ARREST / NOTICE TO APPEAR

OBTS Number 1. Arrest 3. Request For Warrant Juvenile Referral Report 2. N.T.A. 4. Request For Capias Agency Report Number Agency ORI Number Agency Name 21-077721 **PALM BEACH COUNTY SHERRIF'S OFFICE** 06 FLO 5 0 0 0 0 0 3. Misdemeanor 4. Traffic Manual Charge Type: 5. Ordinance 1. Felony 0 1 2. Traffic Felony 4. Traffic Misdemeanor 6. Other as apply Location of Offense (Including Name of Business) Location of Arrest (Including Name of Busine 4341 MELALEUCA LN LAKE WORTH, FL 33461 4341 MELALEUCA LN LAKE WORTH, FL 33461 Jail Time Location of Vehicle Booking Time Jail Date **Booking Date** June 20,2021 Alias (Name, DOB, Soc. Sec. #. Etc.) Name (Last, First, Middle) **CECILIA ANA MORENO** Build Date of Birth Veight Eye Color Hair Color Complexion MEDIUM LIGHT BLACK W-White 1-American Indian B-Black O-Oriental/Asian W 5'01 125 **BROWN** 03/06/1984 Marital Status Scars, Marks, Taltoos, Unique Physical Features (Location, Type, Description) 8 CATHLOIC Voohol Influence MARRIED **LEFT HAND: KEY** Drug Influence Residence Type.
1. City
2. County Local Address (Street, Apt. Number) 3. Florida 4. Out of Si 2 561-512-7452 33461 **LAKE WORTH** FI 4341 MELALEUCA LN Address Source City Permanent Address (Street, Apt. Number) Occupation Business Address (Street, Apt. Number) State Zip Phone INS Number Social Security Number CELAYA, MEXICO US M-650-000-84-586-0 Co-Defendant Name (Last, First, Middle) 2. At Large 4. Misden 5. Juvenii 1. Arrested
2. At Large Co-Defendant Name (Last, First, Middle) Race Date of Birth Name (Last, First, Middle) Legal Guerdien Other **Business Phone** City Address (Street, Apt. No.) venile Disposition: Notified By (Name) 2. TOT HRS/DYS 3. Incarcerated Dect. and Released Time Released To (Name) The above address was provided by _____ defendant and/or _____ defendant's parents. The child and/or parent was told to keep the Juvenile Ceurl Clerk's Office (Phone 561 355-2526) informed of any address change ______ No: (Resean) Grade School Attended Value of Property Property Crime? Description of Property Yes No U. Unkno Z. Other Drug Activity N. N/A Drug Type N. N/A C. Cocaine A. Amphetamine E. Heroin /iolation or ORD. # Statute Violation Numb 784.03(1)(a)(2) SIMPLE BATTERY - DOMESTIC Bond Warrant/Capias Number Drug Type Amount/Unit Drug Activity 21-077721 Violation or ORD. I atute Violation Number Violence □Y □N Bond Offense # Warrant/Capias Number Amount/Unit Drug Activity Drug Type /iolation or ORD.# tatule Violation Number Charge Description Violence Bond Warrant/Capias Number Offense # Drug Activity Drug Type Amount/Unit Charge Description □Y □N Warrant/Capias Number Amount/Unit Offense # Drug Activity Daug Type Location (Court, Address, Room Number) Court Date and Time 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 SHOULD WE FULLY APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE SELED. Date Signed Signature of Defendant (or Juvenile and Parent/Custodian) ame Verification (Printed by Arrestee) HOLD for Other Agency 30525 Name Resisted Arrest Dangerous D/S E. RUSSELL 30525 Suicidal Other_ Fransporting Officer ID# ID# Pouch# Intake Deputy 1 _{of} 30525 **PBSO** D/S E. RUSSELL

BTS Number					PRO	BAB	LE C	AUSE	AFFID	AVIT			equest For Warr tequest For Capi	
ency ORI Numbe FLO		0000	Agency Name PALN	A BEAC	CH COU	INTY	SHE	RRIF'S	OFFIC	E	Agency Report 06	Number	2	1-077721
arge Type: eck as many apply	1. Fek	ony 3.	Misdemeanor Traffic Misdemeanor	5.00	dinance her					Special Notes				
efendant Name (L		iddle) DRENO			ANA				(CECILIA		Race W	Sex F	Date of Birth 03/06/1984
narge		SIMPLE	BATTERY - DO	MESTIC				Charge						
narge								Charge						
ctim Name (Last,		ORENO			LUIS		-					Race W	Sex M	Date of Birth 04/06/1985
ocal Address (Stre		mber) MELALEUCA I	. N		LAKE WO	ORTH		State FL	Zip 3346	Phone 5	61-662-2	B75	Address Source	
usiness Address (Street, Apt.	Number)	C	ty				State	Zip	Phone			Occupation	
		ears that he/she hinto custody	nas just and reaso	nable grou	inds to beli	eve, an	nd does t	elieve tha	at the abov	ve named	Defendant o	ommitted	the following	violation of law.
☐ comi	nitted th	e below acts in n	ny presence.						observed t he/she s		ested person		who told he below ac	ets.
	essed to	the below facts.						× was	found to f	have comr	nitted the be	low acts,	resulting fro	m (described) investigation
	20	day of	JUNE	20	21	at	0/:16) [<u>s</u>	AM 🗆	PM		J		

Upon arrival I met and spoke with the victim Luis Moreno W/M 04/06/1985 who stated that he and his wife Ana Mareno W/F 03/06/1984 were arguing and then she beat him all over his body with an extension cord and bit him numerous times on his arms, hands, and shoulders.

