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OBTS Number		ARREST/NOTICE TO APPEAR Juvenile Referral Report		1. Arrest	3. Request for Warrant	1	Juvenile	N
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number: 06-20-091245				
Charge Type: Check as many as apply		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		Weapon Seized / Type 2. Yes <input type="checkbox"/> 2. No <input checked="" type="checkbox"/>
Location of Arrest (including Name of Business) 5655 La Quinta Ct		Lake Worth, FL 33463		Location of Offense (Business Name, Address) 5655 La Quinta Ct Lake Worth, FL 33463				
Date of Arrest 07/26/20	Time of Arrest 2156	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle		
Name (Last, First, Middle) Basegas, Astrid, Carolina		Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex F	Date of Birth 10/04/1976	Height 5'02	Weight 130	Eye Color BROWN	Hair Color BLACK	Complexion Light Brown
Local Address (Street, Apt. Number) 5655 La Quinta Ct		(City) Lake Worth, FL	(State) FL	(Zip) 33463	Phone 561-371-9563	Residence Type: 1. City 2. County 3. Florida 4. Out of State		
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source FL DL		
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation unknown		
DL Number, State BS22003768640, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) Columbia		Citizenship No
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other		VICTIM NOTIFICATION REQUIRED						
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone			
Notified by (Name)		Date	Time	Juvenile Detention 1. Handled/processed with Dept. and Released.		2. TOT HRS / DYS 3. Incarcerated		
Released to (Name)		Relationship		Date	Time			
<input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)		School Attended		Grade				
Property Claims? <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. Amphetamines
B. Barbiturate C. Cocaine E. Heroin		H. Halocarbon M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other		
Charge Description Battery (domestic)		Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1a1)		Violation of ORD #		
Drug Activity Drug Type Amount / Unit		Offense # 20-091245	Warrant / Capias Number		Bond NO 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 # 20-091245	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 # 20-091245	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 # 20-091245	Warrant / Capias Number		Bond			
I reside in 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 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) 07/26/20 Date Signed								
HOLD for other Agency Name:		Signature of Arresting Officer		Name Verification (Printed by Arrestee)				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Seizure <input type="checkbox"/> Other		Name of Arresting Officer (Print) D/S O. ALLIKIN		ID # 32402		(PRINT)		
Intake Deputy S. Williams		Pouch #	Transporting Officer AS		ID # 3040	Agency PBSO		Witness here if subject signed with an "X" PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'S ONLY)

SCANNED
JUL 27 2020

2020 JUL 27 AM 6:1

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest	3. Request for Warrant	1	Juvenile
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		2. N.T.A.	4. Request for Copies		
Agency Report Number 06-20-091245		Charge Type Check as many as apply 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		Special Notes:			
Name (Last, First, Middle) Banegas Astrid Carolina		Race W	Sex F	Date of Birth 10/04/1976			
Charge Description Battery (domestic)		784.03(1a)		Charge Description			
Victim's Name (Last, First, Middle) Banegas Ariel V		Race W	Sex M	Date of Birth 05/29/1983			
Local Address (Street, Apt. Number) 5655 La Quinta Ct		(City) Lake Worth, FL 33463	(State) (Zip) FL 33463	Phone 954-802-4597		Address Source FL DL	
Business Address (Name, Street)		(City)	(State) (Zip)	Phone		Occupation Unknown	

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
 committed the below acts in my presence. was observed by _____ who told _____
 confessed to _____ that he/she saw the arrested person commit the below acts
 admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
On the **26** day of **July** 20**20** at **2130** A.M. P.M. (Specifically include facts constituting cause for arrest.)

On Sunday July 26, 2020 at approximately 2130 Hours I responded to 5655 La Quinta Ct located in Unincorporated Lake Worth FL 33463 in reference to a Domestic Battery.

Upon my arrival, I made contact with a Hispanic female identified as Astrid Banegas who left her residence and awaited my arrival at her neighbor's residence. Astrid, stated that she was in a physical altercation with her husband Ariel Banegas that he began recording asking multiple question about what does she do around the house? and what does she contribute to? Astrid, became upset with the frequent questions and noticed that Ariel was recording to use it against her in their divorce case. She approached Ariel and told him to continue recording and see what will happen. Astrid slapped the phone from his hand and the physical altercation began. During the altercation she also said that Ariel grabbed her hair and began hitting her head with the hand.

