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ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Copies	1	Juvenile N
OBTS Number					
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-21-067188	
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		Weapon Seized / Type <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		Multiple Clearance Indicator <input type="checkbox"/> 1	
Location of Arrest (Including Name of Business) 6074 Forest Hill Blvd #205, West Palm Beach, Florida 33415		Location of Offense (Business Name, Address) 6074 Forest Hill Blvd #205, West Palm Beach, Florida 33415			
Date of Arrest 05/19/2021	Time of Arrest 1850	Booking Date	Booking Time	Jail Date	Jail Time
Name (Last, First, Middle) Soomal, Karlene		Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race <input checked="" type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> Oriental/Asian	Sex <input checked="" type="checkbox"/> F <input type="checkbox"/> M	Date of Birth 03/14/1968	Height 5'04	Weight 120	Eye Color Brown
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status Single	Religion NONE	Indication of Alcohol Influence <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No	Complexion Dark
Local Address (Street, Apt. Number) 435 27th Street Apt. 2, West Palm Beach, FL 33407		Phone (561) 720-9825	Residence Type: <input type="checkbox"/> 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input checked="" type="checkbox"/> 4. Out of State		
Permanent Address (Street, Apt. Number)		Phone	Address Source		
Business Address (Name, Street)		Phone	Occupation Hostess		
DL Number, State SS00500685940, FL	INS Number	Place of Birth (City, State) Trinidad and Tobago	Citizenship Trinidadian		
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
Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Residence Phone		Business Phone	
Address (Street, Apt. Number)		(City)	(State)	(Zip)	
Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated	
Released To: (Name)		Relationship	Date	Time	
The above address 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 (Phone 355-2526) informed of any change of address. <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 <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Possess	S. Sell <input type="checkbox"/> B. Buy <input type="checkbox"/> T. Traffic	R. Smuggle <input type="checkbox"/> D. Deliver <input type="checkbox"/> E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other
Charge Description Criminal Mischief	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 806.13(1)(b)(2)	Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense # 21-067188	Warrant / Copies Number	Bond
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Copies Number	Bond
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Copies Number	Bond
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Copies Number	Bond
Location (Court, Room Number, Address) Criminal Justice Complex 3225 GORDON ROAD, WPB, FL 33415					
Count Date and Time Month JUN Day 5 Year 2021 Time 6:30 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>					
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. 05/19/2021					
Signature of Defendant (or Juvenile and Parent / Custodian)				Date Signed	
HOLD for other Agency Name		Signature of Arresting Officer X		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) D/S C. Householder		(PRINT)	
Inmate # 21-067188		ID # 27829		Agency PBSO	
Transporting Officer D/S C. Householder		ID # 27829		Witness here if subject signed with an "X"	
DISTRIBUTION: WHITE - COURT COPY		GREEN - STATE ATTORNEY		YELLOW - AGENCY	
PINK - AGENCY		GOLD - DEFENDANT (N.T.A.'s ONLY)		PAGE 1 OF 1	

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile N		
ADMIN	OBT Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 21-067188					
	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		Special Notes:			
DEF	Name (Last, First, Middle) Soomai, Karlene,				Alias		Race O		Sex F		Date of Birth 03/14/1968	
	Charge Description Criminal Mischief				806.13(1)(b)(2)		Charge Description					
CHARGES	Charge Description						Charge Description					
	Charge Description						Charge Description					
VICTIM	Victim's Name (Last, First, Middle) Jallas, Reda,				Race O		Sex M		Date of Birth 08/28/1985			
	Local Address (Street, Apt. Number) 6074 Forest Hill Blvd Apt. 205, West Palm Beach, Florida 33415				(City)		(State)		(zip)		Phone ()	
	Business Address (Name, Street)				(City)		(State)		(zip)		Phone ()	
											Occupation	
PROBABLE CAUSE STATEMENT	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. The Person taken into custody <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ <input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.											
	On the 19th day of May , 20 21 at 1850 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)											
	I responded to 6074 Forest Hill Blvd Apt. 205, Lake Worth, Florida 33415, in response to criminal mischief.											
	Contact was made with Karlene Soomai sitting outside of the apartment next to a pool of a red in color substance that appeared to be blood. When asked where the blood came from, Karlene Soomai stated she punched the window because she is mad at Reda Jallas. The window next to Soomai was broken and there was blood surrounding it.											
	Reda Jallas responded to the scene and advised he was watching his Ring doorbell camera when he observed Soomai punch the camera. Upon physically viewing the camera on the door, it was observed to have a cracked screen.											
	Due to Karlene Soomai's spontaneous utterance and the physical evidence at the scene, I find probable cause exists to arrest Karlene Soomai for Criminal mischief against the property of Reda Jallas, pursuant to Florida State Statute 806.13(1)(b)(2).											
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH				D/S C. Householder							
	(Signature of Arresting/Investigative Officer)											
	The foregoing instrument was sworn to or affirmed and subscribed before me this 19th day of May , 20 21 by D/S C. Householder											
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Personally Known											
D. WARRA 34737 Notary Public, Clerk of Court, Officer (F.S.S. 117.10)												



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

REVIEW COMPLETED BY

Booking Number: 2021012198

Date: 05/20/2021

Specialist Name/ID: T Howard/7185