3HFA0909669 0505609 PCN# 1/5

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

☐ Check if Supplement is Attached

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

Juvenile: 1

ADMINISTRATIVE

OBTS Number

Agency ORI Number: FLO 5 0 2 7 0 0

Agency Name: PALM SPRINGS PUBLIC SAFETY

Agency Report Number (N.T.A.'s only): 8 2 - - -

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

If Weapon Seized — Enter Type

Multiple Clearance Indicator

Location of Arrest (including Name of Business): 4538 EMERALD VISTA WAY P.S

Location of Offense (Business Name, Address): 4538 EMERALD VISTA WAY

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
02/23/19	1628	2/23/19				

DEFENDANT

Name (Last, First, Middle): SMITH, SANDRA, Ivette

Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White, B - Black, I - American Indian, O -Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	1/22/71	505	140	BROW	BLK	OLIVE	THIN

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): N/A

Marital Status: SINGLE — Religion: N/A

Indication of: Alcohol Influence ☐ Y ☐ N ☐ Unk — Drug Influence ☐ Y ☐ N ☐ Unk

Local Address (Street, Apt. Number): 4538 EMERALD VISTA WAY #348 (City): PSA (State): FL (Zip): 33461 — Phone: 561/2340427

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 01

Permanent Address (Street, Apt. Number): SAME AS ABOVE (City) (State) (Zip) — Phone ( ) — Address Source: DEF

Business Address (Name, Street): UNK (City): WELLINGTON (State) (Zip) — Phone ( ) — Occupation: MEDICAL ASST.

D/L Number, State: S530 7897 1 9220 [redacted] — INS Number — Place of Birth (City, State): REDBANK NJ — Citizenship: US

CO-DEF

Co-Defendant (Last, First, Middle)	Race	Sex	Date of Birth	
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other:

Name (Last): Alo (First): Jorge (Middle)

Residence Phone

Address (Street, Apt. Number) (City) (State) (Zip)

Business Phone ( )

VICTIM NOTIFICATION REQUIRED

Notified by: (Name) — Date — 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 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. ☐ Yes, by: (Name) ☐ No (Reason)

School Attended — Grade

Property Crime? ☐ Yes ☐ No — Description of Property — Value of Property

* DOMESTIC *

CODE

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. Synthetic, U. Unknown, Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
BATTERY-CAUSE BODILY HARM	01	☒Y ☐N	784.03(1)(a)2	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	*DOMESTIC*	19-3384		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address)

Court Date and Time — Month — Day — Year — Time — A.M. — P.M.

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

FEB 24 2019

ADMIN

HOLD for other agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy — I.D. # — Pouch #

Signature of Arresting Officer: X

Name of Arresting Officer (Print): AVELLA, T — I.D. #: 110

Transporting Officer: Avella, T — I.D. # — Agency: PSPD

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X"

PAGE ___ OF ___

SCANNED FEB 24 2019

NOT ACCREDITED COPY

PSPD #0148 REV. 09/07 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - JAIL GOLD - DEFENDANT (N.T.A.'s ONLY)

PALM SPRINGS PUBLIC SAFETY

DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT

PALM BEACH COUNTY

ON THE 23rd DAY OF February 2019, AT 4:15 ☐ AM / ☒ PM

SUBJECT: SANDRA IVETTE SMITH DOB: 11/22/71 CASE NUMBER: 2019-3384

CHARGE DESCRIPTION: SIMPLE BATTERY (BODILY HARM) STATUE NUMBER: 784.03 (1)(a)(2)

VICTIM: DENNIS POSEY DOB: 10/09/71 RACE: B SEX: M

LOCAL ADDRESS: 4538 EMERALD VISTA WAY, APT # 348 PALM SPRINGS FL 33461

PERSONAL CONTACT

NARRATIVE:

On above date and time, I responded to the above address in reference to a domestic battery call. Communications advised that the male half, was bleeding from his nose. As I exited my vehicle, I noticed a b/m standing outside the residence with no shirt on. I noticed blood on his chest, and blood coming out of his right nostril. The man was identified as the victim, Dennis Posey.

Dennis indicated that his fiancé wanted to talk to him about something that was on her mind. He stated she saw a telephone number in his phone belonging to another female. He stated that she became upset because he did not want to talk about it. He told me that she exited the bedroom, then reentered. Dennis stated that she then attacked him, using an open hand to strike his nose. He told me that he put his hands up and called 911.