Mr. Luis Moreno stated that he and his wife Mrs. Ana Moreno have been having marital issues for sometime. Mr. Luis Moreno stated that his wife Mrs. Ana Moreno discovered that he was having an affair with another women. After this discovery, Ana asked him to leave the home that they share with their three children. Luis went to live with his mother who lives in the area for approximately 4 weeks while staying in contact with his wife and children. Luis and Ana decided to work on repairing the relationship and Luis returned to their home. This evening Luis and Ana had an argument regarding him continuing the affair with the women. Additionally, another topic regarding an accusation that Ana had been intimate with Luis' father in the past. Both Luis and Ana had be drinking alcohol which likely contributed to the escalation of th argument.

Ana utilized and extension cord to beat Luis all over his body which left large welts on Luis' arms and back. Additionally, Ana bit Luis numerous times on his arms, hand, and shoulder areas.

Upon my arrival the active dispute between Luis and Ana appeared to be over. Luis' injuries were apparent because he was shirtless. I asked Luis how he was injured, and Ana who was standing next to him spontaneously uttered that she did it.

I observed numerous abrasions on Luis' arms and back which appeared to be very recent and consistent with his account of the incident. I offered Luis medical assistance which he refused at the scene.

Based on my investigation and the victim's statements I find that probable cause exists to arrest Ana Moreno for Domestic Battery 784.03(1)(a)(2).

The foregoing instrument was sworn to and affirmed before me this	20	day of	June	20	21	, by:		
D/S J. Bermudez #36176		_	D/S E. RU				30525	
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	7.00	_	Name of Arresting	el	U,	er SCA/ tigating, Office	NNED	Page
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117	(.00)		Signature	- OI Allest	mg/mvest	IFINI	ž 0 2021 –]a

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY)

JUN 20 2021

VICTIM NOTIFICATION FORM

- · Homicide (Ch.782)
- Attempted Murder

PBSO #0029A REV. 05/11

- Stalking (F.S. 784.048)

- Sexual Offense (Ch.794)
- Attempted Sexual Offense
- Dating Violence
- 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.

Incident Repor	t #: 21- 0		. Agency		outily undilin	
Offense:		SIMPLE B	ATTERY - DOM	ESTIC		Y
Suspect/Offeno	der: MOR	ENO	ANA		CECIL	
DOB:	03/06/1984	Race:	W	Sex:	F	
					5 - M	
a. Victim's Name	: MORENO _	LUIS	DOI	B: 04/06/198	S Race: W	Sex: _N
Address:		4341	MELALEUCA L	.N		
City:	LAK	E WORTH		_ State:F		
Home #:	561-662-2875	_ Work #:	<u> </u>	Other #: _		
	of kin, friend or nei					
Address:	of kin, friend or ne	Cy		_ State: Other #: _	Zip: _	
Address: City: Home #: OTE: PURSUANT		Work #:	THIS FORM M	Other #:	TO CONFIDE	ENTIALI
Address: City: Home #: OTE: PURSUANT Victim/Relati	TO F.S. 119.07, TH	Work #:	THIS FORM M	Other #:	TO CONFIDE	ENTIALI
Address: City: Home #: OTE: PURSUANT Victim/Relati Check applicable to	TO F.S. 119.07, THOON Notification	Work #: E CONTENTS OF On Waiver are be notified when	THIS FORM M	Other #: AY SUBJECT ential Info	TO CONFIDE	ENTIALI'
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Palm Beach County Sheriff's Office DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM (Submit this form with the original Probable Cause Affidavit)

Defendan	t: MORE	NO A	NA	(CECILIA		DOB:_	03/06/1984	Case	#: 2	1-0777	21
Victim:	MOREN) l	.UIS				DOB:_	04/06/1985	Race:	W	Sex:_	<u>M</u>
Relations	hip between	Victim and De	efendant:				Boy	riend /Girlfrie	end			
Photogra	nha: Saana	□Yes ☑No		Victir	n 🕖 Ves	□Nc		Defenda	nt □Yes	☑No		
911 Call:	-											
		☐Yes ☐No ☐Yes ☐No										
Witness:	Oscu.											
Victim P	roonant:	☐Yes ☐No ☐Yes ☑No										
Injuries:	regnant.	☐Yes ☑No	_						X			
•	Taatmanti	☐Yes ☐No	Descrip	поп			·-······					
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		☐Yes ☑No						Physician:				
	-	☐Yes ☐No	_					Flysician: _ F Notified?	□Yes [ZINo.		
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First wor	ds Victim s	aid when you re	esponded	to scen	ıe:							
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∐Yes	⊔No If y	es, name:		1)				phone				
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□Upse		Crying									Nervo	us
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Local A	ddress:	LAKE WO			4341	MCLA	LEUCA L	FL			33461	
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Name of	Kelative: _								IIIN 20	2021		



Palm Beach County Sheriff's Office - Arrests Only

	х	Florida State Statute	Description	Page Number(s)
		119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
ions		943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
L/E Exemptions		119.071(4)(c)	Undercover personnel.	
L/E E)		119.071(2)(f)	Confidential informants (CIs).	
		119.071(2)(e)	Confession.	
ns		985.04(1)	Juvenile offender records.	
mptio		119.071(h)(i)	Assets of a crime victim.	
Public Info. Exemptions		395.3025(7)(a), 456.057(7)(a)	Medical information.	
olic In		394.4615(7)	Mental health information.	
Pu		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.	
	×	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
		(viii) 394.4615(7)	Clinical records under the Baker Act.	
of 23)		(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
(Rule		(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)		Anno		
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Florida Rul				
ē			Other:	
Other		Y	Other:	

REVIEW COMPLETED BY

Booking Number: 2021015005	Date: 6/20/2021
Booking Number: 2021015005	Specialist Name/ID: M. Tooks #8557

