

J#0523431

21 CF 4226 MRB

#1242



ARREST / NOTICE TO APPEAR

OBTS Number	Agency ORI Number 0500800		Agency Name West Palm Beach Police Department		Agency Report Number (N.T.A.'s only) 9, - 2021-007525		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1		JUVENILE NH	
Charge Type: Check as many as apply: <input 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	Location of Arrest (Including Name of Business) 4201 S DIXIE HWY, WEST PALM BEACH		Location of Offense (Business Name, Address) 4404 GEORGIA AVE, WEST PALM BEACH, FL 33405		If Weapon Seized Enter Type Other Cutting		Multiple Clearance Indicator			
Date of Arrest 05/20/2021	Time of Arrest 20:08	Booking Date 05/20/2021	Booking Time 20:18	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) CLAROS-CABALLERO, KATHERYN NICOLL		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White B - Black O - Asian W	Sex F	Date of Birth 06/02/2000	Height 5'06	Weight 122	Eye Color GREEN	Hair Color BLOND OR	Complexion FAIR	Build Small		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status S		Religion UNKNOWN		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		
Local Address (Street, Apt. Number) 4201 S DIXIE HWY 114, WEST PALM BEACH, FL 33405		(City) WEST PALM BEACH		(State) FL		(Zip) 33405		Home Phone (561) 618-5693		
Permanent Address (Street, Apt. Number) 4201 S DIXIE HWY 114, WEST PALM BEACH, FL 33405		(City) WEST PALM BEACH		(State) FL		(Zip) 33405		Mobile Phone		
Business Address (Name, Street) 4201 S DIXIE HWY 114, WEST PALM BEACH, FL 33405		(City) WEST PALM BEACH		(State) FL		(Zip) 33405		Work Phone		
DL Number, State /		Soc. Sec. Number		INS Number		Place of Birth (City, State) COLON, Honduras		Citizenship HN		
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		
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)		Residence Phone		Business Phone				
Address (Street, Apt. Number) 4201 S DIXIE HWY 114, WEST PALM BEACH, FL 33405		(City) WEST PALM BEACH		(State) FL		(Zip) 33405		Notified by (Name) His Parent		
Released To (Name)		Relationship Parent		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 3. Incarcerated		
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 <input type="checkbox"/> No		School Attended		Grade		VICTIM NOTIFICATION REQUIRED				
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property						
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		K. Snuggle D. Deliver E. Use		M. Manufacture Produce/ Cultivate		L. Other		
Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv		P. Paraphernalia Equipment S. Synthetic		U. Unknown Z. Other		
Charge Description AGGRAVATED BATTERY-W DEADLY WEAPON		Statute Violation Number 784.045(1A2)		Violation of ORD #						
Drug Activity N		Amount / Unit /		Offense # 1		Counts 1		Domestic Violence <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 <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond						
Charge Description		Statute Violation Number		Violation of ORD #						
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		
Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond						
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		Explain:						
Check which applies: <input type="checkbox"/> Released O.K. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> F.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		PROPERTY - Received By		Released By		Released To				
Transported By		Date Transported		Time Transported		Other				
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room)		Court Date and Time						
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT IF 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						
I CONSENT TO RECEIVE REMINDERS OF COURT DATE(S) AND TIMES FOR THIS CASE BY TEXT MESSAGE TO THE NUMBER IDENTIFIED HERE. I UNDERSTAND THAT STANDARD TEXT MESSAGE RATES MAY APPLY AND THAT I MAY REVOKE THIS CONSENT VIA THE TEXT MESSAGE SYSTEM IF I CHOOSE.		(561) 618-5693		INITIAL						
HOLD for Other Agency		Signature of Arresting Officer Y. ABREU		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) ABREU, YANKO		ID # 02158		(PRINT)				
Inmate # 02158		Pouch #		Agency WPBPD		PAGE 1 OF 1				

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D D I T I O N A L I N F O R M A T I O N	Date / Time 05/20/2021 20:27	Agency ORI Number FL 0500800		Agency Name WEST PALM BEACH POLICE	Agency Report Number 9 4 2021-0007525	
	Name (Last, First, Middle) CLAROS-CABALLERO, KATHERYN NICOLL				Race W	Sex F
D E F E N D A N T	Charge Description 784.045(1A2) AGGRAVATED BATTERY-W DEADLY WEAPON					
	Victim's Name (Last, First, Middle) FONSECA, MAYKER				Race W	Sex M
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) 2137 WELLINGTON RD, WEST PALM BEACH, FL 33409			Phone (561) 474-0692	Address Source VERBAL	
	Business Address (Name, Street) (City) (State) (Zip)			Phone	Occupation MECHANIC	
A D D I T I O N A L I N F O R M A T I O N	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): INJURIES			
	VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>					
A D D I T I O N A L I N F O R M A T I O N	RELATIONSHIP BETWEEN VICTIM & SUSPECT DATING					
	<p>PHOTOGRAPHS: Scene: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>Victim: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>911 CALL: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> CALLER:</p> <p>WEAPON USED: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> TYPE: SCREWDRIVER</p> <p>WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> (If YES, attach witness list)</p> <p>INJURIES: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>MEDICAL TREATMENT: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>AT: Scene: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARAMEDICS: WPBFR 2</p> <p>Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> PHYSICIAN(S) / HOSPITAL:</p> <p>ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NAMES/AGES:</p> <p>H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/></p> <p>VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/></p> <p>VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> CASE #:</p> <p>PRIOR HISTORY OF DOMESTIC VIOLENCE: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> YES <input checked="" type="checkbox"/></p>					
N A R R	On 05/20/2021 at approximately 1846 hours, I responded to 4404 Georgia Ave in reference to and domestic aggravated battery. Upon my arrival, I made contact with Mayker Fonseca (11/07/1977).					
	Fonseca had visible scratches along his neck, a torn shirt, an injured lip, two small puncture wounds along					
A D D I T I O N A L I N F O R M A T I O N	STATE OF FLORIDA COUNTY OF PALM BEACH					
	<p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p> 2159 SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this 20 day of May, 2021</p> <p> 2086 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>					

COURT

STATE ATTORNEY

CENTRAL RECORDS



JAIL

CRIME ANALYSIS

P.I.O.

DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N N A R R A T I V E	Date / Time 05/20/2021 20:27		
	Agency ORI Number FL 0500800	Agency Name WEST PALM BEACH POLICE	Agency Report Number 9 4 2021-0007525
	<p>his left forearm and one small laceration along his right forearm. Fonseca said that he was in the garage of 4404 Georgia Ave with his girlfriend of one year Katheryn Clares-Caballero (06/02/2000). Fonseca explained that Clares-Caballero started yelling at him after she received messages from his ex-wife. Fonseca said that Clares-Caballero then shoved him and punched him in the face injuring his lip. Fonseca told me that Clares-Caballero then grabbed at his neck scratching him and ripping his shirt. Fonseca advised that he grabbed Clares-Caballero's arms trying to prevent her from hitting him any further. Fonseca said that Clares-Caballero then grabbed two screwdrivers and stabbed both his arms with then. Fonseca told me that he the ran out of the garage and down the street to get away from Clares-Caballero then returned later and saw that she was gone.</p> <p>Post Miranda Clares-Caballero explained that after she confronted Fonseca reference messages, she received from his ex-wife he shoved her and began to attack her. Clares-Caballero explained that Fonseca was shoving and grabbing her while she began trying to get away causing some scratches along Fonseca's neck and ripping his shirt. Clares-Caballero said that she then left the area to prevent the altercation from escalating but said that she never stabbed Fonseca with anything. Clares-Caballero had visible injuries along the upper part of her arm consistence with someone trying to grab and hold her arms.</p> <p>Due to these facts probable cause exist to charge Clares-Caballero with one count of aggravated battery with a deadly weapon per F.S.S 784.045(1A2)</p>		
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p> <u>2158</u> SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>20</u> day of <u>May</u>, <u>2021</u></p> <p> <u>2086</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>			

COULT

STATE ATTORNEY

CENTRAL RECORDS

IAH

CRIME ANALYSIS

DLO

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes.

- **Homicide** (Ch 782)
- **Sexual Offense** (Ch. 794)
- **Attempted Murder**
- **Attempted Sexual Offense**
- **Stalking** (S. 784.048)

- **Domestic Violence** - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. 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 #: 2021-7525 Agency: West Palm Beach PD
Offense: Agg. Battery - with Deadly Weapon
Suspect/Offender: Kathryn Nicoll Carlos-Caballero
D.O.B. 6/2/2000 Race: W Sex: F
2. Warrant #(s) _____
3. Complete one (1) of the following:
 - a. Victim's name: Mayker Fonseca
Address: 2137 Wellington Rd West Palm Beach
City: West Palm Beach State: Florida Zip: 33409
Home #: 561-474-0692 Work#: _____ Other: _____
 - b. Victim's next of kin: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work#: _____ Other: _____
 - c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work#: _____ Other: _____
4. Relevant identification or case numbers assigned to the case (please specify).

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: _____ I.D.: _____ Date: _____

SUSPECT/OFFENDER: Kathryn

15100-050

11/11/21

COURT CASE/WARRANT#
(FOR WARRANTS USE ONLY)