

06/8874/5

N.H.

1588

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

Juvenile

1

| | | | | | | | | | | | | |
|--|--|-------------|---|---|---|-----------------------------------|--|----------------------------|---|------|------------------------|--|
| ADMINISTRATIVE | OBTS Number | | Agency ORI Number FLO 5 0 0 6 0 0 | | Agency Name PALM BEACH POLICE DEPARTMENT | | Agency Report Number (N.T.A.'s Only) 7 6 - 1 7 - 0 0 0 8 4 9 () () | | | | | |
| | Charge Type: Check as many as apply | | <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" 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: | | Multiple Clearance Indicator | | | | | |
| | Location of Arrest (including Name of Business) 2800 S. Ocean Blvd (Four Seasons) | | | | Location of Offense (Business Name, Address) 2800 S. Ocean Blvd (Four Seasons) | | | | | | | |
| DEFENDANT | Date of Arrest 06 09 17 | | Time of Arrest 2058 | | Booking Date | | Booking Time | | | | | |
| | Jail Date | | Jail Time | | Location of Vehicle | | | | | | | |
| | Name (Last, First, Middle) Raquiana, Tetiana Sergiyvna | | | | Alias (Name, DOB, Soc. Sec. #, Etc.) | | | | | | | |
| | Race W-White B-Black I-American Indian O-Oriental/Asian WF | | Sex M F | | Date of Birth 02 09 89 | | Height 506 | | Weight 130 | | | |
| | Eye Color GRN | | Hair Color Blk | | Complexion | | Build Medium | | | | | |
| | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE | | | | Marital Status | | Religion | | Indication of Alcohol Influence Drug Intoxication Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/> | | | |
| | Local Address (Street, Apt. Number) (City) (State) (Zip) | | | | Phone () () | | Residence Type: 1. City 3. Florida 2. County 4. Out of State | | | | | |
| | Permanent Address (Street, Apt. Number) 8336 Beverly Rd (City) (State) (Zip) | | | | Phone 917 744 4070 | | Address Source verbal | | | | | |
| | Business Name (Name, Street) (City) (State) (Zip) | | | | Phone () () | | Occupation | | | | | |
| | D/L Number, State 607985375 NY | | Soc. Sec. Number | | INS Number | | Place of Birth (City, State) UK Kharkov | | Citizenship US | | | |
| CO-DEF | Co-Defendant (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 (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 | | | |
| 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) DINO Bond | | Date | | Time | | Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOTAL HOURS/DAYS 3. Incarcerated | | | | | |
| | Released To: (Name) | | Relationship | | Date | | Time | | | | | |
| CHARGE | 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 N. N/A P. Possess | | S. Sell B. Buy T. Traffic | | R. Smuggle D. Deliver E. Use | | K. Dispense/ Distribute | | M. Manufacture/ Produce/ Cultivate | | Z. Other | |
| | Drug Type A. Amphetamine | | B. Barbiturate C. Cocaine E. Heroin | | H. Hallucinogen M. Marijuana O. Opium/Deriv. | | P. Parapharmalia/ Equipment S. Synthetic | | U. Unknown Z. Other | | | |
| Charge Description Domestic Battery | | Counts 1 | | Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | | Statute Violation Number 78403 | | Violation of ORD # 1KX2 | | Bond | | |
| Drug Activity | | Drug Type | | Amount/Unit | | Offense # | | Warrant/Capias Number | | Bond | | |
| Charge Description | | Counts | | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | Statute Violation Number | | Violation of ORD # | | Bond | | |
| Drug Activity | | Drug Type | | Amount/Unit | | Offense # | | Warrant/Capias Number | | Bond | | |
| Charge Description | | Counts | | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | Statute Violation Number | | Violation of ORD # | | Bond | | |
| Drug Activity | | Drug Type | | Amount/Unit | | Offense # | | Warrant/Capias Number | | Bond | | |
| NOTICE TO APPEAR | Location (Court, Room Number, Address) | | | | Court Date and Time Month Day Year Time A.M. P.M. | | | | 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 6/10/17 | | | | JUN 10 PM 10:08 JUN 11 AM 5:58 | | | |
| ADMIN | HOLD for other agency | | Signature of Arresting Officer X | | Name Verification (Printed by Arrestee) (PRINT) | | PAGE | | | | | |
| | <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Substantial <input type="checkbox"/> Other: | | I.D. # #8138 | | Transporting Officer Elen Banga 9218 Palm Beach | | Agency | | Witness here if subject signed with me | | SCANNED JUN 11 2017 | |

CPL. D. HAWKINS #8138

SCANNED

DOMESTIC VIOLENCE/DATING VIOLENCE
PROBABLE CAUSE AFFIDAVIT
PALM BEACH POLICE DEPARTMENT

On the 10th day of June, 2017 at 2030 PM.
Subject: Tetiana S. Raquilina DOB: 2/9/89 Case #: 17-00-0849
Charge Description: Domestic Battery Statute #: 784.03(1)(a)2
Victim: [REDACTED] DOB: 4/15/92 Race: Sex:

Relationship between Victim and Defendant: dating

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: all Hang-up

Weapon Used: Yes No Type: teeth

Witness: Yes No Name: _____

Victim Pregnant: Yes No If yes, 32 weeks 8 months

Injuries: Yes No Description: _____

Medical Treatment: Yes No

At Scene: Yes No Paramedics: _____

At Hospital: Yes No Hospital: _____ Physician: _____

Are Children Living in Home? Yes No DCF Notified? Yes No

Name: _____ DOB: / /

Name: _____ DOB: / /

Name: _____ DOB: / /

Injunction Yes No Case #: _____

No Contact Order Yes No Case #: _____

Alcohol or Drugs Yes No Unknown Prior History of Domestic Violence Yes No

Defendant's Statements Yes No If yes, written recorded oral

First words Defendant said when you responded to scene: verbal argument

Victim's Statements Yes No If yes, written recorded oral

First words Victim said when you responded to scene: verbal argument and she got mad at me and bit me.

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

Yes No If yes, name: _____ phone () _____

Observations of Victim (Physical & Emotional): teeth / bite mark on left arm

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other _____

Victim Contact Information:

Local Ad [REDACTED]

Phone: [REDACTED]

Employer: _____

Name of Relative: _____ Phone () _____

Address: _____

SCANNED
JUN 11 2017

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- 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 #: 17000849 Agency: TOWN of Palm Beach
 Offense: Domestic Battery
 Suspect/Offender: Tetiana S. Raquilia
 D.O.B. 2/9/89 Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's Name: _____
 Address: _____
 City: _____
 Home Phone: _____

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 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: _____

Printed name of person waiving notification: _____

Deputy's Name: [Signature] I.D. # 9218 Date: 6/18/17

White = Corrections or State Attorney (Warrant Application) Yellow = Warrants Section Pink = Central Records JUN 11 2017

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #: