

#0490289

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 <b>FLO 5 0 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06 17-11723</b>							
Charge Type: Check as many as apply 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		If Weapon Seized Enter Type							
Location of Arrest (Including Name of Business) <b>1500 CRESCENT CIR APT B19 LAKE PARK</b>		FL 33403		Location of Offense (Including Name of Business) <b>1500 CRESTCENT CIR APT B19</b>							
Date of Arrest <b>8-21-17</b>	Time of Arrest <b>0700</b>	Booking Date	Booking Time	Jail Date	Jail Time						
Name (Last, First, Middle) <b>GROMAN VENESSA M</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White B - Black	Sex W - American Indian O - Oriental/Asian	Date of Birth <b>4-25-94</b>	Height <b>5-3</b>	Weight <b>103</b>	Eye Color <b>BLUE</b>						
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>LEFT UPPER ARM, LEFT FOOT</b>				Marital Status <b>SINGLE</b>	Religion <b>CHRIST</b>						
Local Address (Street, Apt. Number) <b>1500 CRSTCENT CIR APT B19</b>		City <b>LAKE PARK</b>	State <b>FL</b>	Zip <b>33403</b>	Phone <b>7658604276</b>						
Permanent Address (Street, Apt. Number)		City	State	Zip	Phone						
Business Address (Street, Apt. Number)		City	State	Zip	Phone						
D/L Number, State		Social Security Number	INS Number	Place of Birth <b>JERSEYVILL, IL</b>	Citizenship <b>US</b>						
Co-Defendant Name (Last, First, Middle)				Race	Sex						
Co-Defendant Name (Last, First, Middle)				Race	Sex						
<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	Victim Notification Required							
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							
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 Produce Cultivate	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 <b>SIMPLE BATTERY DOMESTIC</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>784.03 (1A1)</b>		Violation or ORD. #					
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount/Unit <b>N/A</b>	Offense # <b>17-11723</b>	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)		2017									
Court Date and Time		11:45 AM 08/21/17									
Month	Day	Year	Time	AM <input type="checkbox"/>	PM <input type="checkbox"/>	2017					
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 <b>08/21/17 3:04</b>							
HOLD for Other Agency Name		Signature of Arresting Officer <b>Clemi</b>		Name Verification (Printed by Arrestee) <b>H</b>							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Name of Arresting Officer <b>CLEMENTI</b>		ID # <b>8499</b> (PRINT) <b>5</b>							
Intake Deputy <b>SCARRED 2017 AUG 22 2017</b>		ID # <b>100</b> Pouch #		Transporting Officer ID # <b>CLEMENTI</b>		Agency <b>PBSO</b>	Page <b>36</b>				
Witness here if subject signed with an "X" <b>1 of 1</b>											

OBTS Number
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### PROBABLE CAUSE AFFIDAVIT

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

Agency ORI Number <b>FLO 5 0 0 0 0 0</b>	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number <b>06</b>	<b>17-11723</b>			
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) <b>GROMAN VENESSA</b>			M	Race W	Sex F	Date of Birth <b>4-25-94</b>
Charge <b>SIMPLE BATTERY DOMESTIC</b>		Charge				
Charge		Charge				
Victim Name (Last, First, Middle) [REDACTED]			Race W	Sex M	Date of Birth <b>5-29-93</b>	
Local Ad [REDACTED]			Address Source <b>VERBAL</b>			
Business Address (Street, Apt Number)		City	State	Zip	Phone	
Occupation						
The undersigned 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>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 barely 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		
Page <u>1</u> of <u>1</u>					

# 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)
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**
- **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 Battery Domestic

Suspect/Offender: Venessa Grisman

D.O.B. 4-25-94 Race: W Sex: F

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

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

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.# 84G9 Date: 8-21-17

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records  
PBSD #0029A REV. 4/99

SUSPECT/OFFENDER: \_\_\_\_\_

(FOR WARRANTS ONLY)

COURT CASE/WARRANT#:



Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.

WITNESS  VICTIM  OTHER

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

**COMPLETE EVERYTHING BELOW – PRINT LEGIBLY**

**MIDDLE INITIAL:** *w*    **RACE:** *W*    **SEX:** *M*

DATE OF BIRTH: 05/09/1993 (MM/DD/YYYY) YOUR HEIGHT: 5'6" YOUR WEIGHT: 190 YOUR HAIR COLOR: brown YOUR EYE COLOR: Green

TOOK WORK NAME & ADDRESS: **814 E 81ST ST, COLUMBUS, OH 43214** | PHONE: **(614) 876-1234**

**WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY**

Room mate beat me. Tried to snuck phone out of Hand. Threaten me. before it get worse I left

PAGE 1 OF 1

**READ AND SIGN**

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

DEPUTY SHERIFF  NOTARY PUBLIC ESS: 117.10

FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 8-21-17

TIME: 060

ID: 89

YOUR SIGNATURE: X

**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 FLORIDA LAW. 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.**

**SCANNED 5/21/2017**

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**