

0496662

3539

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

Juvenile

OBTS Number	Agency ORI Number FL0502600	Agency Name PALM BEACH GARDENS POLICE DEPT.	Agency Report Number (N.T.A.'s only) 78118100171111
Charge Type: Check as many as apply.	1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>	3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/>	5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>
Location of Arrest (Including Name of Business) 10971 N Military Trail, PBG, FL (Paddy Acres)		Location of Offense (Business Name, Address) 10971 N Military Trail PBG, FL (Paddy Acres)	
Date of arrest 031718	Time of Arrest 2321	Booking Date	Booking Time

Name (Last, First, Middle) Pitino, Ursula	Aliases (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White B - Black	Sex F	Date of Birth 092271	Height 506	Weight 140	Eyes Color BRN	Hair Color BLN	Complexion Fair	Build Med
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status M	Religion Christian	Indication of: Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/>		
Local Address (Street, Apt. Number) 20A Graden Dr		(City) PBG	(State) FL	(Zip) 33410	Phone (561) 629 4476	Residence Type: 1. City 2. County 3. Florida 4. Out of State		
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source		
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation Sales		
DL Number, State PB50840718420	INS Number	Place of Birth (City, State) Poland	Citizenship US					

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

Name (Last) (First) (Middle)		Residence Phone
Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone
Notified by: (Name)	Date	Time
Released To: (Name)	Relationship	Date
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
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 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 O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Charge Description Simple battery (domestic)	Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784103	Violation of ORD # 11A11						
Drug Activity N/A	Drug Type N/A	Amount / Unit	Offense #	Warrant / Capias Number	Bond None					
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #						
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 #						
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond					

<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court	<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.	Location (Court, Room Number, Address)	Court Date and Time Month Day Year 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
HOLD for other Agency Name	Signature of Arresting Officer	Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	Name of Arresting Officer (Print) Johnston	I.D. # 451
Intake Deputy D.S. [Signature]	Pouch #	Transporting Officer Johnston	I.D. # 451
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - JAIL GOLD - DEFENDANT		<p>SCANNED</p> <p>MAR 18 2018</p> <p>WITNESS: [Signature] subject sign with an "X"</p>	

VICTIM NOTIFICATION  
REQUIRED

SEARCHED INDEXED  
SERIALIZED FILED  
MAR 18 2018  
P.M. 5:38  
PALM BEACH COUNTY  
JUNIOR CLERK  
BRANCH

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>03/17/2018 23:21</b>	Agency Name <b>PALM BEACH GARDENS POLICE</b>		Agency Report Number <b>7   8   18-001711</b>
	Agency ORI Number <b>FL 0502600</b>			

D E F	Name (Last, First, Middle) <b>PITINO, URSULA</b>	Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>09/22/1971</b>
-------------	-----------------------------------------------------	-------	------------------	-----------------	------------------------------------

Charge Description  
**784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)**

V I C T I M	Victim's Name (Last, First, Middle) <b>PITINO, RANDAL ANTHONY</b>	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>12/03/1970</b>
----------------------------	----------------------------------------------------------------------	------------------	-----------------	------------------------------------

Local Address (Street, Apt. Number) (City) (State) (Zip) <b>2019 GRADEN DR, PALM BEACH GARDENS, FL 33410</b>	Phone <b>(561) 629-4476</b>	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"/> VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>ABRASIONS, UPSET</b>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------

RELATIONSHIP BETWEEN VICTIM & SUSPECT  
**MARRIED**

PHOTOGRAPHS: Scene: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Victim: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 911 CALL: <input type="checkbox"/> CALLER: YES <input checked="" type="checkbox"/> WEAPON USED: <input type="checkbox"/> TYPE: YES <input checked="" type="checkbox"/> WITNESSES: YES <input checked="" type="checkbox"/> (If YES, attach witness list) INJURIES: YES <input checked="" type="checkbox"/> MEDICAL TREATMENT: <input type="checkbox"/> PARAMEDICS: YES <input checked="" type="checkbox"/> AT: Scene: <input type="checkbox"/> PHYSICIAN(S) / HOSPITAL: YES <input checked="" type="checkbox"/> Hospital: <input type="checkbox"/> ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> NAMES/AGES: YES <input checked="" type="checkbox"/> H. R. S. NOTIFIED: <input type="checkbox"/> VICTIM PREGNANT: <input type="checkbox"/> VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> CASE #: YES <input checked="" type="checkbox"/> PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> ALCOHOL OR DRUGS INVOLVED: YES <input checked="" type="checkbox"/>	VICTIM NOTIFICATION REQUIRED
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------

On March 17, 2018, at approximately 11:02 p.m. I was dispatched to 10971 N Military trail (Paddy Mac's), Palm Beach Gardens, Palm Beach County, Florida in reference to a domestic disturbance. My body worn camera was utilized for this call.

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 17 day of March, 2018.

\_\_\_\_\_  
CESARK, KIM  
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)
- Attempted Murder
- 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.)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense

**Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.**

1. Incident Report #: 18001711 Agency: Palm Beach Gardens  
 Offense: Simple Battery (domestic)  
 Suspect/Offender: Orsua Pitino  
 D.O.B.: 09/22/71 Race: White Sex: Female

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

3. Complete one (1) of the following:

a. Victim's name: Randal Pitino  
 Address: 2619 Graden rd  
 City: PBG State: FL Zip: 33410  
 Home #: 561-629-4476 Work #: \_\_\_\_\_ Other: \_\_\_\_\_

b. Victim's next of kin: Ronald Pitino  
 Address: Shelia drive  
 City: Apopka State: FL 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.

**SCANNED**  
MAR 18 2018

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

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

Officer's Name: Johnsten I.D.: 451 Date: 3-17-18

SUSPECT/OFFENDER: \_\_\_\_\_  
COURT CASE/WARRANT #: \_\_\_\_\_  
(FOR WARRANTS USE ONLY)