

049016

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

OBTS Number		ARREST / NOTICE TO APPEAR						101					
Agency ORI Number 0500200		Agency Name Boca Raton Police Department				Agency Report Number (N.T.A.'s only) 3 1 2 2017-010671							
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											
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: OLIVEIRA, SIMONE BEATRIZ DE													
Race W - White B - Black		Sex I - American Indian O - Oriental/Asian W F		Date of Birth 07/23/1960		Height 5'05		Weight 115					
Eye Color BROWN		Hair Color BLONDE		Complexion MEDIUM		Build Small							
Marital Status S		Religion CATHOLIC		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		Indication of Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>							
Local Address (Street, Apt. Number) 3300 SE 5TH ST 7, POMPANO BEACH, FL 33062		(City) (City)		(State) (State)		(Zip) (Zip)		Phone (561) 445-5663					
Permanent Address (Street, Apt. Number) 3300 SE 5TH ST 7, POMPANO BEACH, FL 33062		(City) (City)		(State) (State)		(Zip) (Zip)		Phone (561) 445-5663					
Business Address (Name, Street) COMFORT INN,		(City) (City)		(State) (State)		(Zip) (Zip)		Phone					
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					
Co-Defendant Name (Last, First, Middle)													
Parent <input type="checkbox"/> Other <input type="checkbox"/> Legal Custodian <input type="checkbox"/>		Name (Last, First, Middle)								Residence Phone			
Address (Street, Apt. Number) (City)		(State) (State)		(Zip) (Zip)		Business Phone							
Notified by: (Name)				Date		Time		JUVENILE DISPOSITION					
Released To: (Name)		Relationship		Date		Time		1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated					
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			
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:										Grade			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										Property Crime? Description of Property			
										Value of Property			
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispenses/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other			
Drug Type N								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					
Charge Description DOMESTIC BATTERY										Statute Violation Number 784.03(1A1)			
Drug Activity N										Violation of ORD #			
Offense # 2017-010671										Bond No Bond			
Counts 1													
Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N													
Warrant / Capias Number													
Charge Description										Statute Violation Number			
Drug Activity N										Violation of ORD #			
Offense # 2017-010671										Bond			
Counts 1													
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N													
Warrant / Capias Number													
Charge Description										Statute Violation Number			
Drug Activity N										Violation of ORD #			
Offense # 2017-010671										Bond			
Counts 1													
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N													
Warrant / Capias Number													
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:			
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 <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health										PROPERTY - Received By TORSIELLO			
Released By TORSIELLO										Released To PBCJ			
Transported By TORSIELLO										Date Transported 07/29/2017 Time Transported 00:43			
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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.										No Photo Available			
Signature of Defendant (or Juvenile and Parent/Custodian)										Date Signed			
HOLD for Other Agency					Signature of Arresting Officer TORSIELLO, PHILLIP					Name Verification (Printed by Arrestee) 101			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other					Name of Arresting Officer (Print) TORSIELLO, PHILLIP I.D. # 784					(PRINT)			
Arrest Date Lortilis, B. ID # 8791 Pouch #					Transporting Officer TORSIELLO I.D. # 784 Agency BRPD					PAGE 1 OF 1			
										Witness here if subject signed with an "X".			

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N D E F	Date/Time 07/29/2017 00:27	Agency Name BOCA RATON POLICE DEPARTMENT			Agency Report Number 3 2 2017-010671			
D E F	Name (Last, First, Middle) OLIVEIRA, SIMONE BEATRIZ DE	Alias			Race W	Sex F	Date of Birth 07/23/1960	
C H R G	Charge Description 784.03(1A1) DOMESTIC BATTERY							
V I C T I M	Victim's Name (Last, First, Middle) BENESTAD, JOHN TORLEAF	Race W	Sex M	Date of Birth 05/13/1946				
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:		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
RELATIONSHIP BETWEEN VICTIM & SUSPECT BOYFRIEND/GIRLF								
A D D I T I O N A L I N F O R M A T I O N N	PHOTOGRAPHS:	Scene: <input type="checkbox"/>	NO <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"/> 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"/>								
N A R R	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>TS</u> personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.								
<u>TS</u> _____ SIGNATURE OF ARRESTING OFFICER								
Sworn to and subscribed to before me this <u>29</u> day of <u>July</u> , <u>2017</u> .								
<u>GRAHAM, KEITH T 714</u> 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

Date / Time	07/29/2017 00:27
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Agency ORI Number	Agency Name
FL 0500200	BOCA RATON POLICE DEPARTMENT

Agency Report Number	3 2 2017-010671
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E
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:

1) Domestic Battery pursuant to F.S.S 784.03(1a1).

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, KS 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.