

**ARREST/NOTICE TO APPEAR
Juvenile Referral Report**

1. Arrest
2. N.T.A. 3. Request for Warrant
4. Request for Capias

2 Juvenile N

59 ADMINISTRATIVE	OBTS NUMBER		Agency ORI Number FL 0505200				Agency Name DIVISION OF INSURANCE FRAUD				Agency Report Number DIF - 19 - 1369			
	Charge Type: Check as many as apply		<input checked="" type="checkbox"/> 1. Felony		<input type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance		Weapons Seized/Type		1. Yes		2. No	
			<input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other							
	Location of Arrest (Including Name of Business)						Location of Offense 932 N Dixie Highway Lake Worth Fla						Date of Offense 2/26/18	
	Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Fingerprinted By: <input type="checkbox"/> Identification <input type="checkbox"/> AFIS <input type="checkbox"/> Criminal	
	Location of Vehicle N/A				Other Local Number		FDLE Number		DOC Number		FBI Number			
	Name (Last, First, Middle) Cifuentes Jaycy N						Alias (Name, DOB, Soc. Sec. #, Etc.)							
	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W	Date of Birth 12/25/1996		Height 504	Weight 160	Eye Color Brn		Hair Color Brn	Complexion med		Build med	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status		Religion		Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Drug Influence <input type="checkbox"/> Un. <input type="checkbox"/>			
	Local Address (Street, Apt. Number) 1036 18th Street				(City) West Palm Beach		(State) Fla	(Zip) 33407	Phone		Residence Type: 1. City 3. Florida 2 2. County 4. Out of State			
Permanent Address (Street, Apt. Number) Same as above				(City)		(State)	(Zip)	Phone		Address Source				
Business Address (Name, Street) 2001 Palm Beach Lakes Blvd #502G				(City) West Palm Beach		(State) Fla	(Zip)	Phone		Occupation Hygienist				
D/L Number C-153-434-96-965-0		D/L State Fla	Soc. Sec. Number		INS Number		Place of Birth		Citizenship US					
CO-DEF.	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <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"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
JUVENILE	<input type="checkbox"/> 1. Parent <input type="checkbox"/> 2. Legal Custodian <input type="checkbox"/> 3. Other:		Name (Last, First, Middle)						Residence Phone ()					
	Address (Street, Apt. Number)						(City)	(State)	(Zip)	Business Phone ()				
	Notified By: (Name)				Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/DCF 3. Incarcerated					
	Released To: (Name)				Relationship				Date		Time			
	The above address was provided by the defendant and/or defendant's parent/guardian. The child and/or parent/guardian was told to keep the Juvenile Division Office (Phone 561-355-7200) informed of any change of address. Yes, by: (Name) No: (Reason)						School Attended				Grade			
	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property						Value of Property					
CO	Activity N. N/A S. Sell R. Smuggle K. Dispense/Distribute M. Manufacture Z. Other P. Possess T. Traffic D. Deliver Distribute Produce/Cultivate				Type N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Derv. P. Paraphernalia/Equipment S. Synthetic U. Unknown Z. Other									
	Charge Description False & Fraudulent Vehicle Insurance App				Counts 1	<input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number 817.236		Violation of ORD #					
CHARGE	Charge Description				Counts	<input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number		Violation of ORD #					
	Activity Drug Type Amount/Unit				Offense #		Warrant/Capias Number		Bond					
CHARGE	Charge Description				Counts	<input type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number		Violation of ORD #					
	Activity Drug Type Amount/Unit				Offense #		Warrant/Capias Number		Bond					
CHARGE	Charge Description				Counts	<input type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number		Violation of ORD #					
	Activity Drug Type Amount/Unit				Offense #		Warrant/Capias Number		Bond					
CHARGE	Charge Description				Counts	<input type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number		Violation of ORD #					
	Activity Drug Type Amount/Unit				Offense #		Warrant/Capias Number		Bond					
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address)											
	Court Date and Time													
	Month		Day		Year		Time		<input type="checkbox"/> A.M. <input type="checkbox"/> 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.														
ADMIN	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 356							
	Intake Deputy I.D.#						Name of Arresting Officer (Print) Det Athol DIF #356		I.D.#		Name Verification (Printed by Prisoner) (PRINT)			
	Pouch #		Transporting Officer Det Athol DIF #356		I.D.#		Agency		Witness here if subject signed with an "X"					

FILED
20 JUL 22 AM 10:57
CLERK
CIRCUIT COURT
ALACHUA COUNTY, FL

On February 26th, 2018, Ms. Jaycy Cifuentes visited her local Car Insurance Agent's office in Lake Worth Beach Florida to re-instate her insurance policy which had lapsed from non-payment on February 17th, 2018. Ms. Cifunetes failed to inform her insurance agent that she was involved in a vehicle crash on February 22nd just two days prior when she signed the "no-loss" statement to the contrary in order to re-instate the lapsed policy.

