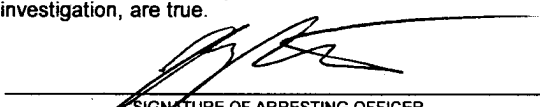



AD M I N I S T R A T I O N	OBTS Number		ARREST / NOTICE TO APPEAR				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3, 2 2017-010671							
D E F E N D A N T	Charge 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 OTHER WEAPON		Multiple Clearance Indicator 1							
	Location of Arrest (Including Name of Business) 1251 S FEDERAL HWY Boca Raton FL 33482		Location of Offense (Business Name, Address) 1251 S FEDERAL HWY, BOCA RATON, FL 33432									
C O D E F	Date of Arrest 07/28/2017	Time of Arrest 23:42	Booking Date 07/28/2017	Booking Time 23:52	Jail Date 07/28/2017	Jail Time 23:52	Location of Vehicle					
	Name (Last, First, Middle) OLIVEIRA, SIMONE BEATRIZ DE		Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)									
J U V E N I L E	Race W - White B - Black O - Oriental/Asian W		Sex F	Date of Birth 07/23/1960	Height 5'05	Weight 115	Eye Color BROWN	Hair Color BLONDE	Complexion MEDIUM	Build Small		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status S		Religion CATHOLIC		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>		Residence Type: 1. City 3. Florida 2. County 4. Out of State			
C O D E F	Local Address (Street, Apt. Number) 3300 SE 5TH ST 7, POMPANO BEACH, FL 33062		(City) (State) (Zip)		Phone (561) 445-5663		Permanent Address (Street, Apt. Number) 3300 SE 5TH ST 7, POMPANO BEACH, FL 33062		(City) (State) (Zip)		Phone (561) 445-5663	
	Business Address (Name, Street) COMFORT INN,		(City) (State) (Zip)		Phone		Occupation House Keeping					
C O D E F	D/L Number, State 0416782607630 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) CURITIBA, Burma		Citizenship US			
	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	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			
	<input type="checkbox"/> Parent <input type="checkbox"/> Other: VICTIM NOTIFICATION REQUIRED		Name (Last, First, Middle)		Residence Phone							
C O D E F	<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone							
	Notified by: (Name)		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 3. Incarcerated					
C O D E F	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: <input type="checkbox"/> No:		School Attended		Grade		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property	
C O D E F	Drug Activity S. Sell B. Buy P. Possess		R. Smuggle D. Deliver E. Use		K. Disperses/ 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					
C H A R G E	Charge Description DOMESTIC BATTERY		Statute Violation Number 784.03(1A1)		Violation of ORD #							
	Drug Activity N		Drug Type N		Amount / Unit /		Offense # 2017-010671		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
C H A R G E	Charge Description		Statute Violation Number		Violation of ORD #							
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
C H A R G E	Charge Description		Statute Violation Number		Violation of ORD #							
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
I N T A K E	Health / Apparent Physical Condition of Defendant GOOD		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:		PROPERTY - Received By TORSIELLO		Released By TORSIELLO		Released To PBCJ			
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		Date Transported 07/29/2017		Time Transported 00:43		Other			
N O T I C E T O A P P E A R	<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) South County 200 W Atlantic Ave Delray Beach, FL 33444		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.		Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed							
A D M I N	HOLD for Other Agency		Signature of Arresting Officer TORSIELLO, PHILLIP		Name Verification (Printed by Arrestee) (PRINT)		JUL 29 2017					
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		I.D. # 8791		Pouch #		Transporting Officer TORSIELLO		I.D. # 784		Agency BRPD	
Witness here if subject signed with an "X".												PAGE 1 OF 1

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

ADMIN	Date/Time 07/29/2017 00:27		Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2017-010671	
	Name (Last, First, Middle) OLIVEIRA, SIMONE BEATRIZ DE						Race W	Sex F
CHARGE	Charge Description 784.03(1A1) DOMESTIC BATTERY							
	Victim's Name (Last, First, Middle) BENESTAD, JOHN TORLEAF						Race W	Sex M
VICTIM	Local Address (Street, Apt. Number) (City) (State) (Zip) 1215 S FEDERAL HWY F121, BOCA RATON, FL 33432				Phone (561) 376-4661		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):					
VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>								
RELATIONSHIP BETWEEN VICTIM & SUSPECT BOYFRIEND/GIRLF								
ADDITIONAL INFORMATION	PHOTOGRAPHS:		Scene:	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
			Victim:	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
	911 CALL:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: SIMONE			
	WEAPON USED:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	TYPE: HANDS			
	WITNESSES:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If YES, attach witness list)			
	INJURIES:		<input type="checkbox"/>	<input checked="" type="checkbox"/>				
	MEDICAL TREATMENT:		<input type="checkbox"/>	<input type="checkbox"/>				
	AT: Scene:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	PARAMEDICS:			
	Hospital:		<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>				
	VICTIM PREGNANT:		<input type="checkbox"/>	<input checked="" 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"/>				
NARRATIVE	The following occurred in the City of Boca Raton, Palm Beach County, Florida. On 7/28/2017 at approximately 2243 hours I responded to 1251 S Federal Hwy apt F121 in reference to a domestic disturbance. Upon arrival I made contact with the following parties involved Simone Oliveira (girlfriend) and John Benestad (boyfriend). It should be noted Simone and John have been dating for over 5 years.							
	STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, <u>DS</u> 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>29</u> day of <u>July</u> , <u>2017</u> .  GRAHAM, KEITH T #714 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)							

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

ADMINISTRATIVE	Date / Time	07/29/2017 00:27	
	Agency ORI Number	Agency Name	Agency Report Number
	FL 0500200	BOCA RATON POLICE DEPARTMENT	3 2 2017-010671

I made contact with John separately first. John advised Simone and him went out for dinner tonight. When John and Simone returned home they got into a verbal argument. John said that Simone had a lot of drinks tonight and was intoxicated. John said Simone started yelling at him about cheating on her with a neighbor. John said Simone approached him in an aggressive manner and began to throw water at him and hit him with a water bottle. John's shirt and pants were both wet, which would be consistent with John's statement.

I made contact with Simone separately next. It should be noted when Simone began speaking to me I smelled a strong odor of an alcoholic beverage coming from her breath. Simone said John and her were having a good night and they went out for dinner. When they returned home they both got into a verbal argument. Simone said John started to call her a whore and was pushing her in the front shoulder area with one hand at a time. Simone stated she threw water at John to stop him from pushing her. I asked Simone to show me the area in which she said John struck her. I did not see any marks, redness, swelling, or bruising in the area in which Simone said she was struck that would be consistent with her statement.

John refused pictures of his clothing and did not want to fill out a sworn witness statement.

Based on the above aforementioned probable cause exists to charge Simone Oliveira with the following:

- Domestic Battery pursuant to F.S.S 784.03(1A1).

STATE OF FLORIDA
 COUNTY OF PALM BEACH

Appeared before me, Is 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 29 day of July, 2017.

 GRAHAM, KEITH T
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.