0521436 21MM1208MB 240

ARREST / NOTICE TO APPEAR

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

ADMINISTRATION

OBTS Number:

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
0501700	Jupiter Police Department	5 4 21-000556

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: Hands, Feet, Fist, Teeth — Multiple Clearance Indicator:

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
723 SOUTHVIEW DR, JUPITER FL 33458	723 SOUTHVIEW DR, JUPITER, FL 33458

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
02/15/2021	04:57 hrs					

DEFENDANT

Name (Last, First, Middle): CARDENAS-JIMENEZ, ANGELA V — Alias:

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	07/17/1985	5'00	160	BLACK	BLACK	LIGHT	Medium

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):

Marital Status: M — Religion: CATHOLIC

Indication of: Alcohol Influence Yes ☒ No ☐ Unk. ☐; Drug Influence Yes ☐ No ☐ Unk. ☒

Address	(City)	(State)	(Zip)	Phone
Local Address: 723 SOUTHVIEW DR, JUPITER, FL 33458				(561) 909-5887
Permanent Address: 723 SOUTHVIEW DR, JUPITER, FL 33458				(561) 909-5887
Business Address (Name, Street):				

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

Address Source:

Occupation:

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
None /	None		GUATEMALA,	GT

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	Status
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

VICTIM NOTIFICATION REQUIRED

JUVENILE

☐ Parent ☐ Other: ☐ 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/Released ... Department and Released; T.O.T. JAIL / Incarcerated

DOMESTIC

V No BWP

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 355-2526) informed of any change of address. ☐ Yes, by: ☐ No:

School Attended: — Grade:

Property Crime? ☐ Yes ☒ No — Description of Property: — Value of Property:

CODE

Drug Activity: N. N/A, P. Possess, S. Sell, B. Buy, T. Traffic, R. Smuggle, D. Deliver, E. Use, K. Disperse/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/Deriv., P. Paraphernalia/Equipment, S. Synthetic, U. Unknown, Z. Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
BATTERY-SIMPLE (TOUCH OR STRIKE)	784.03(1)(A)(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☒ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

VICTIM NOTIFICATION REQUIRED

INTAKE

Health / Apparent Physical Condition of Defendant:

Any knowledge of the following: ☐ Suicidal ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries — Explain:

Check which applies: ☐ Released O.R. ☐ Posted Bond ☐ Released to Parent/Guardian ☐ South County Mental Health ☐ T.O.T. County Jail

PROPERTY - Received By — Released By — Released To

Transported By — Date Transported — Time Transported — Other

NOTICE TO APPEAR

☐ INSTRUCTION NO. 1 - Mandatory appearance in court

☒ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room):

Court Date and Time:

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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian) — Date Signed

2021 FEB 16 AM 5:5 JOSEPH ABRUZZO, CLERK PALM BEACH COUNTY, FL GUN CLUB

No Photo Available

ADMIN

HOLD for Other Agency: ☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other

Signature of Arresting Officer:

Name of Arresting Officer (Print): TAPPIN, KEVIN — I.D. #: 1212

Name/Identification (Booking Agent):

SCANNED FEB 16 2021

Intake Agent: Q1 HOK/lA(7W4 — I.D. # — Pouch # — Transporting Officer: K Coleman 1005 JPD — I.D. # — Agency

Witness here if subject signed with an "X".

☒ COURT ☒ STATE ATTORNEY ☒ AGENCY ☒ CENTRAL RECORDS ☒ JAIL ☒ CRIME ANALYSIS ☒ P.D. ☒ DEFENDANT

DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT

Palm Beach County

ADMIN

Date / Time	Agency ORI Number	Agency Name	Agency Report Number
02/15/2021 05:58	FL 0501700	JUPITER POLICE DEPARTMENT	5 | 4 | 21-000556

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
CARDENAS-JIMENEZ, ANGELA V		W	F	07/17/1985

CHRG

Charge Description
784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
CARDENAS, JESUS SANTIAGO	W	M	12/03/1978

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
723 SOUTHVIEW DR, JUPITER, FL 33458	(561) 510-4895	

Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation

ADDITIONAL INFORMATION

	Written	Taped	Oral
DEFENDANT'S STATEMENTS:	☐	☒	☐
VICTIM'S STATEMENTS:	☐	☒	☐

OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): **SCARED, UPSET**

RELATIONSHIP BETWEEN VICTIM & SUSPECT: **SPOUSE**

		YES	NO	
PHOTOGRAPHS:	Scene:	☐	☒	
	Victim:	☒	☐	
911 CALL:		☐	☒	CALLER:
WEAPON USED:		☒	☐	TYPE: **HANDS**
WITNESSES:		☐	☒	(If YES, attach witness list)
INJURIES:		☒	☐	
MEDICAL TREATMENT:		☐	☒	
AT:	Scene:	☐	☒	PARAMEDICS:
	Hospital:	☐	☒	PHYSICIAN(S) / HOSPITAL:
ACT COMMITTED IN PRESENCE OF MINOR(S):		☐	☒	NAMES/AGES:
H. R. S. NOTIFIED:		☐	☒	
VICTIM PREGNANT:		☐	☒	
VIOLATION OF RESTRAINING ORDER:		☐	☒	CASE #:
PRIOR HISTORY OF DOMESTIC VIOLENCE:		☐	☒	
ALCOHOL OR DRUGS INVOLVED:		☒	☐	

NARR

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

_____
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 15 day of February, 2021.

_____
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED
FEB 16 2021

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT
Palm Beach County
Narrative Continuation

ADMIN

Date / Time		
02/15/2021 05:58		
Agency ORI Number	**Agency Name**	**Agency Report Number**
FL 0501700	JUPITER POLICE DEPARTMENT	5 | 4 | 21-000556

NARRATIVE

Jesus was sworn in for a video recorded statement.

Cardenas advised that he and his wife of 17 years, Angela V. Cardenas-Jimenez (W/F, DOB 07/17/1987) got into a verbal dispute after they came home from a friend`s party. Cardenas told me they have been drinking all night. Cardenas told me this incident happened in the living room of the house. Cardenas said that Cardenas-Jimenez believes that he is having an affair with another woman he met through Facebook. Cardenas stated that the verbal dispute escalated and Cardenas-Jimenez struck him multiples time on his face with her closed fist. Cardenas then left the house and came to the police station to report this incident. Also, Cardenas said that their kids were at the house before he left. Cardenas stated he was concerned for the wellbeing of his son 16 year old son, Armando Cardenas (W/M, DOB 5/15/2004), and their 11 year old, Brittney Cardenas (W/F, DOB 4/24/09.)

During my encounter with Cardenas, I observed that he had several bruises on his cheeks, upper lips (Right side) and nose. Also, he had dried blood around his injuries. Cardenas refused medical assistance. Cardenas appeared to be intoxicated because he had bloodshot glassy eyes and an unknown odor of alcohol was coming from his breath as he spoke to me.

I responded to Cardenas` address and I made contact with Cardenas-Jimenez, and both kids. The kids were ok and did not observe the physical fight between their parents.

Cardenas-Jimenez was sworn for a video recorded statement.

Cardenas-Jimenez stated they were at their friend`s party, drinking and having a good time. Then they came home and she began to argue with Cardenas in the living room because she believes that he is having an affair with another woman he met thought Facebook. Cardenas-Jimenez stated that the argument was just verbal and she does not remember anything else after that. Cardenas-Jimenez then went to sleep until police arrived at her house.

Cardenas-Jimenez appeared to be intoxicated because she had bloodshot glassy eyes and an unknown odor of alcohol was coming from her breath as she spoke to me. She had scratches on the top of both hands and dried blood, that was consistent with her hitting Cardenas.

Photos of Cardenas and Cardenas-Jimenez were taken and uploaded into Evidence.com.

Based on the investigation, the statements from the parties involved, and the totalities of circumstances, I found probable cause to charge Angela V. Cardenas-Jimenez with Simple Battery (Strike or Touch). Cardenas-Jimenez was placed in handcuffs, which were checked for proper spacing and double locked for safety. Cardenas-Jimenez then was transported to the Jupiter Police Department for processing and then transported to the PBCJ with incident.

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 15 day of February, 2021.

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

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**
- **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.

SUSPECT/OFFENDER: _____ COURT CASE/WARRANT #: _____ (FOR WARRANT USE ONLY)

1. Incident Report #: **21000556** Agency: **Jupiter Police Department**
   Offense: **Battery Simple strike or touch (Domestic)**
   Suspect/Offender: **Angela V. Cardenas-Jimenez**
   D.O.B. **07/17/1985** Race: **White** Sex: **Female**

2. Warrant #(s): _____

3a. Victim's Name: **Jesus Cardenas** D.O.B. **12/3/1978** Race: **W** Sex: **M**
   Address: **723 Southview Dr**
   City: **Jupiter** State: **FL** ZIP: **33458**
   Home #: **5615104895** Work #: _____ Other: _____

3b. Victim's Next of Kin, Friend or Neighbor: _____
   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: _____

Officer's Name: K. Tapia I.D. # 367 Date: 2/15/2021

1 copy = Corrections or State Attorney (Warrant Application) 1 Copy = Warrants Section 1 copy = Central Records