

0505646

#3346 19MM10318

ARREST / NOTICE TO APPEAR

ADMI NIST RATI ON	OBTS Number		Agency ORI Number <b>0502000</b>		Agency Name <b>Lantana Police Department</b>		Agency Report Number (N.T.A.'s only) <b>6 4 19-002133</b>		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias <b>1</b>		JUVENILE <input type="checkbox"/>											
DEF END ANT	Charge Type: Check as many as apply		3. Misdemeanor <input checked="" type="checkbox"/>		4. Traffic Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/>		6. Other <input type="checkbox"/>		If Weapon Seized Enter Type <b>HAND/FEET/FIST</b>		Multiple Clearance Indicator <b>1</b>									
	Location of Arrest (Including Name of Business) <b>1200-BLK HYPOLUXO RD</b>						Location of Offense (Business Name, Address) <b>929 WYNNDALE WAY, LANTANA, FL 33462</b>															
	Date of Arrest <b>09/10/2019</b>		Time of Arrest <b>03:42</b>		Booking Date <b>09/10/2019</b>		Booking Time <b>03:52</b>		Jail Date <b>09/10/2019</b>		Jail Time <b>03:44</b>		Location of Vehicle									
	Name (Last, First, Middle) <b>JENNINGS, SILAS AARON</b>												Alias (Name, DOB, Soc. Sec. #, Etc.)									
DEF END ANT	Race W - White 1 - American Indian B - Black O - Oriental/Asian		Sex <b>W M</b>		Date of Birth <b>08/05/1991</b>		Height <b>6'01</b>		Weight <b>180</b>		Eye Color <b>BROWN</b>		Hair Color <b>BROWN</b>		Complexion <b>LIGHT</b>		Build <b>Medium</b>					
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status <b>S</b>		Religion <b>CHRISTIAN</b>		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>							
	Local Address (Street, Apt. Number) <b>929 WYNNDALE WAY, LANTANA, FL 33462</b>						(City)		(State)		(Zip)		Phone <b>(907) 953-8371</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>1 2</b>							
	Permanent Address (Street, Apt. Number) <b>929 WYNNDALE WAY, LANTANA, FL 33462</b>						(City)		(State)		(Zip)		Phone <b>(907) 953-8371</b>		Address Source <b>FL DL</b>							
	Business Address (Name, Street) <b>LANTANA PIZZA, LANTANA, FL</b>						(City)		(State)		(Zip)		Phone		Occupation <b>Delivery Driver</b>							
	D/L Number, State <b>J552781912850 / FL</b>				Soc. Sec. Number				INS Number				Place of Birth (City, State) <b>SOLDOTNA, AK,</b>		Citizenship <b>US</b>							
CO DEF	Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor											
	Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor											
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)												Residence Phone									
	<input type="checkbox"/> Legal Custodian												Business Phone									
	Address (Street, Apt. Number)												(Zip)									
	Notified by: (Name)												Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 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.												School Attended		Grade							
<input type="checkbox"/> Yes by: _____ <input type="checkbox"/> No												Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property						
CO DEF	Drug Activity		S. Sell		R. Snaggle		K. Dispense/Distribute		M. Manufacture/Produce/Cultivate		Z. Other		Drug Type		B. Barbiturate		H. Hallucinogen		P. Paraphernalia/Equipment		U. Unknown	
	N. N/A		B. Buy		D. Deliver		E. Use						A. Amphetamine		C. Cocaine		E. Heroin		O. Opium/Deriv.		S. Synthetic	
CH AR GE	Charge Description <b>BATTERY - SIMPLE TOUCH / STRIKE</b>												State Violation Number <b>784.03 101 00</b>		Violation of ORD #							
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number		Bond <b>No Bond</b>							
			<b>N</b>						<b>1</b>		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N											
CH AR GE	Charge Description												State Violation Number		Violation of ORD #							
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number		Bond							
											<input type="checkbox"/> Y <input type="checkbox"/> N											
CH AR GE	Charge Description												State Violation Number		Violation of ORD #							
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number		Bond							
											<input type="checkbox"/> Y <input type="checkbox"/> N											
IN TA KE	Health / Apparent Physical Condition of Defendant <b>GOOD</b>												Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input checked="" type="checkbox"/> Injuries									
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail												PROPERTY - Received By <b>J. CUCCA</b>		Released By		Released To					
	Transported By <b>N.TUANG</b>												Date Transported <b>09/10/2019</b>		Time Transported <b>03:44</b>		Other					
NO TI CE TO AP PE AR	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.												Location (Court, Room)		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.												No Photo Available									
	Signature of Defendant (or Juvenile and Parent/Custodian)												Date Signed									
AD MI N	HOLD for Other Agency												Signature of Arresting Officer <b>J. CUCCA 898</b>		Name Verification (Printed by Arrestee)							
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other												Name of Arresting Officer (Print) <b>CUCCA, JACQUELYN R</b>		I.D. # <b>898</b>		(PRINT)					
	Date of Arrest <b>09/10/2019</b>												Transporting Officer <b>N.TUANG</b>		I.D. # <b>893</b>		Agency <b>LPD</b>		Witness here if subject signed with an "X"		PAGE <b>1 OF 1</b>	



