

0507048

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

19MM4452-2319

OBTS Number

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

Agency ORI Number <b>FLO 5 0 0 0 0 0</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 checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other _____		Weapon Seized _____ Enter Type _____	Multiple Clearance Indicator <b>0 1</b>						
Location of Arrest (Including Name of Business) <b>9239 PALLADIUM PL, LAKE WORTH</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 _____	Location of Vehicle _____				
Name (Last, First, Middle) <b>Quinones</b>				Alias (Name, DOB, Soc. Sec. #, Etc.) <b>SAVANAH</b>					
Race W - White B - Black O - Oriental/Asian	Sex <b>W</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>	Residence <b>unk</b>	Indication of Alcohol Influence Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
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 3. Florida 2. County 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>			
DL 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	<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 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 Deposition: 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 <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			
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 B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispose/ Distribute M. Manufacture/ Produce Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturates 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 type="checkbox"/> Y <input checked="" 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>	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation or ORD. #		
Drug Activity	Drug Type	Amount/Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation or ORD. #		
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Drug Activity	Drug Type	Amount/Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation or ORD. #		
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		Signature of Arresting Officer <i>Michael F. Klety</i>			Name Verification (Printed by Arrestee) <b>SCANNED</b>				
Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other _____		Name of Arresting Officer <b>Michael F. Klety</b>			(PRINT)				
Initial Deposit <b>D/B Watch 2015</b>		Transporting Officer <b>M. Klety</b>	ID # <b>31804</b>	Agency <b>PBSO</b>	APR 15 2019				
Witness here if subject signed with an 'X'									

OBTS Number	PROBABLE CAUSE AFFIDAVIT					1. Arrest 2. N.T.A.	3. Request For Warrant 4. Request For Capias	1 Juvenile N
Agency ORI Number <b>FLO 5 0 0 0 0 0</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 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other _____	Special Notes							
Defendant Name (Last, First, Middle) <b>Quinones</b>	SAVANAH	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</b>	<b>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			
<p>The undersigned 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...</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.</p>								
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:  <u>A Tejeda 31814</u>	<u>Michael F Klely</u> <u>31804</u>
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)  <u></u>	Name of Arresting/Investigating Officer  <u></u>
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)  <u></u>	Signature of Arresting/Investigating Officer  <u></u>
Page <u>1</u> of <u>1</u>	

**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 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 Kiley ID #: 31804 Date: 04-14-19



**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"/>		
Other	<input type="checkbox"/>	Other:	
Other	<input type="checkbox"/>	Other:	

**REVIEW COMPLETED BY**

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

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