20 MM 5443

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number

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 SHERRIF'S OFFICE

Agency Report Number: 06 20-085660

Charge Type: Check as many as apply — ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

If Weapon Seized — Enter Type: None

Multiple Clearance Indicator: 0 1

Location of Arrest (Including Name of Business): [redacted]

Location of Offense (Including Name of Business): [redacted]

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
07/08/2020	17:29					

Name (Last, First, Middle): Mancias Ana

Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	03/11/1978	4,10	200	Brn	Brn	Light	Med

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): N/A

Marital Status: Sin — Religion: N/A

Indication of: Alcohol Influence ☐ Y ☐ N ☐ Unk; Drug Influence ☐ Y ☐ N ☐ Unk

Local Address (Street, Apt. Number) [redacted] City [redacted] State [redacted] Zip [redacted] Phone [redacted]

Residence Type: 1. City 2. County 3. Florida 4. Out of State — 2

Permanent Address (Street, Apt. Number) [redacted] City [redacted] State [redacted] Zip [redacted] Phone N/A

Address Source: victim

Business Address (Street, Apt. Number) City State Zip Phone

Occupation: Unemployed

DL Number, State	Social Security Number	INS Number	Place of Birth	Citizenship
N/A	N/A		el Salvador	NO

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

☐ Parent ☐ Legal Guardian ☐ Other — Name (Last, First, Middle) — Phone

Address (Street, Apt. No.) — City — State — Zip — Business Phone

Notified By (Name) — Date — Time — Juvenile Disposition: 1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS 3. Incarcerated

Released To (Name) — Relationship — Date — Time

The above address was provided by ☐ defendant and/or ☐ defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561 355-2326) informed of any address change
☐ Yes, by: (Name) ☐ No: (Reason)

School Attended — Grade

Property Crime? ☐ Yes ☒ 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	Counts	Domestic Violence	Statute Violation Number	Violation or ORD. #
Simple Battery (Domestic)	1	☒Y ☐N	784.03(1)(A)(1)	

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
N/A	N/A	N/A	20-085660		

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation or ORD. #
	1	☐Y ☒N		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation or ORD. #
		☐Y ☐N		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond

JUL 8 PM 5:25

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation or ORD. #
		☐Y ☐N		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond

VICTIM NOTIFICATION REQUIRED

Location (Court, Address, Room Number)

Court Date and Time

Month Day Year Time AM ☐ PM ☐

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 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 — Name

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Intake Deputy — ID # — Pod/Cell #

Signature of Arresting Officer — 31300

Name of Arresting Officer: T. Hudson — ID #: 31300

Transporting Officer: T.Hudson — ID # — Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X"

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0517371

OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile ☐

Agency ORI Number	Agency Name	Agency Report Number
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERRIF'S OFFICE	06 20-085660

Charge Type (Check as many as apply): ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes

Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth
Mancias Ana	W	F	03/11/1978

Charge	Charge
Simple Battery (Domestic)	
Charge	Charge

Victim Name (Last, First, Middle)	Race	Sex	Date of Birth
Reyes Zoila	W	F	04/22/2002

Local Address (Street, Apt. Number)	City	State	Zip	Phone	Address Source
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	Victim

Business Address (Street, Apt. Number)	City	State	Zip	Phone	Occupation
N/A	N/A	N/A		N/A	N/A

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...

☐ committed the below acts in my presence.

☐ confessed to admitting to the below facts.

☒ was observed by 1 who told me that he/she saw the arrested person commit the below acts.

☒ was found to have committed the below acts, resulting from (described) investigation.

On the 08 day of July 20 20 at 13:30 ☐ AM ☒ PM

On 07/08/2020, at approximately 14:19 hrs I was dispatched to [redacted] in reference to a domestic battery. Upon arrival, I met with complainant, Zoila Reyes. Reyes stated that she and her mother, Ana Mancias, have been arguing lately so she decided to move out of the home. On todays date Reyes went to her mother's home which is located at [redacted] to gather her belongings with her fiance's family.

Reyes entered the home with her fiance's brother, Julio Rios, and began packing her items into trash bags. Rios helped Reyes carry several items to the their vehicle where Rios cousin, Wilfredo Hernandez,was waiting. According to Reyes as they were walking out of the residence Mancias grabbed her by her pony tail and pushed Reyes up against a wall and punched her in the face several times. Reyes screamed out you can't do this and eventually her mother let her go.