Investigation:

On February 22, 2018 at 10:06am, Ms. Jaycy Cifuentes was involved in a traffic crash within the county limits of Palm Beach County, Florida. Ms. Cifuentes was operating her own vehicle when she was involved in a multi car traffic crashed caused by a different driver. D/S Norris of the PBSO completed a Florida Traffic Crash Report. The agency case number assigned to the crash is 18-42149, and HSMV Crash Report Number is 81499650. **(Accident report pages 35-45 on exhibit document)**

On February 26, 2018 Jaycy Cifuentes contacted her insurance agent at Freeway Insurance in Lake Worth Beach Florida and went to their local office to re-instate her nonpaid insurance policy. Ocean Harbor Casualty Insurance company (Pearl Holding Group)(local office : Freeway Insurance) is Ms. Cifuentes policy holder and she met with her insurance agent, Hassiel Vilafranca. Ms. Cifuentes paid the overdue payment to re-instate her policy and also signed and a "no loss" statement in the presence of Vilafranca attesting to the fact she had NOT been involved in any crash or loss from the period of February 17th, 2018 through February 26th, 2018. **(No Loss statement signed by suspect page 6 of exhibit document)**

On March 2, 2020 I responded to 932 N Dixie Highway in Lake Worth Beach Florida to interview the insurance agent at Freeway Insurance regarding this matter. I met with insurance agent Hassiel Vilafranca and the senior agent and office manager Marcos Gonzolez-Sosa. I explained to them why I was there and that I would need a sworn statement in reference to this "no-loss" case. The two agreed and I interviewed Vilafranca about the incident. Thought Mr. Vilafranca did not remember the suspect in person, he was able to explain the no loss statement process in detail and what is involved in the reinstatement of a client's insurance policy. Mr. Vilafranca was able to identify the no loss statement I had as well as explain that he and / or Mr. Sosa would have never signed the document had several things NOT have occurred. He was very specific about how the process worked, and that the client has to produce ID, sign the form after reading it, and then and only after all parties agree to the form, the policy is then paid for and reinstated. He said the form was signed, the policy was paid for, and therefore he is confident this process occurred. The senior agent Mr. Sosa was there too (small office) and also acknowledged this and swore to it on the same recorded statement. This statement solidified the fact that suspect Cifuentes was informed about the no loss statement, was untruthful when she signed in their presence to regain her lapsed policy. **(Statements attached with thumb-drive)**

On March 5, 2020 myself and LT Lent of the West Palm Beach DIF office responded to Miss Cifuentes's place of work (Dr Ferlita Dental), 1911 N Flagler Dr., West Palm Beach, Florida

33407. We explained the reason for our visit to Miss Cifuentes and asked if she would agree to come to our office today or at her convivence for a statement regarding this matter. She said and was adamant about speaking to us at that time, so we went outside to the business's parking lot and spoke to her there. I explained to her that she was a suspect in a crime and in order to speak to her I would need to read her Miranda and she agreed. **(Statements attached with thumb-drive)**

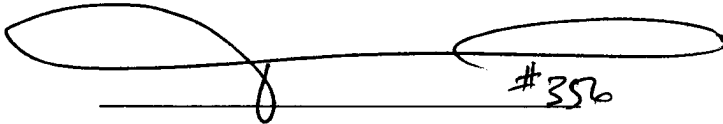
The following is a summary of the recorded interview. Post Miranda-warning, several questions were asked to Cifuentes about the no-loss form and why she signed it knowing it was a lie. At first, she tried to deny knowing what the purpose of the form was but then after more conversation she did admit that she knew she lied. She stated that she did not want her rates to increase as she was not financially stable at the time of the accident. Her fear was that if she admitted to her insurance agent that she had indeed had a car crash during the lapse in insurance that they would increase her rates and she could not afford it. So, she neglected to tell the agent when asked to sign the no-loss form. The statement was concluded, and the suspect was given my contact information should she have any further questions.

Conclusion:

1. Jaycy Cifuentes's auto insurance policy was cancelled for non-payment on February 17th, 2018.
2. A vehicle insured by and driven by Jaycy Cifuentes was involved in a traffic crash (which she was not cited for and police found her not at fault in the multi-car crash) on February 22nd, 2018 at approx. 8:28pm.
3. Jaycy Cifuentes went to her local insurance agent's office 4 days later on February 26th, 2018 to reinstate her insurance policy.
4. Jaycy Cifuentes signed a "no loss" statement in the presence of her insurance agent saying she had not been in an accident from the period of February 17th through February 26th, the dates her policy had lapsed from non-payment.
5. Although Jaycy Cifuentes was not sited by police as being at fault in the multi-car crash, the vehicle she did collide with (rear-ended) did file a claim and was denied compensation do to Ms. Cifuentes's lapsed and/or falsified policy re-instatement.

Based on the above facts, there is probable cause to believe that on February 22nd, 2018, in Palm Beach County Florida, the defendant Jaycy Cifuentes violated Florida Statute 817.236 when she, with the intent to injure, defraud, or deceive Pearl Holding Group Insurance Company, a motor vehicle insurer, signed a No- Loss Statement in person, and stated she, nor any of her covered vehicles were involved in any accidents or losses between the period of February 17th, 2018 at 12:01am and February 26th, 2018 3:18pm, when in fact, her insured vehicle, operated by herself, was involved in a traffic crash on February 22nd, 2018 at 8:28pm, which constitutes material misrepresentations to an insurance company.

I hereby swear and affirm that the above information did occur in Martin County, Florida and is true and correct to the best of my knowledge and belief.

 #356

Toby Athol, DETECTIVE
Florida Department of Financial Services
Division of Insurance Fraud

Subscribed to and sworn before me this 11th day JUNE 2020, by, who is personally known to me.



Law Enforcement Officer (F.S.S. 117.10)

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