

0494212

17MM015067

4000

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile N

OBTS Number		Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		17-164721			
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		Multiple Clearance Indicator					
Location of Arrest (Including Name of Business) 5622 NEPSA WAY ,3107 DELRAY BEACH, FL 33484					Location of Offense (Including Name of Business)						
Date of Arrest Dec 17, 2017		Time of Arrest 1949		Booking Date		Booking Time		Jail Date			
Jail Time		Location of Vehicle		Name (Last, First, Middle) SILVIA TODD MICHAEL		Alias (Name, DOB, Soc. Sec. #: Etc.)					
Race W - White B - Black		Sex M		Date of Birth 12/13/1968		Height 5'10"		Weight 215			
Eye Color BROWN		Hair Color BROWN		Complexion LIGHT		Build LARGE					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status		Religion		Indication of Alcohol/Drug Influence Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>		
Local Address (Street, Apt. Number) 5622 NEPSA WAY ,3107			City DELRAY BEACH		State FL		Zip 33484		Phone (561) 891-2282		
Residence Type 1. City 2. County 3. Florida 4. Out of State									2		
Permanent Address (Street, Apt. Number)			City		State		Zip		Address Source DEFENDANT		
Business Address (Street, Apt. Number)			City		State		Zip		Occupation SALES REP		
D/L Number, State S-410-813-69-381-0		Social Security Number		INS Number		Place of Birth FALL RIVER, MA		Citizenship U.S			
Co-Defendant Name (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 Name (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		
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other		Name (Last, First, Middle)					Phone				
Address (Street, Apt. No.)			City		State		Zip		Business Phone		
Notified By (Name)				Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS 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 561 355-2526) informed of any address change.					School Attended					Grade	
<input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)											
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 N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana		P. Paraphernalia/ Equipment		U. Unknown Z. Other			
Charge Description DOMESTIC BATTERY (DATING)				Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03(1)(A)(1)		Violation or ORD. #	
Drug Activity		Drug Type		Amount/Unit		Offense # 17-164721		Warrant/Capias Number		Bond None	
Charge Description				Counts		Domestic Violence		Statute Violation Number		Violation or ORD. #	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond	
Charge Description				Counts		Domestic Violence		Statute Violation Number		Violation or ORD. #	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond	
Charge Description				Counts		Domestic Violence		Statute Violation Number		Violation or ORD. #	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond	
Location (Court, Address, Room Number)											
Court Date and Time Month _____ Day _____ Year _____ Time _____ AM <input type="checkbox"/> PM <input type="checkbox"/>											
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD WILLFULLY 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					
HOLD For Other Agency Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other				Signature of Arresting Officer D/S GUEVARA				Name Verification (Printed by Arrestee) (PRINT)			
Interv. Deputy D/S Lorraine 8059				Transporting Officer D/S GUEVARA				Agency PBSO			
								Page 1 of 1			

VICTIM NOTIFICATION
REQUIRED

DEC 18 2017
4:55 PM

SCANNED
DEC 18 2017 10:02

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest	3. Request For Warrant	1	Juvenile	N
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		17-164721		
Charge Type Check as many as apply		Special Notes		Race		Sex		Date of Birth
<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				W		M		12/13/1968
Defendant Name (Last, First, Middle) SILVIA TODD MICHAEL				Race		Sex		Date of Birth
				W		M		12/13/1968
Charge DOMESTIC BATTERY (DATING)				Charge				
Victim Name (Last, First, Middle)				Race		Sex		Date of Birth
[REDACTED]				W		F		06/15/1974
[REDACTED]				[REDACTED]				
[REDACTED]				[REDACTED]				
The undersign swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The person taken into custody...								
<input type="checkbox"/> committed the below acts in my presence.			<input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.					
<input type="checkbox"/> confessed to admitting to the below facts.			<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.					
On the <u>17</u> day of <u>DECEMBER</u> 20 <u>17</u> at <u>7:49</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM								

ON SATURDAY DECEMBER 17, 2017 AT APPROXIMATELY 1906 HOURS I WAS DISPATCHED TO [REDACTED] IN UNINCORPORATED PALM BEACH COUNTY REFERENCE TO A DOMESTIC DISPUTE IN PROGRESS. PBSO COMMUNICATIONS ADVISED THAT [REDACTED] CALLED IN AND STATED THAT [REDACTED] WAS BEING "CRAZY" AND THAT HE HIT [REDACTED] IT SHOULD BE NOTED THAT WE RESPONDED TO THIS LOCATION ON TWO PREVIOUS CALLS FOR SERVICE REF CASE # 17-164411, 17-164691 ALL DOMESTIC RELATED.

