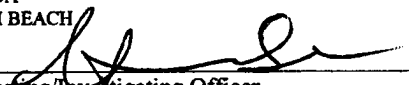



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ADMINISTRATIVE	OBTS Number	Arrest / Notice to Appear Juvenile Referral Report		1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile <input type="checkbox"/>	
	Agency ORI Number FLO 502700	Agency Name PALM SPRINGS POLICE DEPARTMENT		Agency Report Number 82-20-6030				
	Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Weapon Seized / Type N/A		Multiple Clearance Indicator	
	Location of Arrest (Including Business Name) BODEGON 4481 LAKE WORTH RD		Location of Offense (Business Name, Address) SIA SAME AS ABOVE					
Date of Arrest 3/16/20	Time of Arrest 1528	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle N/A		
DEFENDANT	Name (Last, First, Middle) GIRALDO, GLORIA E.							
	Race: W - White I - American Indian B - Black O - Oriental/Asian		Sex W	Date of Birth 3/11/56	Height 506	Weight 180	Hair Color BRN	Complexion LIGHT
	Sears, Marks, Tattoos, Unique Physical features (Location, Type, Description)			Marital Status UNK	Religion UNK	Indication Of	Alcohol Influence NO	Drug Influence NO
	Local Address (Street, Apt, Number) 3367 GULFSTREAM RD		(City) PALM SPRINGS, FL	(State) FL	(Zip) 33461	Phone	Residence Type: 1 City 3 Florida 2 County 4 Out of State 1	
	Permanent Address (Street, Apt, Number) SAME		(City)	(State)	(Zip)	Phone	Address Source FL DL	
	Business Address (Street, Apt, Number)		(City)	(State)	(Zip)	Phone	Occupation	
	D/L Number, State G643-285-56-591-0 FL		Social Security Number		INS Number	Place of Birth (City, State) COLOMBIA	Citizenship US	
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested	<input type="checkbox"/> 3. Felony	<input type="checkbox"/> 5. Juvenile
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large	<input type="checkbox"/> 4. Misdemeanor	
	JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Other <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)			Residence Phone	
Local Address (Street, Apt, Number)		(City)	(State)	(Zip)	Business Phone			
Notified by: (Name)		Date	Time	Juvenile Disposition:	1. Handled/Processed within 2. TOT HRS/DYS 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 355-2526) informed of any change of address. <input type="checkbox"/> Yes by: (name) <input type="checkbox"/> No:					School Attended	Grade		
CODE	Drug Activity S. Sell R. Smuggle K. Dispense/ M. Manufacture Z. Other N. N/A B. Buy D. Deliver Distribute Produce/ Cultivate			Drug Type N. N/A B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown A. Amphetamine E. Heroin O. Other/Drugs S. Synthetic				
	Charge Description TRESPASS AFTER WARNING	Counts 1	Domestic Violence	Statute Violation Number 810.09(2)(b)	Violation of ORD #			
CHARGE	Drug Activity N	Drug Type N	Amount / Unit	Offense Number 20-6030	Warrant / Capias Number	Bond		
	Charge Description RESIST W/O VIOLENCE	Counts 1	Domestic Violence	Statute Violation Number 843.02	Violation of ORD #			
CHARGE	Drug Activity N	Drug Type N	Amount / Unit	Offense Number 20-6030	Warrant / Capias Number	Bond		
	Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #			
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense Number	Warrant / Capias Number	Bond		
	Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #			
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense Number	Warrant / Capias Number	Bond		
	Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #			
NOTICE TO	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) CJC - 3228 Gun Club Rd. WPB, FL 33406					
	<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse side.		Court Date and Time Month: 4 Day: 13 Year: 20		Time: 1:00 P.M.			
	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.							
APPEAR	Signature of Defendant (or Juvenile and Parent / Custodian)			Date Signed				
	Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Signature of Arresting Officer R. HERNANDEZ		Name Verification (Printed by Arrestee) (PRINT)			
	Intake Dept #	ID #	Agency #	ID # 132	Agency PSPD	Page 1 of 1		
	Witness here if subject signed with X					SCANA		

MAR 17 2020

PROBABLE CAUSE AFFIDAVIT		1. Arrest	3. Request for Warrant	2. N.T.A.	4. Request for Capias	Juvenile
OBTS Number					<input type="checkbox"/>	
Agency ORI Number FLO 502700	Agency Name PALM SPRINGS POLICE DEPARTMENT			Agency Report Number 82- 20-6030		
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:		
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other			
Name (Last, First, Middle) GIRALDO, GLORIA E.	Alias		Race	Sex	Date of Birth 3/11/56	
Charge Description TRESPASS AFTER WARNING	Charge Description RESIST WO VIOLENCE					
Charge Description	Charge Description					
Victim's Name (Last, First, Middle) BODEGON / STATE OF FL	Alias		Race	Sex	Date of Birth	
Local Address (Street,Apt,Number)	(City)	(State)	(Zip)	Phone	Address Source	
Business Address (Street,Apt,Number)	(City)	(State)	(Zip)	Phone	Occupation	
<p>The undersigned certifies and swears that he/she has just and reasonable grounds, and does believe the above named Defendant committed the following violation of law. The person taken into custody....</p> <p><input checked="" 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 acts below.</p> <p><input type="checkbox"/> Confessed to _____ admitting to the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 16TH day of MARCH 2020 at 3:13 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p style="text-align: center;">(PROBABLE CAUSE STATEMENT)</p> <p>On 3/16/20 at approximately 1513hrs, I was dispatched to an unwanted guest call at Bodegon Supermarket located at 4481 Lake Worth Rd in Palm Springs, Palm Beach County, FL. Prior to my arrival, the complainant stated a Hispanic female was causing a disturbance and had been asked to leave the property. The caller stated she was upset because they had ran out of hand sanitizer in the store. Upon arrival, I met with the store's armed security. He explained that a H/F seated in the restaurant had been yelling profanities at staff and other customers because she was upset.</p> <p>I was led to the table that the subject was seated. I observed all other customers had vacated the restaurant due to her behavior. I walked up and informed her that staff had explained several times to leave. She claimed she would not move because she paid for a lunch and this was a public place. I informed her that her behavior was unwanted and that her presence was no longer wanted on the property. She continued to resist any orders to leave the store. After being explained several times and being warned she would be arrested she continued to refuse to leave.</p> <p>I then handcuffed her behind her back, checked for tightness and double-locked. She began to drop her weight entirely on to the floor and caused a further disturbance. I waited for an additional unit to assist me in escort her out of the store. She continued to yell obscenities and telling the workers she was going to call immigration on them.</p> <p>She was led outside to my marked Police vehicle and was processed on scene. She was eventually transported to Palm Beach County Jail.</p>						
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p style="text-align: center;"></p> <p>Signature of Arresting/Investigating Officer</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>16th</u> day <u>March</u> 20<u>20</u> by <u>Ofc. Hernandez</u></p> <p>(Print name if Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced: <u>personally known to me</u></p> <p style="text-align: center;"></p> <p>Signature of Notary Public/Clerk of Courts/Police Officer</p>						

SCANNED
MAR 17 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"/>	(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: 2020008553	Date: 03/17/2020
	Specialist Name/ID: AM/31562

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 MAR 17 2020