

0523746

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pch # 3110

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		1 Juvenile N	
Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 21-072487			
Charge Type: Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input 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		If Weapon Seized FIREARM		Multiple Clearance Indicator 0 1			
Location of Arrest (Including Name of Business) 6000 LAKE IDA ROAD		Location of Offense (Including Name of Business) 14000 SIMS ROAD					
Date of Arrest Jun 4, 2021		Time of Arrest 1136		Booking Date		Booking Time	
Jail Date		Jail Time		Location of Vehicle TOT FAMILY MEMBER			
Name (Last, First, Middle) ARAUJO GABRIEL		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White B - Black O - Oriental/Asian		Sex M		Date of Birth 12-13-1983		Height 5-09	
Weight 175		Eye Color BRO		Hair Color BRO		Complexion MED	
Build MED							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TIME HEALS EVERYTHING ON CHEST / SKULL ON LEFT KNEE		Mental Status MARRIED		Religion CATHOLIC		Indication of Alcohol Influence Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
Local Address (Street, Apt. Number) 1885 HIGHWAY 29 N		City DANIELSVILLE		State GA		Zip 30633	
Phone 770-891-7916		Address Source D/L					
Business Address (Street, Apt. Number)		City		State		Zip	
Occupation SELF EMPLOYED / UTILITIES							
D/L Number, State 049101712 - GA		Social Security Number		INS Number		Place of Birth UBERLANDIA BRAZIL	
Citizenship US							
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
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 HRSDYS 3. Incarcerated	
Released To (Name)		Relationship		Date		Time	
The above address was 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's Office (Phone 561-355-2526) informed of any address change. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)		School Attended		Grade			
Property Crime? <input type="checkbox"/> Yes <input checked="" 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		P. Paraphernalia/ Equipment		U. Unknown Z. Other			
Charge Description AGG ASSAULT		Counts 2		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.021(1-A) None	
Drug Activity		Drug Type		Amount/Unit		Offense # 21-072487	
Warrant/Capias Number		Bond					
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Bond					
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Bond					
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Bond					
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 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			
Name Verification (Printed by Arrestee)							
Name ST. CLOUD				ID # 8382			
Name of Arresting Officer ST. CLOUD				ID # 8582			
Transporting Officer ST. CLOUD				ID # 8582			
Witness here if subject signed with an				Page 1 of 1			

FILED

JUN 05 2021

CIRCUIT & COUNTY CLERK'S
(CRIMINAL DIV.)SCANNED
JUN 05 2021

OBT Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		1	Juvenile	N
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 21072487				
Charge Type: Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input 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						
Defendant Name (Last, First, Middle) Araujo Gabriel				Race H	Sex M	Date of Birth 12-13-83		
Charge Aggravated Assault with a firearm				Charge				
Charge				Charge				
Victim Name (Last, First, Middle) Green Adam J				Race W	Sex M	Date of Birth 01-05-90		
Local Address (Street, Apt. Number) 10462 Shannon Lane		City Rensselaer	State IN	Zip 47970	Phone 219-334-5285	Address Source Indiana DL		
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation Truck Driver		
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... <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. <input type="checkbox"/> confessed to admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation. On the <u>4th</u> day of <u>June</u> 20 <u>21</u> at <u>11:11</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM								

On Friday June 4, 2021, at approximately 1111 hours, I was dispatched to the area of Lake Ida Road and Sims Road, Delray Beach, FL 33446, regarding an assault with a firearm. Upon arrival, I met and spoke with Adam John Green, W/M D.O.B 01-05-90 who in a sworn audio statement, stated the following: he was driving Southbound on Jog Road. Adam said he had a road rage altercation with another subject who appeared to look possibly Indian or Pakistani, with dark complexion and who was later identified as Gabriel Araujo Hispanic male D.O.B 12-13-83. Adam said he was driving a white 2019 Dodge Ram with Indiana tag# EXF252 and vehicle ID# 3C6UR5JL3KG679619, with a trailer attached to his vehicle. Araujo was driving a 2016 White in color Hyundai Santee, with Georgia tag# QAU2951 and vehicle ID# KM8SR4HF4GU139593.

