

J-0498926

18CF-5466

P. 2312

ARREST/NOTICE TO APPEAR
Juvenile Referral Report

Check if Supplement is Attached

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

OBTS Number		Agency ORI Number FLO 500600		Agency Name PALM BEACH POLICE DEPARTMENT		Agency Report Number (N.T.A.'s Only) 76-18-812			
Charge Type Check as many as apply: <input checked="" type="checkbox"/> 1 Felony <input checked="" type="checkbox"/> 2 Traffic Felony <input 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 N/A		Multiple Clearance Indicator U K			
Location of Arrest (including Name of Business) 2332 Old S. Ocean Blvd Palm Beach				Location of Offense (Business Name, Address) 2332 Old S. Ocean Blvd. Palm Beach, FL					
Date of Arrest 06.09.18		Time of Arrest 23.04		Booking Date		Booking Time		Jail Date	
Name (Last, First, Middle) Bevz, sergex olegovich		Alias (Name, DOB, Soc Sec #, Etc.)							
Race W-White B-Black		Sex M		Date of Birth 03.02.80		Height 60		Weight 190	
Eye Color Hazel		Hair Color Grey		Complexion light		Build medium			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) "M" Lower right hip tattoo				Mental Status Divorced		Religion N/A		Indication of Alcohol Influence Drug Influence <input checked="" type="checkbox"/> * <input type="checkbox"/> N <input type="checkbox"/> Unk	
Local Address (Street, Apt. Number) 335 N Magnolia Ave Apt 416 Orlando FL		(City) Orlando		(State) FL		(Zip) 32801		Phone 802-238-2873	
Permanent Address (Street, Apt. Number) 335 N Magnolia Ave Apt 416 Orlando FL		(City) Orlando		(State) FL		(Zip) 32801		Phone 802-238-2873	
Business Name (Name, Street) N/A		(City)		(State)		(Zip)		Phone N/A	
DL Number, State B120-794-80-082-0		Exp. Exp. Number		IHS Number N/A		Place of Birth (City, State) Odessa, UA		Citizenship US	
Co-Defendant (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1 Arrested <input type="checkbox"/> 2 At Large	
Co-Defendant (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 3 Felony <input type="checkbox"/> 4 Misdemeanor <input type="checkbox"/> 5 Juvenile	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last)		(First)		(Middle)		Residence Phone ()	
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone ()	
Notified By (Name)				Date		Time		Juvenile Disposition 1 Handled/Processed within Dept and Released 2 TOTAL HOURS/DAYS 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 355-2526) informed of any change of address <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)						School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property			
Drug Activity S Sell N N/A P Possess		R Snuffgle B Buy T Traffic		K Dispense/ Distribute D Deliver E Use		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/Derv		P Paraphernalia/ Equipment S Synthetic		U Unknown Z Other	
Charge Description Aggravated Battery on Pleas'd Woman		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.045		Violation of ORD # 1b	
Drug Activity N		Drug Type N		Amount/Unit N/A		Offense # 18-812		Warrant/Capias Number	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number	
Location (Court, Room Number, Address)									
Court Date and Time Month Day Year Time AM PM									
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 JUN 10 AM 2:13			
HOLD for other agency				Signature of Arresting Officer D Silva #9285		Name Verification (Printed by Arrestee) (PRINT)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Re-arrested <input type="checkbox"/> Other		SCANNED					
Intake Deputy D Collins 7622		IO # 7622		Pouch #		Transporting Officer OFC D Silva 9285		IO # PBPD	
Agency PBPD		Witness here if subject signed with an "X" JUN 10 2018							

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 06/09/2018 23:57	Agency OR# Number FL 0500600		Agency Name PALM BEACH POLICE DEPARTMENT	Agency Report Number 7 6 18-000812		
	Name (Last, First, Middle) SERGEY, BEVZ OLEGOVICH				Alias	Race W	Sex M
C H R G	Charge Description 784.045(1)(B)						
	Victim's Name (Last, First, Middle) AGOSTINI, MARIA MILAGROS				Race W	Sex F	Date of Birth 02/26/1982
V I C T I M	Local Address (Street, Apt Number) (City) (State) (Zip) 9241 TELFER RUN, ORLANDO, FL 32817			Phone (407) 864-3193		Address Source	
	Business Address (Name, Street) (City) (State) (Zip)			Phone		Occupation	

DEFENDANT'S STATEMENTS	Written <input type="checkbox"/>	Taped <input type="checkbox"/>	Oral <input checked="" type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL). UPSET, RED MARKS ON NOSE
VICTIM'S STATEMENTS:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

