

#0490789

2155

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1 Juvenile	
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		17-11723	
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) 1500 CRESCENT CIR APT B19 LAKE PARK		FL 33403		Location of Offense (Including Name of Business) 1500 CRESTCENT CIR APT B19		LAKE PARK FL 33403	
Date of Arrest 8-21-17		Time of Arrest 0700		Booking Date		Booking Time	
Jail Date		Jail Time		Location of Vehicle			
Name (Last, First, Middle) GROMAN VENESSA M		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White 1 - American Indian B - Black O - Oriental/Asian		Sex F		Date of Birth 4-25-94		Height 5-3	
Weight 103		Eye Color BLUE		Hair Color BRN		Complexion LIGHT	
Build SLIM		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) LEFT UPPER ARM, LEFT FOOT		Marital Status SINGLE		Religion CHRIST	
Local Address (Street, Apt. Number) 1500 CRSTCENT CIR APT B19		City LAKE PARK		State FL		Zip 33403	
Phone 7658604276		Residence Type 1. City 2. County 3. Florida 4. Out of State		1			
Permanent Address (Street, Apt. Number)		City		State		Zip	
Business Address (Street, Apt. Number)		City		State		Zip	
D/L Number, State		Social Security Number		INS Number		Place of Birth JERSEYVILLE, IL	
Citizenship US		Co-Defendant Name (Last, First, Middle)		Race		Sex	
Date of Birth		1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile			
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
1. Arrested 2. At Large		3. Felony 4. Misdemeanor 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		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 <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 N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin	
H. Hallucinogen M. Marijuana		P. Paraphernalia/ Equipment		U. Unknown Z. Other			
Charge Description SIMPLE BATTERY DOMESTIC		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03 (1A1)	
Violation or ORD. #							
Drug Activity N		Drug Type N		Amount/Unit N/A		Offense # 17-11723	
Warrant/Capias Number		Bond					
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Violation or 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 or 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 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 checked="" 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 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		Signature of Arresting Officer CLEMENTI		Name Verification (Printed by Arrestee)			
Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer CLEMENTI		ID # 8499		(PRINT)	
Intake Deputy 7202		Transporting Officer CLEMENTI		ID # PBSO		Agency	
Witness here if subject signed with an "X"		Page 1 of 1					

SCANNED
AUG 22 2017

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div>	Juvenile <input type="checkbox"/>
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		17-11723	
Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other _____		Special Notes					
Defendant Name (Last, First, Middle) GROMAN VENESSA				M	Race W	Sex F	Date of Birth 4-25-94
Charge SIMPLE BATTERY DOMESTIC				Charge			
Charge				Charge			
Victim Name (Last, First, Middle) [REDACTED]				Race W	Sex M	Date of Birth 5-29-93	
Local Address [REDACTED]				Address Source VERBAL			
Business Address (Street, Apt. Number) City State Zip Phone				Occupation			
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... <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to admitting to the below facts. </div> <div> <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation. </div> </div>							
On the <u>21</u> day of <u>AUG</u> 20 <u>17</u> at <u>0650</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM							

On the above date and time I was dispatched to 1500 Crescent Cir in reference to a verbal dispute. When I arrived I made contact with [REDACTED] whom stated that [REDACTED] Venessa Groman woke up and started to hit him. He took off his shirt and there was a red mark on his right shoulder and scratch marks on his back. He stated that she just flew into a rage because she is pregnant and that he is not sure if he does not want the child. He stated that he was scared to be a parent since they can barley afford their rent and how he feels pressured by her and she started in on him today. He stated that she threw things around and hit him and then left the apartment. Groman returned while we were talking and I asked her if she was hurt and if she had any marks on her. She stated no but did state that she was pregnant. I explained that she was being arrested for simple battery, domestic. She was cooperative and understood the charge. I placed her into handcuffs in front, double locked and checked for tightness. She was taken to the PBC jail for processing without incident.

SCANNED
AUG 22 2017

The foregoing instrument was sworn to and affirmed before me this <u>21</u> day of <u>AUG</u> 20 <u>17</u> , by:	
<u>D/s A. Pozsonyi 18339</u> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>CLEMENTI 8499</u> Name of Arresting/Investigating Officer
<u>[Signature]</u> Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>[Signature]</u> Signature of Arresting/Investigating Officer
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VICTIM NOTIFICATION FORM

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

- **Homicide** (Ch. 782)
- **Sexual Offense** (Ch. 794)
- **Attempted Murder**
- **Attempted Sexual Offense**
- **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.)

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

1. Incident Report #: 17-11723 Agency: PBSD
Offense: Simple Batt Domestic
Suspect/Offender: Venessa Gorman
D.O.B. 4-25-94 Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's name: [REDACTED] 5-29-93 Race: W Sex: M

b. Victim's next of kin, friend or neighbor: N/A
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: D/S Clementi I.D.# 8499 Date: 8-21-17

SUSPECT/OFFENDER:

(FOR WARRANT)

COURT CASE/WARRANT#:

SCANNED
AUG 22 2017



CASE #: 17-117423	ZONE: LP11	SUSPECT: Venessa Groman	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 8-21-17 0050
EVENT TYPE: Domestic Simple Batt		DEPUTY: Clementi	ID#: 8499

[REDACTED]				MIDDLE INITIAL: W		RACE: W		SEX: M	
DATE OF BIRTH: (MM/DD/YYYY) 05/29/1993			YOUR HEIGHT: 5'6"	YOUR WEIGHT: 190	YOUR HAIR COLOR: brown		YOUR EYE COLOR: Green		
[REDACTED]									
YOUR WORK NAME & ADDRESS:				<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY:		STATE:	
								ZIP:	
WORK PHONE: <input type="checkbox"/> CHECK IF NONE		CELL PHONE: <input type="checkbox"/> CHECK IF NONE		HOME PHONE: <input type="checkbox"/> CHECK IF NONE		EMAIL: <input type="checkbox"/> CHECK IF NONE			
()		15611222 6324		()		[REDACTED]			

[illegible]

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I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE.

YOUR SIGNATURE: **X** [Redacted Signature]

DEPUTY SHERIFF ☐ NOTARY PUBLIC ☐ FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 8-21-17 TIME: 0650

SIGNATURE: [Redacted Signature] ID: 8499

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER [JORDA], AND I HEREBY STATE THAT I **WILL NOT** COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. ☐ DO NOT WISH TO PROSECUTE (INITIAL _____)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY