

0524920 21mm 5575MB 174

ADDITIONAL INFORMATION		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		T		JUVENILE	
Agency ORI Number <b>0500800</b>		Agency Name <b>West Palm Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>9 4 2021-0011046</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		Location of Arrest (Including Name of Business) <b>701 S OLIVE AVE, WPB FL 33401</b>		Location of Offense (Business Name, Address) <b>701 S OLIVE AVE 709, WEST PALM BEACH, FL 33401</b>		If Weapon Seized Enter Type <b>UNARMED</b>		Multiple Clearance Indicator			
Date of Arrest <b>07/30/2021</b>		Time of Arrest <b>01:20</b>		Booking Date <b>07/30/2021</b>		Booking Time <b>01:30</b>		Jail Date <b>07/30/2021</b>		Jail Time <b>01:21</b>	
Name (Last, First, Middle) <b>JIMENEZ, LAURA</b>		Alias: <b>Alias (Name, DOB, Soc. Sec. #, Etc.)</b>		Race W - White B - Black O - Asian <b>W</b>		Sex <b>F</b>		Date of Birth <b>04/07/1992</b>		Height <b>5'06</b>	
Weight <b>130</b>		Eye Color <b>BROWN</b>		Hair Color <b>BROWN</b>		Complexion <b>FAIR</b>		Build <b>Small</b>			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status <b>S</b>		Religion		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) <b>701 S OLIVE AVE 709, WEST PALM BEACH, FL 33401</b>		(City) <b>WEST PALM BEACH</b>		(State) <b>FL</b>		(Zip) <b>33401</b>		Home Phone		Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>1</b>	
Permanent Address (Street, Apt. Number) <b>701 S OLIVE AVE 709, WEST PALM BEACH, FL 33401</b>		(City) <b>WEST PALM BEACH</b>		(State) <b>FL</b>		(Zip) <b>33401</b>		Mobile Phone		Address Source <b>VERBAL</b>	
Business Address (Name, Street) <b>701 S OLIVE AVE 709, WEST PALM BEACH, FL 33401</b>		(City) <b>WEST PALM BEACH</b>		(State) <b>FL</b>		(Zip) <b>33401</b>		Work Phone		Occupation	
D/L Number, State <b>NONE /</b>		Soc. Sec. Number		D/S Number		Place of Birth (City, State) <b>MEDELLIN, Columbia</b>		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	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)		Residence Phone							
Address (Street, Apt. Number) <b>701 S OLIVE AVE 709, WEST PALM BEACH, FL 33401</b>		(City) <b>WEST PALM BEACH</b>		(State) <b>FL</b>		(Zip) <b>33401</b>		Business Phone			
Notified by: (Name)		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 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 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.		School Attended		Grade							
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No		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		R. Smuggle D. Deliver E. Use		K. Disperse/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other	
Drug Type N. N/A A. Amphetamines		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other			
Charge Description <b>BATTERY- BATTERY (SIMPLE)</b>		Statute Violation Number <b>784.03(1A1)</b>		Violation of ORD #							
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit <b>/</b>		Offense #		Counts <b>1</b>		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	
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	
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.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		Released To	
Transported By <b>FISHER, C</b>		Date Transported <b>07/30/2021</b>		Time Transported <b>01:21</b>		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 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		INITIAL					
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.		Name Verification (Printed by Arrestee)		Name of Arresting Officer (Print) <b>FISHER, CHRISTOPHER</b>		ID # <b>02125</b>		Agency <b>WPPD</b>		Witness here if subject signed with an "X".	
HOLD For Other Agency		Signature of Arresting Officer <b>FISHER, C</b>		Name Verification (Printed by Arrestee)		Name of Arresting Officer (Print) <b>FISHER, CHRISTOPHER</b>		ID # <b>02125</b>		Agency <b>WPPD</b>	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suscible		<input type="checkbox"/> Revoked Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>FISHER, CHRISTOPHER</b>		ID # <b>02125</b>		Agency <b>WPPD</b>		Witness here if subject signed with an "X".	
Initials <b>D. M. 30/01</b>		Pouch #		Name of Arresting Officer (Print) <b>FISHER, C</b>		ID # <b>2125</b>		Agency <b>WPPD</b>		Witness here if subject signed with an "X".	

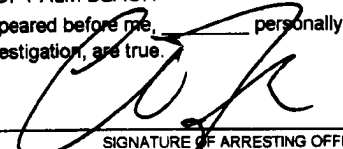
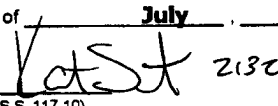
JUL 30 AM 6:04  
WEST PALM BEACH COUNTY, FL  
GUN CLERK

