

0507048

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OBTS Number		<b>ARREST / NOTICE TO APPEAR</b> Juvenile Referral Report				1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		1	Juvenile	N
Agency ORI Number <b>FLO 600000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>				Agency Report Number <b>06</b>		<b>19059648</b>		
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		Multiple Clearance Indicator <b>0</b>		<b>1</b>				
Location of Arrest (Including Name of Business) <b>9239 PALLADIUM PL, LAKE WORTH FL 33467</b>				Location of Offense (Including Name of Business) <b>9239 PALLADIUM PL</b>						
Date of Arrest <b>Apr 14, 2019</b>		Time of Arrest <b>1329</b>		Booking Date		Booking Time		Jail Date		Jail Time
Name (Last, First, Middle) <b>Quinones SAVANAH</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White B - Black O - Oriental/Asian <b>W</b>		Sex <b>F</b>		Date of Birth <b>09/05/1988</b>		Height <b>502</b>		Weight <b>110</b>		Eye Color <b>Brown</b>
Hair Color <b>Blond</b>		Complexion <b>LT</b>		Build <b>Small Thin</b>						
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>back on neck (cow girls dont cry)</b>				Marital Status <b>S</b>		Reason <b>unk</b>		Indication of Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk		
Local Address (Street, Apt. Number) <b>9239 PALLADIUM PL</b>		City <b>Lake Worth</b>		State <b>FL</b>		Zip <b>33467</b>		Phone <b>561-352-6056</b>		Residence Type 1. City 2. County 3. Florida 4. Out of State <b>2</b>
Permanent Address (Street, Apt. Number) <b>9239 PALLADIUM PL</b>		City <b>Lake Worth</b>		State <b>FL</b>		Zip <b>33467</b>		Phone		Address Source <b>FL DL</b>
Business Address (Street, Apt. Number)		City		State		Zip		Phone		Occupation <b>none</b>
D/L Number, State <b>Q552-781-98-825-0</b>		Social Security Number		INS Number		Place of Birth <b>west palm, FL</b>		Citizenship <b>USA</b>		
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other		Name (Last, First, Middle)							Phone	
Address (Street, Apt. No.)		City		State		Zip		Business Phone		
Notified By (Name)				Date		Time		Juvenile Disposition: 1. Handled/Processed within Dept. and Released 2. TOT HR/BOYS 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 561-355-2526) informed of any address change. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)				School Attended				Grade		
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property							Value of Property	
Drug Activity N. N/A P. Possess		B. Sell 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		P. Paraphernalia/Equipment		U. Unknown Z. Other		
Charge Description <b>BATTERY (simple) DV</b>				Counts <b>1</b>		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>784.03(1)(a)(1)</b>		Violation or ORD. # <b>NONE</b>
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount/Unit		Offense # <b>19059648</b>		Warrant/Capias Number		Bond <b>2019 APR 15 AM 5:42</b>
Charge Description				Counts		Domestic Violence		Statute Violation Number		Violation or ORD. #
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond
Charge Description				Counts		Domestic Violence		Statute Violation Number		Violation or ORD. #
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond
Charge Description				Counts		Domestic Violence		Statute Violation Number		Violation or ORD. #
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond
Location (Court, Address, Room Number)										
Court Date and Time Month Day Year Time AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>										
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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 <input type="checkbox"/> Dangerous <input type="checkbox"/> Substantial <input type="checkbox"/> Repeated Arrest <input type="checkbox"/> Other				Signature of Arresting Officer <b>Michael F Kleiy</b> Name of Arresting Officer <b>Michael F Kleiy</b> ID # <b>31804</b>				Name Verification (Printed by Arrestee) <b>SCANNED</b> (PRINT) <b>APR 15 2019</b> Witness here if subject signed with an "X"		
Initials Deputy <b>D/S Welch</b>				Transporting Officer <b>M. Kleiy</b> ID # <b>PBSO</b>				Page <b>1 of 1</b>		

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.		3. Request For Warrant 4. Request For Capias		1	N
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>			Agency Report Number <b>06 19059648</b>				
Charge Type: <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			Special Notes				
Defendant Name (Last, First, Middle) <b>Quinones SAVANAH</b>					Race <b>W</b>		Sex <b>F</b>		Date of Birth <b>09/05/1988</b>
Charge <b>BATTERY (simple)DV</b>					Charge				
Charge					Charge				
Victim Name (Last, First, Middle) <b>Blackburn Billy</b>					Race <b>W</b>		Sex <b>M</b>		Date of Birth <b>01/04/1941</b>
Local Address (Street, Apt. Number) <b>9239 Palladium PL</b>		City <b>Lake Worth</b>		State <b>FL</b>	Zip <b>33467</b>	Phone <b>954-560-1061</b>		Address Source <b>FL DL</b>	
Business Address (Street, Apt. Number)		City		State	Zip	Phone		Occupation	
The undersign 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"/> confessed to admitting to the below facts.									
<input type="checkbox"/> was observed by _____ who told that he/she saw the arrested person commit the below acts.									
<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.									
On the <u>14</u> day of <u>April</u> 20 <u>19</u> at <u>1324</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM									

On 04/14/19, I responded to 9239 Palladium PL Unincorporated Lake Worth, FL 33467 reference a domestic disturbance.

Billy R Blackburn (victim) stated he had a verbal altercation with his live in girlfriend (Savanah Quinoes W/F 09/05/88). Blackburn stated the argument was over him wanting to take back everything he gave her (engagement ring and jewelry). He stated that is when Quinoes pushed him several of times into the wall of the residence and scratched him leaving marks on his left bicep and forearm.

Quinoes stated the argument was over the ring and him wanting her to have an abortion. She did stated she put her hands on him.

There was P.C. that showed Quinoes was found to have Actually and Intentionally touches or strikes Blackburn against his will.

Quinoes was placed in custody, handcuffed (checked for proper fit/double locked), and transported to Palm Beach County Jail.

**SCANNED**  
**APR 15 2019**

The foregoing instrument was sworn to and affirmed before me this <u>14</u> day of <u>April</u> 20 <u>19</u> , by:	
<b>A Tejeda 31814</b>	<b>Michael F Kleiy 31804</b>
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer
Page 1 of 1	

## VICTIM NOTIFICATION FORM

- 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 #: 19059648 Agency: Palm Beach County Sheriff's Office  
Offense: BATTERY (simple)DV  
Suspect/Offender: Quinones SAVANAH  
DOB: 09/05/1988 Race: W Sex: F

2. Warrant #(s): \_\_\_\_\_

3.a. Victim's Name: Blackburn Billy DOB: 01/04/1941 Race: W Sex: M  
Address: 9239 Palladium PL  
City: Lake Worth State: FL Zip: 33467  
Home #: 954-560-1061 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: Michael F Klely ID #: 31804 Date: 04-14-18

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

SCANNED

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #



**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	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	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)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2019012444	Date: 04/15/2019
	Specialist Name/ID: AM/31562

**SCANNED**  
**APR 15 2019**