

J# 0517926

20CF6590AMB

# 3614

OBTS Number		<b>ARREST / NOTICE TO APPEAR</b>		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N									
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>				Agency Report Number (N.T.A.'s only) <b>06-20-095610</b>															
Charge Type: Check as many as apply:		1. Felony <input type="checkbox"/> 2. Traffic Felony		3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 1. Yes 2. No N/A		Multiple Clearance Indicator 01											
Location of Arrest (Including Name of Business) <b>6611 Riparian Rd., Lantana, FL 33462</b>						Location of Offense (Business Name, Address) <b>6611 Riparian Rd., Lantana, FL 33462</b>															
Date of Arrest <b>08/09/2020</b>		Time of Arrest <b>18:47</b>		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
Name (Last, First, Middle) <b>Pulgar, Arianna, Lissette</b>						Alias (Name, OOB, Soc. Sec. #, Etc.)															
Race W - White   - American Indian B - Black O - Oriental/Asian <b>W</b>		Sex <b>F</b>		Date of Birth <b>9/14/1995</b>		Height <b>5'01</b>		Weight <b>110</b>		Eye Color <b>brown</b>		Hair Color <b>black</b>		Complexion <b>MEDIUM</b>		Build <b>SMALL</b>					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>tattoo of flowers on back, tattoo of sprites on chest, bird on right arm, arrow on left arm</b>												Marital Status <b>Single</b>		Religion <b>CHRISTIAN</b>		Indication of Alcohol Influence Y N Unc <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Indication of Drug Influence Y N Unc <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Local Address (Street, Apt. Number) <b>6611 Riparian Rd, Lantana, FL 33462</b>						(City)		(State)		(Zip)		Phone <b>(561) 460-3329</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>							
Permanent Address (Street, Apt. Number)						(City)		(State)		(Zip)		Phone		Address Source <b>FL DL</b>							
Business Address (Name, Street)						(City)		(State)		(Zip)		Phone		Occupation <b>CHIROPRACTOR'S OFFICE</b>							
DL Number, State <b>P426012958340, FL</b>				Sec. Sec. Number				INS Number				Place of Birth (City, State) <b>Chicago, IL</b>		Citizenship <b>USA</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 <input type="checkbox"/> Other:		Name (Last) (First) (Middle)				Address (Street, Apt. Number) (City) (State) (Zip)				Residence Phone ( ) ( ) ( ) Business Phone ( ) ( ) ( )											
Notified by: (Name)						Date		Time		Juvenile Disposition 1. Held/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated		Date		Time							
Released To: (Name)						Relationship		Date		Time											
The above address 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 (Phone 385-2826) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)										School Attended		Grade									
Property Crime? <input type="checkbox"/> Yes <input 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/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other	
Charge Description <b>Child neglect w/o great bodily harm</b>						Counts <b>2</b>		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>\$27.03(2)(d)</b>				Violation of ORD #							
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit		Offense # <b>20-095610</b>		Warrant / Capias Number				Bond									
Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #							
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond									
Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #							
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond									
Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #							
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond									
Location (Court, Room Number, Address)																					
Court Date and Time Month Day Year Time AM PM																					
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 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 <b>08/09/2020</b>											
HOLD for other Agency Name:				Signature of Arresting Officer <i>[Signature]</i>				Name Verification (Printed by Arrestee)													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Related Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>D/S R. Gonzalez</b>				I.D. # <b>31774</b>													
Intake Date <b>08/09/20</b>		I.D. # <b>093</b>		Pouch #		Transporting Officer <b>D/S R. Gonzalez</b>		I.D. # <b>31774</b>		Agency <b>PBSO</b>		Witness here if subject signed with me									

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A. ONLY)

AUG 10 2020

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile N

OBTS Number	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06-20-095610</b>
Charge Type: Check as many as apply.	<input checked="" type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Special Notes:	
Name (Last, First, Middle) <b>Pulgar, Arianna, Lissette</b>	Alias	Race W	Sex F	Date of Birth 9/14/1995	
Charge Description <b>Child neglect w/o great bodily harm</b>	<b>827.03(2)(d)</b>	Charge Description			
Charge Description	Charge Description				
Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA,,</b>	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	
<p>The undersigned certifies and 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</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>9TH</u> day of <u>AUGUST</u> 20<u>20</u> at <u>1825</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><b>On Sunday, August 9, 2020, at approximately 1809 hours, I responded to 6611 Riparian Rd, Lantana, FL 33462, in reference to child neglect.</b></p> <p><b>Upon my arrival, I met with D/S Rodriguez ID # 9475 and DCF Investigators in reference to case # 20-095323. During the investigation, the subject, Arianna Pulgar, admitted the following: During the incident that occurred on 8/8/20 where Arianna and her boyfriend Isak were driving on the road, she grabbed the wheel and jerked the vehicle to change the direction of travel. During the incident, [REDACTED] and [REDACTED] were in the vehicle at that time. When Arianna jerked the steering wheel, she almost made the vehicle change lanes and occur in a crash.</b></p> <p><b>During the investigation, it is found that Arianna willfully or by culpable negligence, neglected [REDACTED] without causing harm.</b></p> <p><b>After the investigation and the totality of circumstances, there is enough evidence to charge Arianna Pulgar, with Child Neglect per F.S.S. 827.03(2)(d).</b></p>					
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p><i>[Signature]</i> <b>D/S R. Gonzalez</b></p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>9TH</u> day of <u>AUGUST</u> 20<u>20</u> by <u>D/S R. Gonzalez</u></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN LEO</u></p> <p><b>D/S LAUREANO # 36198</b></p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>					
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SEARCHED  
INDEXED  
AUG 10 2020



**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"/>	(vii) 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 checked="" type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	3
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020018922	Date: 8/10/2020
	Specialist Name/ID: B Evans / 23649

SCANNED  
 AUG 10 2020