

SKT 0528697 22MM335 Pch# 3347

ARREST / NOTICE TO APPEAR

1. Arrest (No Warrant) 3. Request for Warrant  
2. Arrest (Warrant) 4. Request for Capias  
2. N.T.A. 5. Juvenile Referral **1** JUVENILE

OBTS Number	Agency ORI Number <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>		Agency Report Number (N.T.A.'s only) <b>3, 2 2022-000532</b>	
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 <b>UNARMED</b>		Multiple Clearance Indicator
Location of Arrest (Including Name of Business) <b>2108 N FEDERAL HWY, 2108 N FEDERAL HWY, BOCA RATON,</b>				Location of Offense (Business Name, Address) <b>2108 N FEDERAL HWY, BOCA RATON, FL 33431</b>		
Date of Arrest <b>01/12/2022</b>	Time of Arrest <b>21:10</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

Name (Last, First, Middle) <b>WASHINGTON, DONOVAN DAVIS 2</b>		Alias:				Alias (Name, DOB, Soc. Sec. #, Etc.):		
Race W - White B - Black	Sex <b>M</b>	Date of Birth <b>04/10/1992</b>	Height <b>5'06</b>	Weight <b>180</b>	Eye Color <b>BROWN</b>	Hair Color <b>BROWN</b>	Complexion <b>DARK</b>	Build <b>Medium</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>S</b>	Religion	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		
Local Address (Street, Apt. Number) <b>200 NE 20TH ST E123, BOCA RATON, FL 33431</b>				(City)	(State)	(Zip)	Phone <b>(904) 200-7237</b>	Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>1</b>
Permanent Address (Street, Apt. Number) <b>200 NE 20TH ST E123, BOCA RATON, FL 33431</b>				(City)	(State)	(Zip)	Phone <b>(904) 200-7237</b>	Address Source <b>VERBAL</b>
Business Address (Name, Street) <b>HAND, AND STONE MASSAGE, 5TH AVE SHOPS</b>				(City)	(State)	(Zip)	Phone	Occupation <b>Massage Therapi</b>
DL Number, State <b>W252164921300 / FL</b>		Soc. Sec. Number	INS Number	Place of Birth (City, State) <b>JACKSONVILLE, FL,</b>		Citizenship <b>US</b>		

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 Custodian	Name (Last, First, Middle)	Residence Phone				
Address (Street, Apt. Number)	(City)	(State)	(Zip)	Business Phone		
Notified by: (Name)	Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 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 355-2526) informed of any change of address.				School Attended	Grade	
Property Crime? <input type="checkbox"/> Yes <input checked="" 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 O. Opium Den.	P. Paraphernalia/ Equipment S. Synthetic	C. Unknown Z. Other
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Charge Description <b>BATTERY - BATTERY (SIMPLE)</b>	Statute Violation Number <b>784.03(1A1)</b>	Violation of ORD #							
Drug Activity	Drug Type <b>N</b>	Amount	Unit	Offense #	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant	Capias Number	Bond

Charge Description	Statute Violation Number	Violation of ORD #							
Drug Activity	Drug Type	Amount	Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant	Capias Number	Bond

Charge Description	Statute Violation Number	Violation of ORD #							
Drug Activity	Drug Type	Amount	Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant	Capias Number	Bond

Health Apparent Physical Condition of Defendant	Any knowledge of the following: Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deficiencies <input type="checkbox"/> Injuries <input type="checkbox"/>		
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond	<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health <input type="checkbox"/> T.O.T. County Jail		
Transported By	Date Transported	Time Transported	Other

<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>
<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	(Court Date and Time) <b>02/08/22 0830 AM</b>
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	Signature of Arresting Officer <i>[Signature]</i>	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	(PRINT)
Initial Deputy <b>Buzette 18312</b>	Name of Arresting Officer (Print) <b>FABELO, D.</b>	I.D. # <b>799</b>
Transporting Officer <b>Dr. Fabelo 799</b>	I.D. # <b>BRSD</b>	Agency
Witness here if subject signed with an "X"		PAGE <b>1 OF 1</b>

JAN 13 2022

*[Handwritten signature]*

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number <b>FL FL0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2022-000532</b>
Charge Type <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