According to Hernandez and Rios they both witnessed Mancias grab Reyes by the hair as she exited the home and punch her in the face over and over again. Both stated to me Reyes never hit her back. Reyes sustained a laceration to the inside of her lip.

Based on the statements and signs of physical injury I find probable cause exists to arrest Ana Mancias for violating Florida State Statute 784.03(1)(a)(1). Simple Battery (domestic).

The foregoing instrument was sworn to and affirmed before me this 08 day of July 20 20, by:

D/S R Cooper
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

D/S R Cooper
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

T. Hudson 31300
Name of Arresting/Investigating Officer

T. Hudson 31300
Signature of Arresting/Investigating Officer

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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)

Defendant: Mancias Ana DOB: 03/11/1978 Case #: 20-085660

Victim: Reyes Zoila DOB: 04/22/2002 Race: W Sex: F

Relationship between Victim and Defendant: Boyfriend and Girlfriend

Photographs: Scene ☐Yes ☑No Victim ☑Yes ☐No Defendant ☐Yes ☑No

911 Call: ☑Yes ☐No Caller: victim

Weapon Used: ☐Yes ☑No Type: _____

Witness: ☑Yes ☐No Name: _____

Victim Pregnant: ☐Yes ☑No If yes, _____Weeks _____Months

Injuries: ☑Yes ☐No Description: laceration to inside lip

Medical Treatment: ☐Yes ☑No

At Scene: ☐Yes ☑No Paramedics: _____

At Hospital: ☐Yes ☑No Hospital: _____ Physician: _____

Are children living in the home? ☐Yes ☑No DCF Notified? ☐Yes ☑No

Name: _____ DOB _____

Name: _____ DOB _____

Name: _____ DOB _____

Injunction: ☐Yes ☑No Case #: _____

No Contact Order: ☐Yes ☑No Case #: _____

Alcohol or Drugs: ☐Yes ☑No ☐Unknown

Prior history of Domestic/Dating Violence ☐Yes ☑No

Defendant's statements ☐Yes ☑No If yes, ☐written ☐recorded ☐oral

First words Defendant said when you responded to scene: _____

_____

Vicitm's statements ☑Yes ☐No If yes, ☑written ☐recorded ☐oral

First words Victim said when you responded to scene: my mother grabbed me by the pony tail and punched me in the mouth

Did the Victim contact anyone other than the police within an hour of the incident regarding the incident?

☐Yes ☑No If yes, name: _____ phone _____

Observations of Victim (Physical & Emotional): Emotional, crying

☑Upset ☑Crying ☐Fearful ☐Hysterical ☐Afraid ☐Calm ☐Nervous

☐Complained of pain ☐Other _____

Victim contact information:

Local Address: [redacted]

[redacted] [redacted] [redacted]

Phone: Home: [redacted] Work: N/A Cell: _____

Employer: N/A

Name of Relative: Wilfredo Hernandez Phone: 561-729-2389

VICTIM NOTIFICATION FORM

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

SUSPECT/OFFENDER

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

1. Incident Report #: 20-085660 Agency: Palm Beach County Sheriff's Office
   Offense: Simple Battery (Domestic)
   Suspect/Offender: Mancias Ana
   DOB: 03/11/1978 Race: W Sex: F

2. Warrant #(s):

3.a. Victim's Name: Reyes Zoila DOB: 04/22/2002 Race: W Sex: F
   Address: [redacted]
   City: [redacted] State: [redacted] Zip: [redacted]
   Home #: [redacted] Work #: Other #:

b. Victim's next of kin, friend or neighbor: Wilfredo Hernandez
   Address: [redacted]
   City: [redacted] State: [redacted] Zip: [redacted]
   Home #: [redacted] Work #: Other #:

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY 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: T. Hudson ID #: 31300 Date: 01/14/2018

White = Corrections or State Attorney (Warrant Application) Yellow = Warrants Section Pink = Central Records

PBSO #0029A REV. 05/11

(FOR WARRANTS USE ONLY) COURT CASE/WARRANT #

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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☐	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☒	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	1-5
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐	539.001(B)-(1), 539.003 FSS	Other: Pawn Broker Information.	
	☐	119.071(2)(J)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

REVIEW COMPLETED BY

Booking Number: 2020016446	**Date:** 7/9/2020
	Specialist Name/ID: M. Tooks #8557

JUL 09 2020