Adam said they both got to the traffic light at Jog Road and Lake Ida Road and stopped for the red light, and when the light turned green, they both preceded to make a left turn going Eastbound on Lake Ida Road. Adam said Araujo pressed his breaks and stopped in front of him. Adam said he honked his horn and Araujo did not move his vehicle. Adam said he then drove around Araujo's vehicle and proceeded Eastbound on Lake Ida Road. Adam said Araujo became upset and drove his vehicle onto the median lane and came up next to his vehicle's driver side and pointed a gun at him. Adam said he then sped up his vehicle to get away from Araujo. Adam said Araujo also sped up and rammed the left rear side of his trailer. Adam said he continue to speed off to get away from Araujo. Adam said he looked in his rearview mirror and saw the front bumper of Araujo's vehicle was damaged. I asked Adam what color was the gun that Araujo pointed at him. Adam said it was a black gun.

While on scene, Adam said when Araujo pointed the gun at him, he was afraid for his life. I looked at Adam's vehicle and I observed the white paint transfer on the rear of the trailer where Adam said Araujo rammed his vehicle in the back of his trailer. I took photos of Adam's vehicle. PBSO deputies responded and Araujo was located on Lake Ida Road just East of Sims road. His vehicle was disable after he rammed his vehicle into the back of Adam's trailer. D/S Ritacco conducted a searched of Araujo and his vehicle and found the firearm in his vehicle's glove box. The firearm is a Beretta model 92FS9 with Serial # BER218736. D/S Ritacco said the firearm was loaded with a magazine of 13 rounds of ammunition and 1 rou

Continue on next page

The foregoing instrument was sworn to and affirmed before me this <u>4th</u> day of <u>June</u> 20 <u>21</u> , by: <u>D/S Frantz St. Cloud</u>		SCANNED 8382 JUN 05 2021	Page <u>1</u> of <u>1</u>
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00) <u>ERIK RITACCO</u> Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer <u>[Signature]</u> Signature of Arresting/Investigating Officer		

① FTS Number 		PROBABLE CAUSE AFFIDAVIT		1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		1	Juvenile N
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Charge Aggravated Assault with a firearm				Charge _____			
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Local Address (Street, Apt. Number) 10462 Shannon Lane		City Rensselaer	State IN	Zip 47970	Phone 219-334-5285		Address Source _____
Business Address (Street, Apt. Number) _____		City _____	State _____	Zip _____	Phone _____		Occupation _____
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...							
<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.			
<input type="checkbox"/> confessed to admitting to the below facts.				<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.			
On the 4th day of June 20 21 at 11:11 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM							

I placed Adam in my vehicle and drove him to where D/S Ritacco was located with Araujo for a show-up. Araujo was standing outside his vehicle and when Adam saw Araujo, Adam positively identified Araujo as the individual with whom he got into the road rage situation and the individual who pointed the gun at him.

I then went to the location where Araujo was with D/S Ritacco. I conducted a sworn audio recorded interview with Araujo. I read Araujo his Miranda's rights. I asked Araujo to tell me what happened, and Araujo said he wished not to make any statement in this case.

I looked at Araujo's vehicle and noticed the front-end damage consistent with Adam's description of the damage where Araujo rammed the back of his trailer. Photos were taken of Araujo's vehicle. D/S Ritacco collected the firearm and he also turned the vehicle over to Araujo's sister. See D/S Ritacco supplemental report for further information.

Based on the evidence I observed on scene; the damages to Araujo's vehicle front-end, the paint transfer on Adam's trailer and the firearm collected from Araujo vehicle, and based on the victim's statement, I believe probable cause exist to arrest Gabriel Araujo for Aggravated Assault with a firearm. And because Araujo rammed the back of the trailer, to also charge him with Aggravated Assault with a motor vehicle. Therefore, I placed him under arrest for the above charges and handcuffed him. The handcuffs were checked for proper fit and doubled locked.

Araujo was transported to District 4 substation where I completed his arrest paperwork. Once completed, Araujo was transported to the Palm Beach County jail where he was placed and booked.

The foregoing instrument was sworn to and affirmed before me this 4th day of June 20 21 by D/S Frantz St. Cloud		SCANNED JUN 05 2021 8382
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00) D/S Frantz St. Cloud		Signature of Arresting/Investigating Officer
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00) 		
		Page 2 of 1



**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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021013622

Date: 6/5/21

Specialist Name/ID: J. Beck/9007