

0486871

ARREST / NOTICE TO APPEAR

1. Arrest
2. N.T.A.3. Request for Warrant
4. Request for Copies

2060

1 JUVENILE

OBTS Number			Agency ORI Number			Agency Name			Agency Report Number (N.T.A.'s only)		
0502300			North Palm Beach Police Department						7 0 17-000340		
Charge Type: Check as many as apply.			<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor			<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other			If Weapon Seized Enter Type NONE		
Location of Arrest (Including Name of Business)			Location of Offense (Business Name, Address)								
RESIDENCE SAME AS OFFENSE			828 LIGHTHOUSE DR C, NORTH PALM BEACH, FL 33408								
Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time	
04/07/2017		16:35		04/07/2017		16:45					
Name (Last, First, Middle) MONTERO, SAMUEL 3											
Race W - White B - Black		Sex W - M		Date of Birth 06/20/1994		Height 5'07		Weight 150		Eye Color BROWN	
Marital Status S		Religion ATHEIST									
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)											
Local Address (Street, Apt. Number) (City) (State) (Zip) Phone (561) 329-7639 Residence Type: 1. City 3. Florida 2. County 4. Out of State 2											
522 WORTHMORE DR, LAKE WORTH, FL 33460											
Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone (561) 329-7639 Address Source FL DL											
522 WORTHMORE DR, LAKE WORTH, FL 33460											
Business Address (Name, Street) (City) (State) (Zip) Phone (561) 683-2525 Occupation Maintenance											
ROYAL POINCIANA, 5500 HAVERHILL RD, WEST PALM BEACH											
D/L Number, State M536780942200 / FL			Soc. Sec. Number			INS Number			Place of Birth (City, State) VINELAND, NJ, United States		
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		
Name (Last, First, Middle) Residence Phone											
J <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____											
U <input type="checkbox"/> Legal Custodian											
V Address (Street, Apt. Number) (City) (State) (Zip) Business Phone											
E Notified by: (Name) Date Time JUVENILE DISPOSITION											
I 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated											
L Released To: (Name) Relationship Date Time											
E 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.											
E <input type="checkbox"/> Yes, by: <input type="checkbox"/> No: Property Crime? Description of Property Value of Property											
C Drug Activity S. Sell R. Smuggle K. Dispense/ M. Manufacture/ Z. Other Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown O N. N/A B. Buy D. Deliver E. Distribute F. Produce/ G. Cultivate A. Amphetamine C. Cocaine M. Marijuana O. Opium/Deriv. S. Synthetic Z. Other D N. N/A P. Possess T. Traffic E. Use											
D Charge Description Statute Violation Number Violation of ORD # H BATTERY-SIMPLE (TOUCH OR STRIKE) 784.03(1)(A)(1)											
H Charge Description Statute Violation Number Violation of ORD # N Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond											
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I Health / Apparent Physical Condition of Defendant Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:											
E Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail PROPERTY - Received By Released By Released To <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health											
E Transported By Date Transported Time Transported Other											
N <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											
T I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD NOT FULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.											
A Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed APR 8 2017											
D HOLD for Other Agency Signature of Arresting Officer Name Verification (Printed by Arrestee) ADM <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest (PRINT) <input type="checkbox"/> Suicidal <input type="checkbox"/> Other LEJEUNE, PHILLIP 9866 5 PAGE 1 OF 1 Intake Deputy I.D. # Transporting Officer I.D. # Agency MS 04/07/17 9866 NPBPD Pouch #											

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAH CRIME ANALYSIS P.I.O. DEFENDANT

No Photo Available

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 04/07/2017 16:35	AFFIDAVIT Palm Beach County			
	Agency ORI Number FL 0502300	Agency Name NORTH PALM BEACH POLICE	Agency Report Number 7 0 17-000340		
D E F	Name (Last, First, Middle) MONTERO, SAMUEL 3	Alias	Race O	Sex M	Date of Birth 06/20/1994
	Charge Description 784.03(1)(A)(1).				
C O R R G	Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth	

