: Alcohol Influence Drug Influence		Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>					
Local Address (Street, Apt. Number) 22465 SW 61ST WAY APT.140				(City) BOCA RATON, FL, 33428		(State)		(Zip)		Phone (561) 420-4290		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2									
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									
D/L Number, State G-524-672-86-822-0				Soc. Sec. Number				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													
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		Grade											
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property						Value of Property		1/1/16											
Drug Activity N. N/A 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 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 #									
Drug Activity N		Drug Type N		Amount / Unit		Offense # 16-139864		Warrant / Capias Number				Bond									
Charge Description				Counts		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of 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 of 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 of ORD #									
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond									
Location (Court, Room Number, Address)																					
Court Date and Time Month Day Year Time AM PM OCT 17 2016 5:34 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.																					
Signature of Defendant (or Juvenile and Parent /Custodian)												Date Signed									
HOLD for other Agency Name:				Signature of Arresting Officer X				Name Verification (Printed by Arrestee) (PRINT)				PAGE 1 OF 1									
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) D/S H. RAMOS				ID # 18336		Witness here if subject signed with an "X" OCT 17 2016											
Intake Deputy		ID #		Pouch #		Transporting Officer T. Davis		ID # 24111		Agency PBCSO											

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N	
ADMIN	OBTS Number												
	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 06- 16-139864							
CHARGES	Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony		<input checked="" type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance		Special Notes:					
		<input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other							
DEED	Name (Last, First, Middle)	GONZALEZ, PAMELA, LINDSAY						Alias		Race W	Sex F	Date of Birth 09/02/1986	
	Charge Description	DOMESTIC BATTERY 784.03(1A1)						Charge Description					
VICTIM	Charge Description							Charge Description					
	Name (Last, First, Middle)							Race		Sex M	Date of Birth 01/28/1974		
								Address Source FL DL					
	Business Address (Name, Street)	(City)	(State)	(zip)	Phone ()		Occupation UNEMPLOYED						
PROBABLE CAUSE STATEMENT	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. 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 my (described) investigation. 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.)												
	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.												
	Upon arrival I met with the victim, _____, who explained the mother of his child, Pamela Gonzalez, had just punched him in the face due to a child custody exchange dispute. _____ explained that he arrived at the residence today (10/16/2016) to pick up his child, _____ as agreed verbally with Gonzalez. When _____ arrived _____ did not want to leave the residence and began crying and arguing with both parents. It should be noted _____ is four (4) years of age. During the dispute _____ then yelled at _____ causing Gonzalez to become upset. During the exchange Gonzalez then approached _____ and began yelling in his face, which caused _____ to push her away in an attempt to grab _____ and leave the residence. Gonzalez then ran up and punched _____ 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 _____ lip. Pictures of _____ injuries were taken and uploaded onto the domestic violence website. PBCFR station #57 responded to the scene and treated _____ for his injuries (reference run number 16-310736). _____ completed a sworn written statement detailing the events as he described them to me.												
	I then spoke with Gonzalez in reference to this case. Gonzalez stated that during the child custody dispute today _____ became extremely aggressive with herself and her child. Gonzalez stated _____ began yelling at _____ due to him not wanting to leave with him. When she saw _____ verbally abusing _____ she became upset and yelled at him in his face. _____ 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 _____ and punched him in the face in which she described as "self-defense." Gonzalez explained that _____ pushed her down an additional two (2) times while he was trying to take _____ 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.												
	Based on the following investigation I believe probable cause exists for Pamela Gonzalez for domestic battery pursuant to F.S.S. 784.03(1A1).												
	STATE OF FLORIDA COUNTY OF PALM BEACH D/S H. RAMOS (Signature of Arresting/Investigative Officer)												
	The foregoing instrument was sworn to or affirmed and subscribed before me this 16TH day of OCTOBER 20 16 by D/S H. RAMOS 18336 (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN												
	Notary Public, Clerk of Court, Officer (F.S.S. 117.10) #12411												
	SCANNED OCT 17 2016												
	PAGE 1 OF 1												

VICTIM NOTIFICATION FORM

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 [REDACTED] D.O.B. 01/28/1974 Race: W Sex: M
Address: _____
City: [REDACTED] State: _____ Zip: _____
Home # [REDACTED] 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).

Signature of person waiving notification: _____

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

PBSO 00029A REV. 4199

SUSPECT/OFFENDER: _____

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT# _____

SCANNED

OCT 17 2016

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

CASE NUMBER# 16-139864

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: _____