Name (Last, First, Middle) <b>WASHINGTON, DONOVAN DAVIS 2</b>	Alias	Race <b>B</b>	Sex <b>M</b>	Date of Birth <b>04/10/1992</b>
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Charge Description <b>784.03(1A1) SIMPLE BATTERY</b>	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle)				Race	Sex	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (Zip)				Phone	Address Source	
Business Address (Name, Street) (City) (State) (Zip)				Phone	Occupation	

The undersigned certifies and swears that he/she has just and resonable grounds to believe, and does believe that the above named Defendant committed the following violation of law  
 The Person taken into custody ...  
 committed the below acts in my presence.     was observed by \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person committ the below acts.  
 confessed to **SIMPLE BATTER** admitting to the below facts.     was found to have committed the below acts, resulting from my (described) investigation.  
 On the **12** day of **January**, **2022** at **21:24** (Specifically include facts constituting cause for arrest.)

On 01/12/2022, at approximately 2025 hours, officers responded to 2108 N. Federal Hwy (Hand and Stone Spa) in reference to a report of a battery. Upon my arrival, I made contact with the V1.

V1 advised that she was receiving a massage from her massage therapist, Donovan Washington, when he inappropriately touched her breast and nipples. She stated that he touch her nipples for several minutes until she told him to stop. He then proceeded to rub her shoulders for a few more minutes, and then concluded the massage as scheduled. As soon as she left the office, she called Boca Raton Police Department to report the incident.

Officer Saavedra then made contact with Donovan Washington who immediately appeared to be nervous. When Washington was asked what happened today, he advised that he made a mistake. Officer Saavedra immediately read Washington his Miranda Rights via the department issued Miranda Rights Warning Card. Washington advised he understood his rights as they were read to him. Washington then went on to say that he was massaging V1's shoulder and then proceeded to go lower onto her nipples. He then massaged both of her nipples for approximately a minute until V1 said "ok". He acknowledged that V1 was uncomfortable with his contact. Washington stated that it is not normal to touch any client on their nipples. He admitted that it was a mistake, and that he understands what occurred is a crime.





After completing my investigation, I determined that Donovan Washington willfully and intentionally touched V1's nipples without her consent which is a violation of Florida State Statute 784.03 Simple Battery. He was then taken into custody and transported to Palm Beach County Jail.

SWORN AND SUBSCRIBED BEFORE ME <b>MCINNIS, BRYAN MICHAEL</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <b>01/12/2022</b> DATE	 <b>FABELO, DAVID (799)</b> NAME OF OFFICER (PLEASE PRINT) <b>01/12/2022</b> DATE	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	PAGE <b>1 OF 1</b>
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# Boca Raton

POLICE SERVICES DEPARTMENT

100 NW 2ND AVENUE • BOCA RATON, FL 33432-3795  
PHONE: (561) 338-1234  
www.BocaPolice.com  
@BocaPolice  
   

## Victims' Right to Confidentiality Form

Marsy's Law (effective January 8, 2019), FL Constitution, Article 1, §16(b)

BRPD Case Number: 2022-000532

Defendant's Name(s): Donovan Washington

Florida Constitution, Article 1, Section 16(b)(5): Every victim is entitled to the following right, beginning at the time of his or her victimization: "The right to prevent disclosure of information or records that could be used to locate or harass the victim or the victim's family, or which could disclose confidential or privileged information of the victim."

I, [REDACTED], as the victim, hereby invoke my right to prevent disclosure of information or records that could be used to locate or harass the victim or the victims' family, or which could disclose confidential or privileged information of the victim.

I HAVE READ AND UNDERSTOOD THE ABOVE PARAGRAPH. I HAVE BEEN INFORMED OF MY RIGHT TO NOT HAVE MY PERSONAL INFORMATION BECOME A MATTER OF PUBLIC RECORD.

Victim Signature: [REDACTED] Date: 1/12/2022

(If the victim is under age 18, a parent or guardian's signature should be obtained)

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Witness (print/signature): Dal Fabelo [Signature]

I.D. # 799 (Law Enforcement Officer informing victim)



SCANNED  
JAN 13 2022



**PALM BEACH COUNTY  
SHERIFF'S OFFICE**  
Florida State Statute Exemption Sheet

**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2022001028	Date: 1/13/2022
	Specialist Name/ID: Chantel Daniels/30347

SCANNED  
JAN 13 '22