

# Broward County Sheriff's Office

15008433mm10A MV

## Booking Report



CIS # <b>261500351</b>	BCCN # <b>833328</b>	Booking Sheet Control Date and Time
OBTS 608222220	Print Clearance 8/10/2015 00:09:34 Prints Yes	<b>08/10/15 00:59:00</b>
Arrest # WM 1500351	Offense Report # 431508009600	Agency WM

Last Name	SSN #
First <b>LEVINE , BENJAMIN , SCOTT</b>	[REDACTED]
Middle	

Race	Sex	Height	Weight	Eyes	Hair	Comp.	Age Admitted	DOB	Place of Birth	State	FDLE
WHITE	M	603	160	BLU	BLN	LGT	32	06/11/1983	ATLANTA	GA	7990536

Permanent Address	33 NE 25TH ST	WILTON MANORS	FL 33305	Months of Residence	0
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Arrest Date	8/9/2015 21:23:00	Arresting Officer	J. GARCIA	Place of Arrest	43 NE 25TH ST	Badge Number	245
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Inmate Logged Date	8/9/2015 23:20:30	Inmate Log Type		Place Admitted	MAIN
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Intake Comments 29/54SP/CO-6162 W/C-8153

Alias Last name, First, Middle LEVINE , BENJAMIN , S

Alias Last name, First, Middle LEVINE , BENJAMIN ,

Scars, Marks, Tattoos:

Tattoos Arm, left SLEEVE (DRAGON, FLOWERS, OWL)

Release Date/Time	Release Reason	Release Authorized By
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Charge No.	Charge Initiation Date	Statute	Warrant/Capias	Level M.C	B.Type	Bond Amount
1	08/10/2015 0:55	784.03-1a2(HG)		1M D	IOLD FOR MA	0
Charges	BATTERY-CAUSE BODILY HARM DOM VIOLENCE					
Booking Off. ID	bs14954	County		Judge		

\* End of Report \*

Stamp: COUNTY CLERK 08/10/2015 10:01:33

**COMPLAINT AFFIDAVIT**  
 SHADED FIELDS MUST BE ANSWERED IF DEFENDANT NOT IN CUSTODY

**ARREST FORM**

BROWARD COUNTY  
 ARREST # **DA15351**

OBTS #

Filing Agency <b>WILTON MANORS PD</b>		Offense Report <b>43-1508-009600</b>		Local ID #		FDLE		FBI		SS #	
Defendant's Last Name <b>LEVINE</b>				First <b>BENJAMIN</b>		Middle <b>SCOTT</b>		SUF		Alias/Street Name <b>US</b>	
Race <b>W</b>	Sex <b>M</b>	Hgt <b>6'03</b>	Wgt <b>160</b>	Hair <b>BLUE</b>	Eyes <b>BLUE</b>	Comp <b>LIGHT</b>	Age <b>32</b>	DOB <b>06/11/1983</b>	Birth Place		
Permanent Address <b>43 NE 25TH ST, WILTON MANORS, FL 33305</b>								Scars, Marks, TT			
Residence Type: (1) City (2) County (3) Florida (4) Out of State		Local Address: <b>43 NE 25TH ST, WILTON MANORS, FL 33305</b>						Place of Employment		Length	
How long defendant in Broward County		Breathalyser By/CCN		Reading		Place of Arrest <b>43 NE 25TH ST</b>		Date/Time Arrested <b>08/09/2015 21:23</b>		Arresting Officer(s) CCN <b>GARCIA, JUSTINE (245)</b>	
Officer Injured Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Unit	Zone	Beat	Shift	Trans Unit <b>1302</b>	PMD Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Transporting Officer/CCN <b>GARCIA 245</b>		Pick-up Time	Time Arrived/BSO	
<b>TYPE / ACTIVITY:</b> <b>N / N</b>		Type N-N/A A-Amphetamine B-Barbiturate C-Cocaine		E-Heroin H-Hallucinogen M-Marijuana O-Opium/Derv.		P-Paraphernalia/Equipment S-Synthetic U-Unknown Z-Other		Activity: N-N/A P-Possess S-Sell B-Buy		T-Traffic A-Smuggle D-Deliver E-Use	
		M-Manufacture/Produce/Cultivate K-Dispense/Distribute Z-Other		Indication of Alcohol Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Y N UK					

Attach Defendant's Photo

Defendant's Vehicle Make: \_\_\_\_\_ Type: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ VIN # \_\_\_\_\_  
 Vehicle Towed To: \_\_\_\_\_ Tag #: \_\_\_\_\_ Other identifiers or remarks: \_\_\_\_\_

Name of victim(s) (if corporation, exact legal name and state of incorporation)			
Count #	Offenses Charged	WC# / Citation # (if applicable)	FS or Capias/Warrant #
1	BATTERY-CAUSE BODILY HARM DOM VIOLENCE		784.03-1A2(HG)

**Probable Cause Affidavit**

Before me this date personally appeared GARCIA, JUSTINE (245) who being first duly sworn deposes and says that on 9 day of August (year) 2015 at 43 NE 25TH ST, WILTON MANORS, FL (crime location) the above named defendant committed the above offenses charged and the facts showing probable cause to believe the same are as follows

On 08/09/2015 at 2123 hours, at the location of 43 NE 25th St which is located within the jurisdictional limits of the Wilton Manors Police Department within Broward County and the State of Florida. The above listed defendant did commit a battery upon his \_\_\_\_\_ who have been living together as a family for one year.

