

0486898



3515

ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE	
OBTS Number		Agency ORI Number 0500800		Agency Name West Palm Beach Police Department		Agency Report Number (N.T.A.'s only) 9 4 2017-0006832			
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 Enter Type Hands/feet/teeth		Multiple Clearance Indicator					
Location of Arrest (Including Name of Business) 1064 THE POINTE DR		Location of Offense (Business Name, Address) 1064 THE POINTE DR, WEST PALM BEACH, FL							
Date of Arrest 04/08/2017	Time of Arrest 19:44	Booking Date 04/08/2017	Booking Time 19:54	Jail Date	Jail Time	Location of Vehicle			
Name (Last, First, Middle) MARINO, PORTIA		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White B - Black O - Oriental/Asian W	Sex F	Date of Birth 07/24/1965	Height 5'00	Weight 100	Eye Color BROWN	Hair Color BROWN	Complexion FAIR	Build Thin	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status S		Religion CHRISTIAN		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/>			
Local Address (Street, Apt. Number) 1064 THE POINTE DR 1064, WEST PALM BEACH, FL		(City) WEST PALM BEACH		(State) FL		(Zip) 33411		Phone (954) 667-4349	
Permanent Address (Street, Apt. Number) 1064 THE POINTE DR 1064, WEST PALM BEACH, FL		(City) WEST PALM BEACH		(State) FL		(Zip) 33411		Phone (954) 667-4349	
Business Address (Name, Street) UNEMPLOYED,		(City) WEST PALM BEACH		(State) FL		(Zip) 33411		Phone (954) 667-4349	
D/L Number, State D8452765 / CA		Sec. Sec. Number [REDACTED]		DNS Number		Place of Birth (City, State) CLEVELAND, OH,		Citizenship US	
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		Name (Last, First, Middle)		Relationship		Date		Residence Phone	
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone	
Notified by: (Name)		Relationship		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated	
Released To: (Name)		Relationship		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 355-2526) informed of any change of address.		School Attended		Grade					
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property					
<input type="checkbox"/> Yes by: <input type="checkbox"/> No		Drug Activity S. Sell B. Buy P. Possess T. Traffic R. Smuggle D. Deliver E. Use K. Disperses 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. Synthetic U. Unknown Z. Other					
Charge Description BATTERY - BATTERY (SIMPLE)		Statute Violation Number 784.03(1)		Violation of ORD #					
Drug Activity N	Drug Type N	Amount / Unit /	Offense # 2017-0006832	Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant Capias Number	Bond		
Charge Description		Statute Violation Number		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant Capias Number	Bond		
Charge Description		Statute Violation Number		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant Capias Number	Bond		
Health / Apparent Physical Condition of Defendant		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escapes <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		Explain:					
Check which applies: <input type="checkbox"/> Released (I.R.) <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> PROPERTY - Received By <input type="checkbox"/> Released By		Transported By		Date Transported		Time Transported		Other	
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room)		Court Date and Time		VICTIM NOTIFICATION REQUIRED APR 9 2017 8:47 AM		No Photo Available	
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED TO BY THE COURT 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		Signature of Arresting Officer		Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) MCDONALD, GREGORY		ID # 01977		(PRINT) Apr 8 pm 1138		PAGE 1 OF 1	
Intake # 01336		Transporting Officer G. MCDONALD		ID # 1977		Agency WPBPD		Witness here if subject signed with an "X"	

