

21mm 3480  
ARREST / NOTICE TO APPEAR

1 Arrest (No Warrant) 1 Request for Warrant  
2 Arrest (Warrant) 4 Request for Capias  
2 N.T.A. 5 Juvenile Referral

1 JUVENILE N

OBTS Number	Agency ORI Number <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>		Agency Report Number (N.T.A.'s only) <b>3 2 2021-005818</b>	
Charge Type Check as many as apply: <input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony <input checked="" type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other	If Weapon Seized Enter Type: <b>Hands, Feet, Fist, Teeth</b>		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) <b>20827 VIA VALENCIA DR BOCA RATON FL, 20827 VIA</b>			Location of Offense (Business Name, Address) <b>20827 VIA VALENCIA DR, BOCA RATON, FL 33433</b>			
Date of Arrest <b>05/15/2021</b>	Time of Arrest <b>02:17</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
Name (Last, First, Middle) <b>LUCAS GOMES, IGOR VINICIUS</b>						
Alias:						
Race W - White B - Black O - Original/Asian	Sex <b>M</b>	Date of Birth <b>08/17/1976</b>	Height <b>5'08</b>	Weight <b>190</b>	Eye Color <b>BROWN</b>	Hair Color <b>BROWN</b>
Complexion <b>LIGHT</b>		Build <b>Medium</b>		Religion <b>Catholic</b>		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status <b>M</b>		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
Local Address (Street, Apt. Number) <b>20827 VIA VALENCIA DR, BOCA RATON, FL 33433</b>			(City) <b>BOCA RATON</b>		(State) <b>FL</b>	
Permanent Address (Street, Apt. Number) <b>20827 VIA VALENCIA DR, BOCA RATON, FL 33433</b>			(City) <b>BOCA RATON</b>		(State) <b>FL</b>	
Business Address (Name, Street)			(City)		(State)	
D.U. Number, State <b>L225418762970 / FL</b>		Sec. Sec. Number		INS Number		Place of Birth (City, State) <b>BRAZIL</b>
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth
<input type="checkbox"/> Parent <input type="checkbox"/> Other		Name (Last, First, Middle)		Residence Phone		
<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number)		(City)		(State)
Notified by (Name)		Date		Time		JUVENILE DISPOSITION
Released To (Name)		Relationship		Date		Time
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents		School Attended		Grade		
The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.		Property, Crime?		Description of Property		Value of Property
<input type="checkbox"/> Yes by <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Drug Activity N N/A P Possess		S Sell B Buy T Traffic		R Smuggle D Deliver E Use		K Disperse D Distribute
M Manufacture P Produce C 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 E Equipment S Synthetic		U Unknown Z Other		
Charge Description <b>SIMPLE BATTERY DOMESTIC</b>		Statute Violation Number <b>784.03(1A1)</b>		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number
	<b>N</b>			<b>1</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
Charge Description		Statute Violation Number		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number
					<input type="checkbox"/> Y <input type="checkbox"/> N	
Charge Description		Statute Violation Number		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number
					<input type="checkbox"/> Y <input type="checkbox"/> N	
Health / Apparent Physical Condition of Defendant		Any knowledge of the following:		<input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By
Transported By		Date Transported		Time Transported		Other
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>		Count Date and Time		
<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.						
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.						No Photo Available
Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed
HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		(PRINT)		
ID #		Name of Arresting Officer (Print) <b>LEYVA, C.</b>		ID # <b>828</b>		
Pouch #		Transporting Officer <b>LEYVA</b>		ID # <b>828</b>		
Witness here if subject signed						PAGE 1 OF 1

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.T.O. ☐ DEFENDANT

052 3325

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OBT Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number <b>FL 0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2021-005818</b>						
N	Charge Type Check as many as apply. <input type="checkbox"/> 1 Felony <input checked="" type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 2 Traffic Felony <input type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 6 Other		Special Notes						
D E F	Name (Last, First, Middle) <b>LUCAS GOMES, IGOR VINICIUS</b>					Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>08/17/1976</b>	
C H A R G E S	Charge Description <b>784.03(1A1) SIMPLE BATTERY DOMESTIC</b>		Charge Description						
V I C T I M	Victim's Name (Last, First, Middle) <b>CARDOASO MADUREIRA L, CRISTINA</b>					Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>06/13/1976</b>	
L O C A L	Local Address (Street, Apt. Number) <b>20827 VIA VALENCIA DR, BOCA RATON, FL 33433</b>		Phone <b>(561) 908-3817</b>		Address Source				
B U S I N E S S	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</p> <p>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 <b>15</b> day of <b>May</b>, <b>2021</b> at <b>01:04</b> (Specifically include facts constituting cause for arrest.)</p> <p><b>Captured on MVR.</b></p> <p>On 05/15/2021 at approximately 2350 hours I responded to 20827 Via Valencia Dr. in reference to a domestic disturbance.</p> <p>Upon arrival, I met with Igor Lucas Gomes inside of the home. Igor advised the argument between him and his wife, Cristina Cardoaso Madureira L., happened inside of their son's bedroom, who also was present. Igor advised that once he was inside of his son's bedroom, he grabbed Cristina's cellphone that was on the nightstand because he wanted to go through it. Igor then advised that Cristina put her hands around his neck and threw herself against the wall. When I asked Igor why Cristina would throw herself against the wall, he stated he was not sure. I also explained to Igor that it was odd behavior for Cristina to throw herself into a wall due to him taking her cellphone. Igor just kept saying he was not sure why she was throwing herself into the wall.</p> <p>Igor advised at no point did he put his hand on Cristina. Igor had a very small red mark on his neck that he advised was from Cristina. I did not observe any other marks or bruises on him.</p> <p>I then went and spoke with Cristina. Due to Cristina wanting to speak with me in Portuguese, I had Officer Mendoza present and Cristina's friend, Rosemary Marks who translated for me. Cristina advised that while in her son's bedroom, Igor came in and grabbed her cellphone off of the nightstand. Cristina stated that when she went to go grab her cellphone out of his hands, he threw her against the wall. Cristina stated that her elbow hit the wall which made a small hole in the wall and she also hit her head. Cristina then continued to explain that after Igor threw her against the wall, he pushed her to the ground. At this point, Cristina started to scream to her daughter who was in another room to call 911. I observed a few red marks on the right side of Cristina's face from hitting the wall.</p>									
<p>SWORN AND SUBSCRIBED BEFORE ME</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>MCINNIS, BRYAN MICHAEL</b></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p><b>05/15/2021</b></p> <p>DATE</p> </div> <div style="width: 45%;"> <p>_____ SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><b>LEYVA, CARLA (828)</b></p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><b>05/15/2021</b></p> <p>DATE</p> </div> </div>									

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CENTRAL RECORDS

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OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1 Arrest 2 N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
Agency ORI Number <b>FL 0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2021-005818</b>					
Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many as apply: <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other					Special Notes:		
Name (Last, First, Middle) <b>LUCAS GOMES, IGOR VINICIUS</b>					Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>08/17/1976</b>
<p>It should be noted, when Cristina was asked about the red mark that was on Igor's neck, she stated that she never touched him or put her hands on his neck. Cristina advised that after Igor pushed her to the ground and she called out to her daughter to call 911, Igor told her to hit him back in which she said no. After this statement, Igor stormed off into another bedroom alone, and walked out shortly with the red mark on his neck.</p> <p>During the altercation between Cristina and Igor, their 8 YOA son Matheus Cardoso Lucas was present. Matheus was willing to speak with me about what he saw privately away from both Igor and Cristina. Matheus explained to me that he was in his bedroom with his mother, Cristina, when his father, Igor, walked in and grabbed Cristina's cellphone. Matheus advised at this point Cristina went to grab her cellphone back when Igor threw Cristina at the wall. Matheus continued to explain that Igor then pushed Cristina to the ground. When I asked Matheus if he ever saw Cristina put her hands around Igor's neck he advised no. Matheus's explanation was almost identical to what Cristina had explained to me.</p> <p>Based on my investigation, I placed Igor Lucas Gomes under arrest under F.S.S 784.03(1A1) Simple Battery Domestic after he threw his wife, Cristina Cardoso Madureira L., against a wall and pushed her to the ground. Igor was transported to Palm Beach Count Jail with no further incident.</p>							
NOT A CERTIFIED COPY							
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><b>MCINNIS, BRYAN M</b></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p><b>05/15/2021</b></p> <p>DATE</p> </div> <div style="width: 45%;"> <p>_____ SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><b>LEYVA, CARLA (828)</b></p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><b>05/15/2021</b></p> <p>DATE</p> </div> </div>							
						PAGE <div style="border: 1px solid black; padding: 2px;">2 OF 2</div>	

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# 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#: 2021005818 Agency: BOCA RATON POLICE DEPT  
Offense: DOMESTIC SIMPLE BATTERY  
Suspect/Offender: LUCAS PERES, JR  
D.O.B. 08/17/76 Race: H Sex: M

2. Warrant#(s): \_\_\_\_\_

3.a. Victim's name: Cardoso Madureira L. Cristina D.O.B. 6/13/76 Race: H Sex: F  
Address: 20827 VIA VALENCIA DR.  
City: BOCA RATON State: FL Zip: 33486  
Home#: 561-908-3817 Work#: \_\_\_\_\_ Other: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
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: Pursuant to F.S. 119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).  
Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: \_\_\_\_\_

Printed name of person waiving notification: \_\_\_\_\_

Officer's Name: C. LEYVA I.D.# 828 Date: 5/15/21  
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER: \_\_\_\_\_

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#: \_\_\_\_\_

SCANNED  
MAY 15 2021



**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: 2021011793	Date: 05/15/2021
	Specialist Name/ID: C. Denzel/8691

SCANNED  
MAY 15 2021