RELATIONSHIP BETWEEN VICTIM & SUSPECT
FIANCE/ENGAGED

PHOTOGRAPHS:	Scene:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	
	Victim:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: MARIA AGOSTINI
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 checked="" type="checkbox"/>	<input type="checkbox"/>	
MEDICAL TREATMENT:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
AT: Scene:		<input type="checkbox"/>	<input type="checkbox"/>	PARAMEDICS:
Hospital:		<input type="checkbox"/>	<input type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:
ACT COMMITTED IN PRESENCE OF MINOR(S):		<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES/AGES:
H. R. S. NOTIFIED:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
VICTIM PREGNANT:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
VIOLATION OF RESTRAINING ORDER:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #:
PRIOR HISTORY OF DOMESTIC VIOLENCE:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
ALCOHOL OR DRUGS INVOLVED:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

On 6/09/18 at approximately 2225 hours, I was dispatched to 2295 South Ocean Blvd unit 207 in reference to an in-progress domestic trouble. Palm Beach Police Communication advised that the caller stated on the 911 call that she was hit twice in the face by her husband.

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, OFF. DASTIWA personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

[Signature] #9285
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 9 day of June, 2018.

[Signature]
ROTHROCK, WILLIAM M
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 117 10)

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N I S T R A T I V E	Date / Time 06/09/2018 23:57	Agency ORI Number FL 0500600	Agency Name PALM BEACH POLICE DEPARTMENT	Agency Report Number 7 6 18-000812
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Upon arrival, I met with Maria Milagros Agostini (W/F DOB: 02/26/1982), who is six months pregnant, in the lobby of the condominium. She stated that her fiancé, Sergey Olegovich Bezv (W/M DOB: 03/02/1980), struck her in the face twice and that he was still upstairs in their condo. Agostini stated she did not need any medical attention at the time. I arrived at unit 207 where I met Bezv who had a strong odor of an unknown alcoholic beverage emanating out of his breath. Bezv was placed into handcuffs that were double locked and checked for tightness, and read his miranda rights to which he stated that he understood.

Post miranda, Bezv stated that he earlier went out onto the porch to smoke a cigarette, and when he came back inside Agostini was upset due to the fact that he still smokes cigarettes while she is pregnant with their child. Bezv stated that Agostini began yelling at him to stop smoking. At which time, he took a white t-shirt and threw it at Agostini. Bezv had a fresh cut on his right thumb and left ring finger. Bezv could not explain the cut on his ring finger, but he indicated the one on his thumb was self-inflicted. Bezv stated that Agostini was pregnant and in her third trimester.

I spoke to Agostini who provided a sworn statement. She stated that she yelled at Bezv after he went outside to smoke a cigarette. She stated that he had a strong odor of cigarettes as he was standing next to her, and she told him to move away because she did not want to be around it as she is pregnant. Agostini stated that Bezv proceeded to strike her in the face twice with a closed fist and a white t-shirt wrapped around his hand. Agostini had red marks on both sides of her nose where her glasses were pushed into her face. Agostini once again refused medical treatment. Agostini advised me that she was 6 months pregnant with Bezv's child. I observed a white t-shirt on a chair in the living room. It is also likely that Bezv's finger injury occurred from contact with Agostini's glasses.

At approximately 2304 hours, I placed Sergey Olegovich Bezv under arrest for Aggravated Domestic Battery on a Woman the Offender Knew or Should Have Known was Pregnant.

STATE OF FLORIDA
COUNTY OF PALM BEACH

OFF. DASTEVA
Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

[Signature] #9285
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 9 day of June, 2018.

[Signature]
ROTHROCK, WILLIAM M
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 117 10)

SCANNED
JUN 10 2018

VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER:

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)
- 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 #: 18-812 Agency: PRPD
Offense: Domestic Battery
Suspect/Offender: Sergiy Beviz
D.O.B. 3/2/80 Race: W Sex: M

2. Warrant #(s): _____

3.a. Victim's name: Maria Mildas Agostini D.O.B. 2/26/82 Race: W Sex: F
Address: 9241 Telfer Run Orlando, FL
City: Orlando State: FL Zip: 32817
Home #: 407 864 3193 Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: Angel Agostini
Address: 9241 Telfer Run
City: Orlando State: FL Zip: 32817
Home #: 407 672 2181 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: [Signature]

Printed name of person waiving notification: Maria Agostini

Deputy's Name: Ofc. Dasilva I.D.# 9285 Date: 6-9-18

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#:

SCANNED JUN 10 2018



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

REVIEW COMPLETED BY

Booking Number: 2018019306	Date: 06/10/2018
	Specialist Name/ID: howard/7185

SCANNED
JUN 10 2018