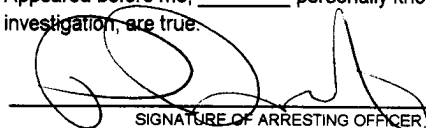


0486871		ARREST / NOTICE TO APPEAR		2060	
OBTS Number		Agency ORI Number		Agency Name	
Agency Report Number (N.T.A.'s only)		Charge Type		Multiple Clearance Indicator	
0502300		North Palm Beach Police Department		7   0   17-000340	
Check as many as apply:		1. Felony		2. Traffic Felony	
3. Misdemeanor		4. Traffic Misdemeanor		5. Ordinance	
6. Other		If Weapon Seized		Enter Type	
NONE		NONE		NONE	
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)		828 LIGHTHOUSE DR C, NORTH PALM BEACH, FL 33408	
RESIDENCE SAME AS OFFENSE		Date of Arrest		Time of Arrest	
04/07/2017		16:35		04/07/2017	
16:45		Booking Date		Jail Date	
Name (Last, First, Middle)		Alias (Name, DOB, Soc. Sec. #, Etc.)		MONTERO, SAMUEL 3	
Race		Sex		Date of Birth	
W - White		M		06/20/1994	
B - Black		O - Oriental/Asian		5'07	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Height		Weight	
		150		Eye Color	
		BROWN		Hair Color	
		BLACK		Complexion	
		LIGHT		Build	
		Medium		Marital Status	
		S		Religion	
		ATHEIST		Indication of:	
				Alcohol Influence	
				Drug Influence	
				Yes	
				No	
				Unk	
				Residence Type:	
				1. City	
				2. County	
				3. Florida	
				4. Out of State	
				2	
				Address Source	
				FL DL	
				Occupation	
				Maintenance	
D/L Number, State		Soc. Sec. Number		INS Number	
M536780942200 / FL				Place of Birth (City, State)	
				VINELAND, NJ, United	
				Citizenship	
				US	
Co-Defendant Name (Last, First, Middle)		Race		Sex	
				Date of Birth	
Co-Defendant Name (Last, First, Middle)		Race		Sex	
				Date of Birth	
Parent		Other		Name (Last, First, Middle)	
Legal Custodian					
Address (Street, Apt. Number)		(City)		(State)	
				(Zip)	
Notified by: (Name)		Date		Time	
Released To: (Name)		Relationship		Date	
				Time	
The above address was provided by		defendant and/or		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?		Description of Property		Value of Property	
Yes, by:		No:			
Drug Activity		S. Sell		R. Struggle	
N/A		B. Buy		D. Deliver	
P. Possess		T. Traffic		E. Use	
K. Disperses/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other	
Drug Type		B. Barbiturate		H. Hallucinogen	
N/A		C. Cocaine		M. Marijuana	
A. Amphetamine		E. Heroin		O. Opium/Deriv.	
				P. Paraphernalia/ Equipment	
				S. Synthetic	
				U. Unknown	
				Z. Other	
Charge Description		Statute Violation Number		Violation of ORD #	
BATTERY-SIMPLE (TOUCH OR STRIKE)		784.03(1)(4)(1)			
Drug Activity		Drug Type		Amount / Unit	
N				/	
Offense #		Counts		Domestic Violence	
17-000340		1		Y	
Warrant / Capias Number		Bond		Violation of ORD #	
Charge Description		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit	
				/	
Offense #		Counts		Domestic Violence	
				Y	
Warrant / Capias Number		Bond		Violation of ORD #	
Charge Description		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit	
				/	
Offense #		Counts		Domestic Violence	
				Y	
Warrant / Capias Number		Bond		Violation of ORD #	
Health / Apparent Physical Condition of Defendant		Any knowledge of the following:		Mental	
		Explain:		Escape Risk	
Check which applies:		Released O.R.		Released to Parent/Guardian	
Released Bond		South County Mental Health		T.O.T. County Jail	
Transported By		Date Transported		Time Transported	
				Other	
INSTRUCTION NO. 1 - Mandatory appearance in court		Location (Court, Room)		No Photo Available	
INSTRUCTION NO. 2 - You need not appear in Court		Court Date and Time			
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		Signature of Arresting Officer		Name Verification (Printed by Arrestee)	
Dangerous		Resisted Arrest		(PRINT)	
Suicidal		Other		LEJEUNE, PHILLIP	
Intake Date		ID #		9866	
Pouch #		Transporting Officer		ID #	
		LEJEUNE		9866	
		Agency		NPBPD	
Witness here if subject signed within "X"		PAGE		1 OF 1	