I then spoke to his Fiancé, who I identified as the defendant, Sandra I. Smith. I asked her what happened, and she stated the following. She believed her fiancé was cheating on her with another woman. She told me that he was sitting on the bed, and there was a "pushing match" after being confronted about the alleged other woman. She stated that he pushed her first, and to defend herself, she stated she struck his nose with an open hand. There were no witnesses to the incident.

Based on this information, I found probable cause to believe that the defendant, Sandra I. Smith a w/f, DOB 11/22/71, did intentionally strike another person, the victim Dennis Posey, against his will and did cause bodily harm as indicated by the evidence on scene. The defendant was placed under arrest, her handcuffs were double locked and transported to CJ accordingly.

DEFENDANT'S STATEMENTS: (Written ☐ / Taped ☐ / Oral ☒)

She told me that he was sitting on the bed, and there was a "pushing match". She stated that he pushed her first, and to defend herself, she stated she struck his nose with an open hand.

VICTIM'S STATEMENTS: (Written ☒ / Taped ☐ / Oral ☐):

See victim statement

OBSERVATIONS OF VICTIM (PHYSICAL AND EMOTIONAL)

Bloody/swollen nose

RELATIONSHIP BETWEEN VICTIM AND SUSPECT: FIANCE

PHOTOGRAPHS:

NOT A CERTIFIED COPY

RELATIONSHIP BETWEEN VICTIM AND SUSPECT: **FIANCE**

PHOTOGRAPHS:
SCENE: YES ☒ NO ☐
VICTIM: YES ☒ NO ☐

911 CALL: YES ☒ NO ☐ CALLER: **BOTH PARTIES CALLED 911**

WEAPON USED YES ☐ NO ☒ TYPE:

WITNESSES: YES ☐ NO ☒ (IF YES, ATTACH WITNESS LIST)

INJURIES: YES ☒ NO ☐

MEDICAL TREATMENT: YES ☒ NO ☐

AT: SCENE: YES ☒ NO ☐ PARAMEDICS: **PBCFR (REFUSED MEDICAL AID)**

AT: HOSPITAL: YES ☐ NO ☐ PHYSICIAN(S):

HOSPITAL:

ARE THERE CHILDREN LIVING IN THE HOME: YES ☐ NO ☒

NAME(S) & DOB:

WAS ACT COMMITTED IN FRONT OF MINOR(S): YES ☐ NO ☒

NAME(S) & DOB:

H.R.S. NOTIFIED: YES ☐ NO ☒

VICTIM PREGNANT: YES ☐ NO ☒

VIOLATION OF RESTRAINING ORDER: YES ☐ NO ☒ CASE NUMBER:

PRIOR HISTORY OF DOMESTIC VIOLENCE: YES ☐ NO ☒

ALCOHOL OR DRUGS INVOLVED: YES ☐ NO ☒

VICTIM CONTACT INFORMATION

PHONE:Hm: **321-295-3979** Wk: Employer:

RELATIVE: Name: **KEITH MARCHESANI** Phone:

Address: **8462 LAGOS DE CAMPO TAMARC FL 33321**

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, Ofc Avella (print name) 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 23 day of Feb ,20 19

NOTARY / CLERK OF COURT / OFFICER (F.S.11710)

NOT A CERTIFIED COPY

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been commited:

- **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**

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 2019-3384 Agency: Palm Springs
   Offense: Simple Battery
   Suspect/Offender: _____
   D.O.B. _____ Race: _____ Sex: _____

2. Warrant #(s): _____

3.a. Victim's name: Dennis Edward Posey D.O.B. 10/9/71 Race: B Sex: M
   Address: 4538 EMERALD VISTA APT. H348
   City: LAKE WORTH State: FLA. Zip: 33461
   Home #: 321.295.3979 Work #: N/A Other: N/A

b. Victim's next of kin, friend or neighbor: KEITH MARCHESANI
   Address: 8462 LAGOS DE CAMPO
   City: TAMARAC State: FLA Zip: 33321
   Home #: 786.838.8700 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#: _____

NOT A CERTIFIED COPY

PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2019006461	**Date:** 02/24/2019
	Specialist Name/ID: AM/31562