UPON ARRIVAL I MET WITH COMPLAINANT: [REDACTED] WHO WAS VISIBLY UPSET. IN A RECORDED SWORN STATEMENT [REDACTED] STATED THAT [REDACTED] TODD SILVIA HAD BEEN DRINKING SINCE 9:00 AM AND THAT HE GETS VERY VIOLENT WHEN HE DRINKS. SHE STATED THAT SILVIA WAS MISTREATING [REDACTED] BY USING PROFANITY AGAINST HER. SHE THEN POINTED AT SILVIA WITH HER INDEX FINGER AND TOLD HIM "DON'T TALK TO MY FUCKING [REDACTED] LIKE THAT". SILVIA THEN BECAME ANGRY AND SLAPPED HER HAND HE THEN PUSHED HER WHICH CAUSED HER TO FALL TO THE GROUND. SHE THEN GOT UP AGAIN AND THATS WHEN THEY GOT IN A TUSSELE ON THE GROUND WHICH STARTED IN THE LIVING ROOM AND FINALLY ENDED IN THE MASTER BEDROOM. [REDACTED] WITNESSED THE WHOLE THING AND CALLED 911. I OBSERVED MARKS ON [REDACTED] HANDS AS WELL HAVE SCUFF MARKS ON HER KNEES. I THEN SPOKE WITH [REDACTED] WHO HAD BOTH ARMS WRAPPED AROUND A BLANKET AS SHE APPEARED VERY NERVOUS. SHE TOLD ME THAT SHE WAS REALLY SCARED AND THAT [REDACTED] IS REALLY MEAN TO HER. SHE TOLD ME HE HURTS HER MOM. I THEN SPOKE WITH SILVIA WHO APPEARED TO BE UNDER THE INFLUENCE ON AN UNKNOWN ALCOHOLIC BEVERAGE AS HE HAS SLURRED SPEECH AND BLOODSHOT EYES. HE STATED HE DID NOT KNOW WHY WE WERE BACK AND STATED HE DID NOT DO ANYTHING.

GIVEN THE ABOVE FACTS THERE IS PROBABLE CAUSE TO ARREST SILVIA FOR DOMESTIC BATTERY (DATING) CONTRARY TO F.S.S 784.03(1)(A)(1) SILVIA DID ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE [REDACTED] AGAINST HER WILL. SILVIA WAS HANDCUFFED WITH HIS HANDS BEHIND HIS BACK, THEY WERE DOUBLE LOCKED AND CHECKED FOR PROPER FIT. HE WAS TRANSPORTED TO THE COUNTY JAIL WITHOUT INCIDENT.

The foregoing instrument was sworn to and affirmed before me this <u>17</u> day of <u>SEPTEMBER</u> 20 <u>2017</u> , by:			
<u>DS Moore 22071</u>		<u>D/S GUEVARA</u> 19475	
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)		Name of Arresting/Investigating Officer	
[Signature]		[Signature]	
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)		Signature of Arresting/Investigating Officer	
		SCANNED	
		DEC 18 2017	
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Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
(Submit this form with the original Probable Cause Affidavit)

Defendant: TODD MICHEAL SILVIA DOB: 12/13/1968 Case #: 17-164721
Victim: [REDACTED] DOB: 06/15/1974 Race: W Sex: F

Relationship between Victim and Defendant: _____

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: _____

Weapon Used: Yes No Type: _____

Witness: Yes No Name: [REDACTED]

Victim Pregnant: Yes No If yes, _____ Weeks _____ Months

Injuries: Yes No Description: CUTS ON HANDS, SCUFF MARKS ON KNEES

Medical Treatment: Yes No

At Scene: Yes No Paramedics: _____

At Hospital: Yes No Hospital: _____ Physician: _____

Are children living in the home? Yes No DCF Notified? Yes No

Name: [REDACTED] DOB: [REDACTED]

Name: _____ DOB: _____

Name: _____ DOB: _____

Injunction: Yes No Case #: _____

No Contact Order: Yes No Case #: _____

Alcohol or Drugs: Yes No Unknown

Prior history of Domestic/Dating Violence Yes No

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

First words Defendant said when you responded to scene: I DON'T DO ANYTHING

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

First words Victim said when you responded to scene: I CANT TAKE THIS ANYMORE

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

Yes No If yes, name: _____ phone: _____

Observations of Victim (Physical & Emotional): _____

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other _____

Victim contact information [REDACTED]

Local Address: _____

Phone: Home: _____ Work: _____ Ce [REDACTED]

Employer: _____

Name of Relative: _____ Phone: _____

VICTIM NOTIFICATION FORM

- 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 #: 17-164721 Agency: Palm Beach County Sheriff's Office
Offense: DOMESTIC BATTERY (DATING)
Suspect/Offender: SILVIA TODD MICHAEL
DOB: 12/13/1968 Race: W Sex: M

2. Warrant #(s): _____

3.a. Victim's Name: _____ DOB: 06/15/1974 Race: W Sex: F

A
C
H

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 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: D/S GUEVARA ID #: 19475 Date: Dec 17, 2017

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

SCANNED

DEC 18 2017