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 04/08/2017 19:50		Agency ORI Number FL 0500800		Agency Name WEST PALM BEACH POLICE		Agency Report Number 9 4 2017-0006832																																																																																																																								
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	Victim's Name (Last, First, Middle) UWANAWICH, GABRIELLE CANDY						Race W	Sex F	Date of Birth 02/02/1995																																																																																																																						
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A D D I T I O N A L I N F O R M A T I O N	Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/> DEFENDANT'S STATEMENTS:			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): VISIBLE ABRASIONS																																																																																																																											
	VICTIM'S STATEMENTS: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>																																																																																																																														
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	<table style="width:100%; border: none;"> <tr> <td style="width: 15%;">PHOTOGRAPHS:</td> <td style="width: 10%;">Scene:</td> <td style="width: 10%;"><input checked="" type="checkbox"/></td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td>Victim:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>911 CALL:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>CALLER:</td> <td colspan="3">ALL PARTIES</td> </tr> <tr> <td></td> <td>WEAPON USED:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>TYPE:</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>WITNESSES:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>(If YES, attach witness list)</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>INJURIES:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td colspan="3"></td> </tr> <tr> <td></td> <td>MEDICAL TREATMENT:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> <td colspan="3"></td> </tr> <tr> <td></td> <td>AT: Scene:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>PARAMEDICS:</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>Hospital:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>PHYSICIAN(S) / HOSPITAL:</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>ACT COMMITTED IN PRESENCE OF MINOR(S):</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>NAMES/AGES:</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>H. R. S. NOTIFIED:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> <td colspan="3"></td> </tr> <tr> <td></td> <td>VICTIM PREGNANT:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> <td colspan="3"></td> </tr> <tr> <td></td> <td>VIOLATION OF RESTRAINING ORDER:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>CASE #:</td> <td colspan="3"></td> </tr> <tr> <td></td> <td>PRIOR HISTORY OF DOMESTIC VIOLENCE:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> <td colspan="3"></td> </tr> <tr> <td></td> <td>ALCOHOL OR DRUGS INVOLVED:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> <td colspan="3"></td> </tr> </table>								PHOTOGRAPHS:	Scene:	<input checked="" type="checkbox"/>	<input type="checkbox"/>						Victim:	<input checked="" type="checkbox"/>	<input type="checkbox"/>						911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER:	ALL PARTIES				WEAPON USED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TYPE:					WITNESSES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(If YES, attach witness list)					INJURIES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>						MEDICAL TREATMENT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>						AT: Scene:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PARAMEDICS:					Hospital:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:					ACT COMMITTED IN PRESENCE OF MINOR(S):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES/AGES:					H. R. S. NOTIFIED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>						VICTIM PREGNANT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>						VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #:					PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>						ALCOHOL OR DRUGS INVOLVED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
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N A R R	On April 8, 2017, I responded to 1064 The Pointe Dr regarding an in-progress domestic altercation.																																																																																																																														
	Upon arrival contact was made with the victim Gabrielle Uwanawich, the defendant Portia Marino, and witness/involved party John Uwanawich (Gabrielle's father, Marino's co-habitant/common-law spouse). Upon																																																																																																																														
S T A T E M E N T	STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.																																																																																																																														
	<div style="text-align: center;">  SIGNATURE OF ARRESTING OFFICER </div> <div style="text-align: center; margin-top: 20px;"> Sworn to and subscribed to before me this <u>8</u> day of <u>April</u>, <u>2017</u>  BALES, DOUGLAS S. NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) </div>																																																																																																																														

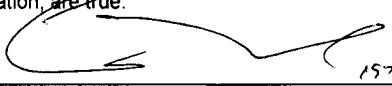
SCANNED
APR 09 2017

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

Narrative Continuation

A D M I N	Date / Time 04/08/2017 19:50		
	Agency ORI Number FL 0500800	Agency Name WEST PALM BEACH POLICE	Agency Report Number 9 4 2017-0006832
N A R R A T I V E	arrival investigation revealed the following:		
	<p>Upon arrival Gabrielle advised that a verbal altercation ensued between her and Marino, which escalated to a physical altercation when Marino struck Gabrielle. Marino used her hands (fingers and fingernails) to scratch Gabrielle in the face, head, and neck. Gabrielle pushed and scratched at Marino in a defensive nature, attempting to stop the battery and create distance between the two.</p> <p>John was present during the entire incident and likewise described a verbal altercation that began over Marino not wanting Gabrielle to live at the residence anymore. John and Marino bickered briefly, then Marino attacked Gabrielle by striking/scratching the victim in the chest, neck, and face area. John described attempting to stop the altercation but did not physically intervene.</p> <p>It should be noted that both John and Marino dialed 911 during the altercation. A loud verbal altercation was heard in the background, and dispatchers relayed sounds of a physical altercation and screams of "ouch" and "she's hitting me again".</p> <p>I noted a substantial amount of fresh, bright red scratches to Gabrielle's neck and face. I noted no injuries to Gabrielle's hands or anywhere else on her body. I observed a small number of scratches to Marino's chest and neck, and a slight red mark on the left side of Marino's head, consistent with the defensive efforts Gabrielle and John both described.</p> <p>While explaining to John and Gabrielle that Marino would be placed under arrest for domestic battery both the victim and witness refused to provide sworn statements or further cooperate with the investigation. However, due to the fact that John and Marino have been in a dating/cohabitant relationship for four years and that Gabrielle lives at the residence (in a "familial relationship") this incident appears to meet the statutory burden as a domestic battery.</p> <p>Based on the above facts and statements I find probable cause that the defendant, Portia Marino, did actually and intentionally touch or strike Gabrielle Uwanawich against her will. Probable cause therefore exists to charge Portia Marino with one count of simple Domestic Battery (FSS 784.03(1)).</p>		
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p> SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>8</u> day of <u>April</u>, <u>2017</u></p> <p>BALES, DOUGLAS S. NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)</p> <p>SCANNED APR 09 2017</p>			