\* \* \* Continued \* \* \*

I swear the above statement is correct and true to the best of my knowledge and belief

[Signature] GARCIA, JUSTINE (245)  
 Officer/Affiant's Signature Officer's Name/CCN

Patrol  
 Officer's Division

STATE OF FLORIDA  
 COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this 9 day of August, 2015 (year),  
 by OFFICER GARCIA, JUSTINE (name and title), who is personally known to me or has produced \_\_\_\_\_ as identification.

[Signature]  
 Notary Public, Deputy Clerk of the Court, or Assistant State Attorney

SERGEANT / 172  
 Title/Rank and CCN

**COHEN, ROBERT**  
 Print, Type or Stamp Commissioned Name of Notary Public  
 Seventeenth Judicial Circuit  
 Broward County  
 State of Florida

FIRST APPEARANCE/ARREST FORM

(SHOULD ADDITIONAL SPACE BE NEEDED, USE THE PROBABLE CAUSE AFFIDAVIT CONTINUATION (BSO DB#2a))

- Org - Court
- 2nd - State Attorney
- 3rd - Filing Agency\*
- 4th - Arresting Agency

**COURT COPY**

20154 letter      SPLCO letter      WCF 8153

CENTRAL INTAKE  
 SALLYPORT  
 2015 AUG -9 PM 11:20

**COMPLAINT AFFIDAVIT**  
 PROBABLE CAUSE AFFIDAVIT CONTINUATION

**ARREST FORM**

BROWARD COUNTY

ARREST # **DA15351**

OBTS #

Filing Agency <b>WILTON MANORS PD</b>	Offense Report <b>43-1508-009600</b>	Local ID #	FDLE	FBI	SS #
Defendant's Last Name <b>LEVINE</b>	First <b>BENJAMIN</b>	Middle <b>SCOTT</b>	SUF	Alias/Street Name	Citizenship <b>US</b>
Name of victim(s) (if corporation, exact legal name and state of incorporation)					
Count #	Offenses Charged	WC# / Citation # (if applicable)		FS or Capias/Warrant #	
	<b>*** SEE PAGE 1 ***</b>				

**Probable Cause Affidavit**

Before me this date personally appeared **GARCIA, JUSTINE (245)** who being first duly sworn deposes and says that on **9** day of **August** (year) **2015** at **43 NE 25TH ST, WILTON MANORS, FL** (crime location) the above named defendant committed the above offenses charged and the facts showing probable cause to believe the same are as follows:

A physical altercation started after a verbal dispute escalated. Levine provided video/audio on his personal cellphone while on scene. In the audio you can hear Levine provoking his [REDACTED] to, "punch him" in the face. Levine admitted to intentionally touch or strike [REDACTED] against his will. [REDACTED] advised that he had to run out of thier residence to get away from Levine to escape further battery. Levine provoked the physical altercation making him the primary aggressor in this incident.

I swear the above statement is correct and true to the best of my knowledge and belief

**[Signature]** **GARCIA, JUSTINE (245)** **Patrol**  
 Officer/Affiant's Signature Officer's Name/CCN Officer's Division

STATE OF FLORIDA  
 COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this **9** day of **August**, **2015** (year),  
 by **OFFICER GARCIA, JUSTINE** (name and title), who is personally known to me or has produced \_\_\_\_\_ as identification

**[Signature]** **SERGEANT / 172**  
 Notary Public, Deputy Clerk of the Court, or Assistant State Attorney Title/Rank and CCN

**COHEN, ROBERT**  
 Print, Type or Stamp Commissioned Name of Notary Public

(SEAL)

Seventeenth Judicial Circuit  
 Broward County  
 State of Florida

FIRST APPEARANCE/ARREST FORM

**COURT COPY**

- Ong - Court
- 2nd - State Attorney
- 3rd - Filing Agency
- 4th - Arresting Agency



# BROWARD SHERIFF'S OFFICE VICTIM NOTIFICATION

*Pride in Service with Integrity*

Arresting Law Enforcement Officers must request that the victim or victim's appropriate next of kin or victim's other designated contact complete a *Victim Notification Form*. If the victim, victim's appropriate next of kin, or victim's other designated contact chooses not to be notified, fill out all the victim information **AND** have the victim, appropriate next of kin or designated contact sign the waiver.

ARRESTING AGENCY	ARRESTING OFFICER / ID #	AGENCY CASE #
Wilton Manors	Garcia/245	

NAME OF DEFENDANT(S)	J/A	ARREST NUMBER
1. Benjamin Levine		
2.		

## VICTIM CONTACT INFORMATION

(CHECK ONE)  VICTIM  NEXT-OF-KIN  DESIGNATED CONTACT

NAME:	[REDACTED]
ADDRESS:	[REDACTED]
CITY/STATE:	[REDACTED]
TELEPHONE NUMBERS:	[REDACTED]

LANGUAGE NOTIFICATION: ENGLISH  SPANISH  CREOLE   
(CHOOSE ONE)

### WAIVER:

ALL THE ABOVE INFORMATION MUST BE FILLED OUT EVEN IF A WAIVER IS SIGNED.

**WAIVER: I do not want notice when the arrestee is released from custody or at any other stage in the arrestee's prosecution.**

Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

Officer's Signature: \_\_\_\_\_ ID # \_\_\_\_\_ Date \_\_\_\_\_

**UPON COMPLETION, THIS FORM MUST ACCOMPANY THE BOOKING PAPERWORK.  
IF APPLYING FOR A WARRANT/CAPIAS, ATTACH TO FILING PACKAGE.**

NOTE: PURSUANT TO F.S. 119, THIS FORM CONTAINS CONFIDENTIAL INFORMATION  
VICTIM NOTIFICATIONS WILL BE MADE AUTOMATICALLY BY THE VINE COMPANY BASED ON INFORMATION SUPPLIED ABOVE

Original - Booking

Second Copy - Victim/Relation/Designated Contact