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>04/07/2017 16:35</b>		Agency ORI Number <b>FL 0502300</b>		Agency Name <b>NORTH PALM BEACH POLICE</b>		Agency Report Number <b>7   0   17-000340</b>	
	Name (Last, First, Middle) <b>MONTERO, SAMUEL 3</b>						Race <b>O</b>	Sex <b>M</b>
D E M O G R A P H I C	Charge Description <b>784.03(1)(A)(1).</b>							
	Victim's Name (Last, First, Middle)						Race	Sex
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 type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):				
	DEFENDANT'S STATEMENTS:			OBVIOUSLY UPSET				
	VICTIM'S STATEMENTS:							
	RELATIONSHIP BETWEEN VICTIM & SUSPECT							
	<b>BOYFRIEND</b>							
	PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
	Victim: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
	911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			CALLER: <b>ANONYMOUS</b>				
	WEAPON USED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			TYPE:				
	WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			(If YES, attach witness list)				
INJURIES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
MEDICAL TREATMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
AT: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			PARAMEDICS:					
Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			PHYSICIAN(S) / HOSPITAL:					
ACT COMMITTED IN PRESENCE OF MINOR(S): <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			NAMES/AGE: [REDACTED]					
H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			CASE #:					
PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
N A R R	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 <u>7</u> day of <u>April</u> , <u>2017</u>								
<u>LOPEZ, GEORGE</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)								

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

 SCANNED  
 APR - 7 2017

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County  
Narrative Continuation

A D M I N	Date / Time <b>04/07/2017 16:35</b>		
	Agency ORI Number <b>FL 0502300</b>	Agency Name <b>NORTH PALM BEACH POLICE</b>	Agency Report Number <b>7 0 17-000340</b>

speaking with PD. I then made contact with Tatiana C. Silva (W/F 5/14/94) 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. pushed away Montero as to defend herself Montero preceded to hit her with an open hand while she was holding the baby. handed the baby to so he would not be harmed during the physical altercation. Montero then took phone and began to look through it to see who she was talking too. 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, 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 multiple times. There were no obvious signs of injuries on .

Based on my investigation, Montero was placed under arrest for simple battery contrary to F.S.S 784.03(1) (A) (1) .

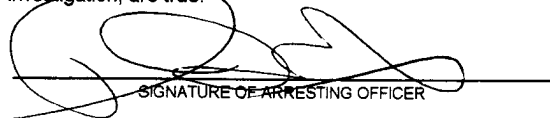
Montero was searched and placed in handcuffs, checked for proper fit, prior to being placed in my marked patrol vehicle. Montero was wearing a gray t-shirt, black jeans, and brown shoes.

Montero was subsequently transported to Palm Beach County Main Jail without incident.

completed a Domestic Violence Risk assessment form and was issued a Domestic Violence packet. No further information at this time.

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 (F.S.S. 117.10)

SCANNED  
APR - 7 2017

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

# 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)
- **Dating Violence**
- **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 #: 17000340 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: \_\_\_\_\_  
Printed name of person waiving notification: \_\_\_\_\_  
Deputy's Name: \_\_\_\_\_ I.D. # \_\_\_\_\_ Date: \_\_\_\_\_

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #:

SCANNED  
APR - 7 2017