DEFENDANT'S STATEMENTS:	<input type="checkbox"/> Written	<input type="checkbox"/> Taped	<input type="checkbox"/> Oral	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):
VICTIM'S STATEMENTS:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OBVIOUSLY UPSET
RELATIONSHIP BETWEEN VICTIM & SUSPECT				
BOYFRIEND				
ADDITIONAL INFORMATION	PHOTOGRAPHS:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
	Scene:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Victim:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: ANONYMOUS
	WEAPON USED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TYPE:
	WITNESSES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If YES, attach witness list)
	INJURIES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	MEDICAL TREATMENT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	AT:	<input type="checkbox"/> Scene:	<input checked="" type="checkbox"/>	PARAMEDICS:
		<input type="checkbox"/> Hospital:	<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:
ACT COMMITTED IN PRESENCE OF MINOR(S): <input checked="" type="checkbox"/> <input type="checkbox"/> NAMES/AGE: [REDACTED]				
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 #: [REDACTED]				
PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> <input checked="" type="checkbox"/>				
ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> <input checked="" type="checkbox"/>				

On 4/7/17 at 1551hrs, I was dispatched to [REDACTED] North Palm Beach, FL. 33408 in reference to a 9-1-1 hang up. When I arrived, I made contact with [REDACTED] and [REDACTED]. [REDACTED] came out of the residence holding a small steak knife and placed it on the railing prior to

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.

SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this **7** day of **April** **2017**

LOPEZ, GEORGE

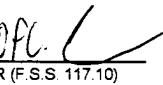
NOTARY PUBLIC / CLERK OF COURT / OFFICER (E.S.S. 117-10)

SCANNED
APR - 7 2017

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 04/07/2017 16:35	Palm Beach County Narrative Continuation
Agency ORI Number FL 0502300	Agency Name NORTH PALM BEACH POLICE	Agency Report Number 7 0 17-000340
<p>N speaking with PD. I then made contact with Tatiana C. Silva (W/F 5/14/9[REDACTED]) told me that while she was feeding her son, her boyfriend, later identified as Samuel Montero (W/M DOB 6/20/94), started yelling in her face. [REDACTED] pushed away Montero as to defend herself Montero preceded to hit her with an open hand while she was holding the baby. [REDACTED] handed the baby to [REDACTED] so he would not be harmed during the physical altercation. Montero then took [REDACTED] phone and began to look through it to see who she was talking too. [REDACTED] attempted to retrieve the phone from Montero and he began to hit her again then twisted her arm around her back, pushed her to the wall and began to choke her. Montero then left the residence and tried to get in his car and drive away, [REDACTED] reported that while Montero was driving away she was "dragged" by his vehicle. Montero admitted to being the primary aggressor and that he did hit [REDACTED] multiple times. There were no obvious signs of injuries on [REDACTED].</p> <p>Based on my investigation, Montero was placed under arrest for simple battery contrary to F.S.S 784.03(1)(A)(1).</p> <p>Montero was searched and placed in handcuffs, checked for proper fit, prior to being placed in my marked patrol vehicle. Montero was wearing a gray t-shirt, black jeans, and brown shoes.</p> <p>Montero was subsequently transported to Palm Beach County Main Jail without incident.</p> <p>[REDACTED] completed a Domestic Violence Risk assessment form and was issued a Domestic Violence packet.</p> <p>No further information at this time.</p>		
<p>NOT A CERTIFIED COPY</p>		
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, [REDACTED] 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>7</u> day of <u>April</u>, <u>2017</u></p> <p>LOPEZ, GEORGE  _____ NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p>SCANNED APR - 7 2017</p>		

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

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)
- **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 #: 17000D3L0 Agency: NORTH PALM BEACH
Offense: BATTERY - SIMPLE
Suspect/Offender: SAMUEL MONTERS
D.O.B. 6/20/94 Race: WHITE Sex: MALE

2. Warrant #(s): _____

3.a. _____

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: _____ *Scanned*

Printed name of person waiving notification: _____

Deputy's Name: _____ I.D. #: _____ Date: *7/7/2017*