	2521557 (III) 31.79									
	059153		(LIIL	<u> </u>					31	27
	OBTS Number		/ Notice to Appear ile Referral Report			Arrest 3. Request for Warrant N.T.A. 4. Request for Capias			Juvenile	
TIVE	Agency ORI Number F L O 502700	Agency Name PALM SPRINGS POLICE DEPARTMI				Agency Report Number 82- 22-11242				
ISTR	Charge Type: Check as 1. Felony 23. Misdemeano						Multiple Indicate	e Clearance		
Location of Arrest (Including Business Name) BODEGON 4481 LAKE WORTH RD PALM SPRINGS, FL ADVANCE AUTO PART						TARY TR				
<	Date of Arrest Time of Arr 5/12/22 1734			ng Time		Jail Date	Jail Time			
Name (Last First, Middle) Rome (Last First, Middle) Alias										
	Race: W - White I - American Inc	Date of Birth Height 11/09/1967 604			Weight Eye Cole		Hair Color BLONDE	Complexion LIGHT	n Build	
	scars, Marks, Tattoos, Unique Physic						Alcohol Influ	ience		
(Pa	Local Address (Street, Apt Number AT LARGE	Zip)			Pho		Residence Type: 1	Drug Influence pe: 1 City 3 Florida 2 County 4 Out of State		
6	Permanent Address (Street, Apt, Nur	mber) (City) (State) (2	Zip)			Phone A		Address Source		n State
\	Dusiness Address (Street, Apt, Number) (City) (State) (Zip)					Phone C		Occupation UNERPLAYED		2
	D/L Number, State	Socia	l Security Numb	er_		INS Numbe	er l	Place of Birth (Cit	* * * * * * * * * * * * * * * * * * * 	Citizenship
-	G520178674090 Co-Defendant Name (Last, First, Mic	ddle)		Race	Sex	N/A Date	of Birth	1. Arrested	3. Felony	
O-DEF	Co-Defendant Name (Last, First, Mi	iddle)		Race	Sex	Date	of Birth		3. Felony	5. Juvenile
Parent Other Name (Last, First, Middle)					2. At Large		nce Phone			
	Legal Custodian Local Address (Street, Apt, Number	Zip))	Business Pho		ss Phone	
4	Notified by: (Name)	Date						with 2 TOT HRS/DYS		
II IVENII E	Released To: (Name)	Relatio	Relationship			Disposition Dept. and Bales			Date Time	
	The above address was provided by	The above address was provided by defendant and / or defendant's parents. The child and / or parent was told to keep the Juvenily defendant and / or defendant and /						ended	Grade	
	Property Crime? Description	address. Yes	ress. Yes by: (name)			Value of Pro				
-	☐ Yes ☐ No ☐ Drug Activity S. Sell R. Smugg		facture Z.Other		ug Type			alhicinogen P. Parap		nknown
200		er Distribute Produ Cultiv	vate	A.	N/A Amphe	tamine E. He	roin O. C	farijuana Equip pium/Deriv S. Synth	etic	
٤	Charge Description VANDALISM		1 v	1010100		806.13 (1)	ation Number (b)(b)(c)	¥	Violation (N UKD#
CHABGE		Amount / Unit \$500	22-11242	e Number			apias Number		Bond	
8	Charge Description		1	omestic iolence		Statute Viol	lation Number		Violation	3
CHARGE	Drug Activity Drug Type	Amount / Unit	Offense	e Number		Warrant / C	apias Number		Bond	
GE	Charge Description	y		omestic iolence		Statute Viol	lation Number		Violation	للشفيطين الأستنس
CHARGE	Drug Activity Drug Type	Amount / Unit	Offense	e Number		Warrant / C	apias Number		Bond	ω
	Charge Description		1	omestic iolence		Statute Viol	lation Number		Violation	of ORD#
ARGE	Drug Activity Drug Type	Amount / Unit	Offens	e Number	一	Warrant / C	apias Number		Bond	7.1°

Location (Court, Room Number, Address)
CRIMINAL JUSTICE COMPLEX - 3228 GUN CLUB ROAD, WEST PALM BEACH, FL 33406 Instruction No. 1 Mandatory Appearance in Court ☐ Instruction No. 2 You need not appear in Court Date and Time Court but must comply with instructions on Reverse side. Month: 6 Day: 15 Yesr: 22 Time: 8:30 MA.M. P.M.

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE THE SUBSTRAND THAT SHOULD I WILLPULLY 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.

MAY 1 3 2022 Signature of Defendant (or Juvenile and Parent / Custodian) Date Signed Name Verification (Printed by Arrestee) HOLD & ature of Arresting Officer Name of arresting Officer (Print) (PRINT) ☐ Dangerous Resisted Arrest I.D.# Page Other R. HERNANDEZ 132 MAY 12 PM 8:17 Transporting Officer
R. HERNANDEZ 1.D.# Agency PSPD 1 of 1 132 Witness here if subject signed with X ATE ATTORNEY, 1 - AGENCY, 1 - JAIL, 1 - DEFENDANT(NTA"S ONLY) PDF FORM 10/2012

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1 MANUS YS LAW CUI

	OBTS Number	PROB	ABLE CAUS	E AFFIDA	VIT			st for Warrant 1 Juvenile		
ADMIN	Agency ORI Number FLO 502700	Agency Name PALM SPRINGS POLICE DEPARTMENT			MENT	Agency Rep	N.T.A. 4. Request for Capias			
3	Charge Type: Check as	Felony Traffic Felony	3. Misdemea 4. Traffic M			Special Notes:				
DEF	Name (Last, First, Middle) GOMES, DANIEL VICTOR			Alias	Race W					
RGES	Charge Description CRIMINAL MISCHIEF			Charge Desc	ription		·	4		
CHARGE				Charge Desc	ription					
Victim's Name (Last, First, Middle) ADVANCE AUTO PARTS			Alias Race Sex Date of Birt				Date of Birth			
Local Address (Street,Apt,Number) (City) (State)		(Zip)	(Zip) Phone Address So			Address Source				
L	3600 S. MILITARY TRL	PALM		33461		Phone	BUSINESS			
Business Address (Street, Apt, Number) (City) (State) (Zip) Phone Occupation										
(Print name if Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced: personally known to me										
Signature of Motary Public/Clerk of Courts/Police Officer										



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.	
Exemptions		119.071(4)(c)	Undercover personnel.	
L/E E		119.071(2)(f)	Confidential informants (Cls).	
		119.071(2)(e)	Confession.	
su		985.04(1)	Juvenile offender records.	
Public Info. Exemptions		119.071(h)(i)	Assets of a crime victim.	
ō Eg		395.3025(7)(a), 456.057(7)(a)	Medical information.	
Pic I		394.4615(7)	Mental health information.	
P.		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.	
723)		(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
Ž		(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)				
I Administr				
es of Judicia				
Florida Rule				
ř			Other:	
Other		—	Other:	

REVIEW COMPLETED BY

	Date: 5/13/2022
Booking Number: 2022012430	Specialist Name/ID: Chantel Daniels/30347