DS COLLINS 2019

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DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>09/10/2019 03:06</b>		Agency ORI Number <b>FL 0502000</b>		Agency Name <b>LANTANA POLICE DEPARTMENT</b>		Agency Report Number <b>6   4   19-002133</b>		
	Name (Last, First, Middle) <b>JENNINGS, SILAS AARON</b>				Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>08/05/1991</b>		
C H R G	Charge Description <b>784.03 BATTERY - SIMPLE TOUCH / STRIKE</b>								
	Victim's Name (Last, First, Middle) <b>MICELI, ELIZABETH NICOLE</b>				Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>12/23/1993</b>		
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>929 WYNNDALE WAY, LANTANA, FL 33462</b>				Phone <b>(561) 889-7037</b>		Address Source		
	Business Address (Name, Street) (City) (State) (Zip) <b>TEAM SERVICES</b>				Phone		Occupation <b>REMOVALS</b>		
DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):						
VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>			<b>CRYING, SHAKING</b>						
RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>SIG. OTHER</b>									
PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 911 CALL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CALLER: WEAPON USED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO TYPE: <b>HANDS/FEET</b> WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If YES, attach witness list) INJURIES: <input checked="" type="checkbox"/> YES <input 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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO NAMES/AGES: 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
On September 10, 2019 at approximately 0203 hours, I (Ofc. Cucca ID #898) was dispatched to 929 Wynndale Way, in reference to a suspicious incident. An UBER driver called the Lantana Police department stating he was at the address listed above to pick up a									
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>10</u> day of <u>September</u> , <u>2019</u> .  TUANG, NGIN SIAN NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)									

CERTIFIED COPY

SEARCHED  
SEP 10 2019

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County  
Narrative Continuation

A D M I N  N A R R A T I V E	Date / Time	09/10/2019 03:06	
	Agency ORI Number	Agency Name	Agency Report Number
	FL 0502000	LANTANA POLICE DEPARTMENT	6   4   19-002133

male, and when the male exited the residence an unknown W/F came running out of the residence screaming "he has a knife, he is going to kill you."

Upon arrival I made contact with W/F Elizabeth Miceli D.O.B. 12/23/1993. Miceli stated the following:

Her and her recently ex-boyfriend (the outcome of the argument), W/M Silas Jennings D.O.B. 08/05/1991, got into a physical altercation. The altercation started approximately thirty (30) minutes prior to law enforcement arrival. Miceli advised the argument started because she bought Jennings the wrong beer, and Jennings got angry.

Miceli informed officers her and Jennings have been living together for approximately eight (8) months.

Miceli stated during the argument Jennings took her phone out of her hands, and smashed it on the floor when she told Jennings she was going to call the police. Miceli advised after Jennings broke her phone, Jennings then slammed Miceli into the hallway closet door causing damage to the door.

Miceli advised Jennings then left the residence on foot. At that time Miceli refused to let me take any pictures of her injuries or the damage to the door. Miceli also refused to fill out a sworn written statement. Miceli was being uncooperative.