While present with Astrid, I observed no significant signs of physical injuries present.

After speaking to Astrid, I spoke to Ariel who informed me that they have been arguing the entire day so he decided to record this argument. He also said that he continued to ask her question about what she does around the house to try to get evidence for their divorce. Astrid, became upset and approached telling him to continue recording and he will see what happens. Astrid, hits the phone in his hand and start attacking him. As I spoke to Ariel, I observed him to have multiple visible scratches on both of his inner forearm and on the right side of head. The entire incident was captured to Ariel's cell phone.

Prior to placing Astrid in handcuffs and informing Ariel, that she will be arrested he refused to provide me with any additional information and inquired on step to have Astrid bailed out from jail.

Based on the provided information and physical evidence, I have determined that Astrid Banegas DOB 10/04/1976 was the primary aggressor in this incident and find Probable Cause exist to charge with violation of F.S.S 784.03(1) for Simple Battery (Domestic).

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S O.ALLEN (ID #: 32402)
(Signature of Arresting Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this **26** day of **July** 20**20** by **D/S O.ALLEN 32402**
Name of Arresting Investigative Officer: **31844** Type of identification produced: **KNOWN**

Notary Public, Clerk of Court, Officer (F. S. S. 117.10)

SEARCHED
JUL 27 2020

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
 (Submit this form with the original Probable Cause affidavit)

Name (Last, First, Middle)
Suspect: Banegas Astrid Carolina **DOB:** 10/04/1976 **Case #:** 20-091245

Name (Last, First)
Victim: Banegas Ariel **DOB:** 05/29/1983 **Race:** H **Sex:** M

Relationship between Victim and Defendant: Spouse

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No **Caller:** Banegas Astrid Carolina

Weapon Used: Yes No **Type:** _____

Witness: Yes No **Name:** (Last) _____ (First) _____ (Middle) _____

Victim Pregnant: Yes No **If yes,** _____ weeks _____ months

Injuries: Yes No **Description:** Scratches

Medical Treatment: Yes No

At Scene: Yes No **Paramedics:** _____

At Hospital: Yes No **Hospital:** _____

Are Children Living in 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: my husband pulled my hair

Victim's Statements Yes No **If yes, written** _____ **recorded** **oral**

First words Victim said when you responded to scene: she tried to take my phone from me

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

Yes **No** **If yes, name:** _____ **phone:** _____

Observations of Victim (Physical & Emotional): _____

Upset **Crying** **Fearful** **Hysterical** **Afraid** **Calm** **Nervous**

Complained of pain **Other** _____

Victim Contact Information: (Last) Banegas (First) Ariel

Local Address: 5655 La Quinta Ct, Lake Worth, FL 33463

Phone: 954-982-4597

Employer: (Name) Unknown (Employer Address) _____

Name of Relative: (Last) _____ (First) _____ **Phone:** _____

Address: _____

SCANNED
 JUL 27 2020

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

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

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

1. Incident Report #: 20-091245 Agency: PBSO
Offense: Battery (domestic)
Suspect/Offender: Name (Last) Banegas (First) Astrid (Middle) Carolina
D.O.B. 10/04/1976 Race: W gg Sex: F

2. Warrant # (s): _____
Name (Last, First) _____

3.a. Victim's name: Banegas Ariel D.O.B. 05/29/1983 Race: W Sex: M
Address: 5655 La Quinta Ct
City: Lake Worth, FL 33463
Home #- 954-802-4597 Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: (Last) _____ (First) _____
Address: _____
City: _____
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: Name (Last, First) Banegas Ariel

Deputy's Name: D/S O. ALLEN I.D.# 32402 Date: 07/26/20

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

PBSO 00070A REV. 4/18

SUSPECT/OFFENDER: Banegas

Astrid

Carolina

(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	<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: 2020017843	Date: 7/27/2020
	Specialist Name/ID: B Evans / 23649