

JH 0523345

2ICF4068 MB p#2643

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile													
Agency ORI Number FLO 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPT.		Agency Report Number (N.T.A.'s only) 7 8 1 2 1 1 0 0 2 1 0 8																	
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 Enter Type		Multiple Clearance Indicator																	
Location of Arrest (Including Name of Business) Northlake Blvd. / I95 Pbm Bch Gardens		Location of Offense (Business Name, Address) Northlake Blvd. / I95 Palm Bch Gardens																			
Date of arrest 0.5.16.21		Time of Arrest 0.0.59		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
Name (Last, First, Middle) Cajina Suarez, Katherine Julissa		Alias (Name, DOB, Soc. Sec. #, Etc.)																			
Race W - White B - Black O - Oriental		Sex M - Male F - Female		Date of Birth 1.0.1.19.8		Height 5'01		Weight 120		Eye Color Brown		Hair Color Black		Complexion Medium		Build Small					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status S		Religion Luk		Indication of: Alcohol Influence Drug Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.															
Local Address (Street, Apt. Number) 1155 W. 77th St. #118 Hialeah Fl. 33014		(City) Hialeah		(State) Fl.		(Zip) 33014		Phone ( )		Residence Type: 1. City 2. County 3. Florida 4. Out of State 13											
Permanent Address (Street, Apt. Number) 1155 W. 77th St. #118 Hialeah Fl. 33014		(City) Hialeah		(State) Fl.		(Zip) 33014		Phone ( )		Address Source Driver's License											
Business Address (Name, Street) ( )		(City) ( )		(State) ( )		(Zip) ( )		Phone ( )		Occupation ( )											
D/L Number, State C252510988710		Soc. Sec. Number ( )		INS Number ( )		Place of Birth (City, State) Nicaragua		Citizenship ( )													
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 Legal Custodian Other: Address (Street, Apt. Number) ( )		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 DCF 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 parent. 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: (Reason)		School Attended ( )		Grade ( )																	
Property Crime? <input type="checkbox"/> Yes <input 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 F. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other	
Charge Description Battery - LEO		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 7.8.4.1.0.7		Violation of ORD # 112.B													
Drug Activity N/A		Drug Type N/A		Amount / Unit N/A		Offense # ( )		Warrant / Capias Number ( )		Bond 7000.00											
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 / Capias 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 / Capias 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 / Capias Number ( )		Bond ( )											
<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court <input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		Location (Court, Room Number, Address) ( )																			
Court Date and Time Month Day Year Time 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.																					
Signature of Defendant (or Juvenile and Parent / Custodian) ( )																					
Date Signed ( )																					
HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Signature of Arresting Officer ( )		Name of Arresting Officer (Print) T. Stevenson		I.D.# 353		Name of Victim (or Arrestee) ( )		Date MAY 16 2021		PAGE 1 OF 1									
Initials Deputy ( )		I.D.# ( )		Pouch # ( )		Signature of Transporting Officer ( )		I.D.# 353		Witness here if subject signed with an "X"											

DISTRIBUTION:

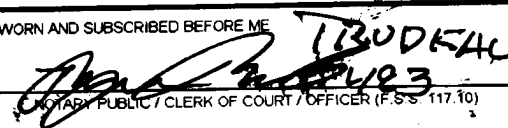

WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - JAIL

GOLD - DEFENDANT

OBT Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA		3 Request for Warrant 4 Request for Capias		1		JUVENILE	
ADMINISTRATIVE	Agency ORI Number <b>FL 0502600</b>		Agency Name <b>Palm Beach Gardens Police Department</b>		Agency Report Number <b>7 8 21-002108</b>						
	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) <b>CAJINA SUAREZ, KATHERINE JULISSA</b>				Race <b>W</b>		Sex <b>F</b>		Date of Birth <b>10/11/1998</b>		
	Charge Description <b>784.07(2)(B) - BATTERY LAW ENFORCEMENT OFFICER</b>				Charge Description						
VICTIM	Victim's Name (Last, First, Middle)				Race		Sex		Date of Birth		
	Local Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source				
CHARGES	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 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 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 <u>16</u> day of <u>May</u>, <u>2021</u> at <u>01:00</u> (Specifically include facts constituting cause for arrest.)</p> <p>On May 16, 2021 at 1:00 p.m., I responded to the area of Northlake Boulevard and Interstate 95 to provide backup for a traffic stop that Officer Hanton initiated (21-002107.) This area is located in the city of Palm Beach Gardens, Palm Beach County, Florida. On arrival, my body worn camera was activated while on scene.</p> <p>On arrival, I provided backup for the entirety of the traffic stop. Once Officer Hanton placed the driver under arrest for suspicion of DUI, the back seat passenger identified as Katherine Julissa Cajina Suarez (H/F DOB: 10/11/1998,) was being explained the situation in Spanish by Jupiter Police Officer Kevin Tappin. While explaining the situation Suarez started walking towards the arrested male. Officer Tappin put his hands up and told her to stop and to stay back. Suarez initially stopped but immediately tried to walk towards the arrested male again. Again, Officer Tappin put his hands up and told Suarez to stop. At this time, Suarez slapped Officer Tappin's left arm and pushed him once in the chest. Suarez was immediately placed into handcuffs.</p> <p>Based on the above facts and circumstances, Suarez was placed under arrest and charged with battery on a law enforcement officer in violation on F.S.S. 784.07(2)(B). Suarez was transported to the Palm Beach County Jail where she was booked under this charge.</p>										
NOTARIAL	SWORN AND SUBSCRIBED BEFORE ME				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER						
	 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>05/16/2021</u> DATE				 <b>STEVENSON, THOMAS ALAN II</b> NAME OF OFFICER (PLEASE PRINT) <u>05/16/2021</u> DATE						

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.Q.

1 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)
<b>L/E Exemptions</b>	<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.	
<b>Public Info. Exemptions</b>	<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.	
<b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b>	<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"/>			
<b>Other</b>	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2021011868	Date: 5/16/2021
	Specialist Name/ID: M. Tooks #8557