I observed a small laceration on Miceli left hand, and slight swelling on her knuckles of her left hand. Miceli stated she obtained the injuries when she was defending herself from Jennings.

Miceli stated Jennings never had a knife in his possession, and she made that part up.

While I was still speaking with Miceli, Ofc. Tuang ID #839 canvassed the area in attempt to located Jennings. Ofc. Tuang advised he located Jennings at the 1200-Blk of Hypoluxo Rd. Ofc. Tuang advised Jennings was positively identified through his FL DHSMV photograph.

I then responded to Ofc. Tuangs location to speak with Jennings. When speaking with Jennings he stated the following:

Him and his recently ex-girlfriend (the outcome of the argument), Miceli got into a verbal argument about what kind of beer they wanted to buy. Upon returning back to the residence the verbal argument turned physical. Jennings stated Miceli hit him with a closed fist on the left side of his face, and then began scratching her. Jennings stated Miceli attacked him out of no where.

Jennings at first refused to let law enforcement take pictures of his injuries, but later advised officers could take the pictures. Jennings refused to fill out a sworn written statement. Jennings was being uncooperative.

Jennings had a minor bruise on his left eye from where Miceli hit him in the face with a closed fist, and several scratches to his neck, chest and stomach. Jennings stated he received the scratched from Miceli when she attacked him.

Since I could not determine who the primary aggressor was, both Jennings and Miceli gave conflicting stories,

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.

J. Arca 898  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 10 day of September, 2019.

TUANG, NGIN SIAN  
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  N A R R A T I V E	Date / Time <b>09/10/2019 03:06</b>	Agency ORI Number <b>FL 0502000</b>		Agency Name <b>LANTANA POLICE DEPARTMENT</b>	Agency Report Number <b>6   4   19-002133</b>
--	--	--	--	---	--

and both had injuries, Jennings and Miceli were arrested for Battery.

Jennings was placed in handcuffs with his hands to the rear. The handcuffs were checked for proper spacing, and double locked. Jennings was placed in the rear of my marked patrol vehicle and transported to the Palm Beach County Jail.

Ofc. Tuang returned back to the residence and placed Miceli in handcuffs with her hands to the rear. The handcuffs were checked for proper spacing, and double locked. Miceli was placed in the rear of Ofc. Tuangs marked patrol vehicle, and transported to the Palm Beach County Jail.

Sixteen (16) digital photographs of Jennings and Miceli injuries were submitted into evidence.

Two (2) domestic violence notification forms were completed.

Both parties refused medical attention for their injuries.

NOT A CERTIFIED COPY

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.

J. Lucca 898  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 10 day of September, 2019.

TUANG, NGIN SIAN  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

# VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (S. 784.048)
- Domestic Violence - (This includes any assault, agg. Assault, battery, agg. Battery, sexual assault, sexual battery, stalking, agg. 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#: 19002133 Agency: Lantana PD  
Offense: Battery  
Suspect/Offender: 31108 Jennings  
D.O.B. 8/5/91 Race: W Sex: M

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

3. Complete one (1) of the following:

a. Victim's name: Elizabeth Micedi  
Address: 929 Werdale Way  
City: Lantana State: FL Zip: 33462  
Home #: NO NUMBER Work #: \_\_\_\_\_ Other#: \_\_\_\_\_  
(GIVE)

b. Victim's next of kin: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other#: \_\_\_\_\_

c. Victim's designated contact other than next of kin (for example: a friend or neighbor):  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other#: \_\_\_\_\_

4. Relevant identification or case numbers assigned to the case (please specify):  
\_\_\_\_\_

**WAIVER:** I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: \_\_\_\_\_

Printed name of person waiving notification: \_\_\_\_\_

Officer's Name: Otc Cucca I.D.: 898 Date: 9/16/91

SUSPECT/OFFENDER: \_\_\_\_\_

COURT CASE/WARRANT #:  
(FOR WARRANT USE ONLY)



**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: 201902439	Date: 9/10/2019
	Specialist Name/ID: Gammage/5660