No Photo Available

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>07/30/2021 01:16</b>	Agency ORI Number <b>FL 0500800</b>		Agency Name <b>WEST PALM BEACH POLICE</b>	Agency Report Number <b>9   4   2021-0011046</b>		
	Name (Last, First, Middle) <b>JIMENEZ, LAURA</b>				Alias	Race <b>W</b>	Sex <b>F</b>
C H R G	Charge Description <b>784.03(1A1) BATTERY- BATTERY (SIMPLE)</b>						
	Victim's Name (Last, First, Middle) <b>PURRU, PATRICK JAMES</b>				Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>03/23/1990</b>
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>701 S OLIVE AVE 709, WEST PALM BEACH, FL 33401</b>				Phone <b>(561) 260-4815</b>		Address Source <b>VERBAL</b>
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation
D E F E N D A N T	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>RED MARKS, UPSET</b>			
	VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>						
RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>GIRLFRIEND</b>							
A D D I T I O N A L  I N F O R M A T I O N	PHOTOGRAPHS:		Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
			Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
	911 CALL:		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CALLER:			
	WEAPON USED:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TYPE:			
	WITNESSES:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	(If YES, attach witness list)			
	INJURIES:		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
	MEDICAL TREATMENT:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
	AT: Scene:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PARAMEDICS:			
	Hospital:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PHYSICIAN(S) / HOSPITAL:			
	ACT COMMITTED IN PRESENCE OF MINOR(S):		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	NAMES/AGES:			
H. R. S. NOTIFIED:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
VICTIM PREGNANT:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
VIOLATION OF RESTRAINING ORDER:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CASE #:				
PRIOR HISTORY OF DOMESTIC VIOLENCE:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
ALCOHOL OR DRUGS INVOLVED:		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
N A R R	On July 30th, 2021 at approximately 0004 hours I responded to 701 S Olive Ave, Apartment 709, West Palm Beach in reference to a disturbance in progress. While en-route, dispatch advised the caller stated a female was trying to jump off the balcony and then disconnected.						
	STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.  SIGNATURE OF ARRESTING OFFICER Sworn to and subscribed to before me this <u>30</u> day of <u>July</u> , <u>2021</u>  SMITH, KATHERINE NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)						

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P I O

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County  
Narrative Continuation

ADMINISTRATIVE	Date / Time <b>07/30/2021 01:16</b>	Agency Name <b>WEST PALM BEACH POLICE</b>	Agency Report Number <b>9   4   2021-0011046</b>
	Agency ORI Number <b>FL 0500800</b>		

Upon arrival, contact was made with the caller, later identified as James Peru, w/m DOB who immediately stated his live-in girlfriend, later identified as Laura Giraldo Jimenez, DOB 4/7/1992 was trying to jump off the balcony. Peru was visibly upset, sweating, and had visible red marks near his neck and face. Both parties were separated, at which time Peru stated he and Jimenez were out to dinner and had a verbal altercation about something the waiter said to Jimenez. The argument continued to the house at which time Peru told Jimenez to get her stuff and get out.

Peru told me Jimenez then attacked him, scratches and clawing at his face and neck area as she made her way to the balcony door, trying to climb outside so she could "kill herself." Jimenez later told Officer Smith she was not trying to kill herself and denied even going out to the balcony. The door leading outside was located secure and no signs of a struggle were observed on the outside patio furniture. Officer Smith later questioned Jimenez who stated Peru grabbed her around the neck but then recanted her story and told Officer Smith, "nothing happened." Jimenez appeared intoxicated and had a small red mark near her neck area which Peru stated he did push Jimenez back away from him as she was attacking him.

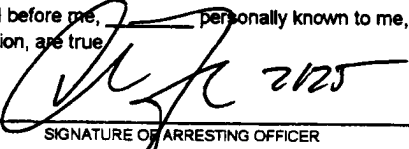
Peru told me he and Jimenez have been in an ongoing relationship and living together for almost 4 months at his residence, and do not have kids in common. Based on the above information, probable cause exists to arrest and charge Laura Jimenez with Domestic Battery In violation of FSS 784.03(1A1) and later transported to the county jail and booked.

Officer Haberkorn later obtained a sworn statement from Peru on his BWC which was later uploaded to evidence.com and provided Peru with a Victim Rights Packet after he signed the Officer Copy. Officer Haberkorn also took pictures of Peru's injuries and later uploaded them to evidence.com.

My BWC was active during this incident and later uploaded to evidence.com.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Appeared before me, \_\_\_\_\_ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 30 day of July, 2021.

SMITH, KATHERINE  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

## 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 # 2021-11046 Agency: WPB  
Offense: Domestic Battery  
Suspect/Offender: Laura Giraldo Jimenez  
D.O.B. 4/7/92 Race: H Sex: F
2. Warrant #(s) \_\_\_\_\_
3. Complete one (1) of the following:
  - a. Victim's name: Patrick Purru  
Address: 701 S Olive Ave  
City: WPB State: FL Zip: 33401  
Home #: \_\_\_\_\_ Work#: \_\_\_\_\_ Other: \_\_\_\_\_
  - b. Victim's next of kin: Robyn Berteau  
Address: 315 7th ave S 2B  
City: Lake Worth State: FL Zip: 33460  
Home #: \_\_\_\_\_ Work#: 561 641 9846 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: Ashen C I.D.: 2125 Date: 7-30-2021