

2021 MM 9107Pch # 968

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1 Arrest 3 Request For Warrant 2 NTA 4 Request For Capias		Juvenile <input type="checkbox"/>	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		21133918	
Charge Type (List in block and type) <input type="checkbox"/> 1 Felony <input checked="" 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 Used Serial #		Multiple Offenses Indicate		0	
Location of Arrest (Including Name of Business) 16685 69th St N Loxahatchee, FL 33470				Location of Offense (Including Name of Business) 1668569th St N Loxahatchee, FL 33470			
Date of Arrest Dec 2, 2021		Time of Arrest 20:15		Booking Date		Booking Time	
Jail Date		Jail Time		Location of Vehicle			
Name (Last, First, Middle) Williamson Laura E				Alias (Name, DOB, Soc. Sec. # Etc.)			
Race W		Sex F		Date of Birth 03/12/76		Height 5'7	
Weight 145		Eye Color Hazel		Hair Color Brown		Complexion Medium	
Build Medium		Mental Status Single		Religion UNK		Alcohol Influence 1. None <input type="checkbox"/> 2. Slightly <input type="checkbox"/> 3. Moderately <input type="checkbox"/> 4. Intoxicated <input checked="" type="checkbox"/>	
Local Address (Street, Apt. Number) 16685 69th St N Loxahatchee FL 33470				Phone 561-727-6748		Residence Type 1. Single <input type="checkbox"/> 2. Jointly <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input checked="" type="checkbox"/>	
Permanent Address (Street, Apt. Number)				Phone		Address Source License	
Business Address (Street, Apt. Number)				Phone		Occupation Unemployed	
DL Number, State W452525765920		Social Security Number		INS Number		Place of Birth Whittier, CA	
Citizenship US		Co-Defendant Name (Last, First, Middle)		Race		Sex	
Date of Birth		Arrested <input type="checkbox"/>		All Large <input type="checkbox"/>		3 Felony <input type="checkbox"/> 4 Misdemeanor <input type="checkbox"/> 5 Juvenile <input type="checkbox"/>	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Arrested <input type="checkbox"/>		All Large <input type="checkbox"/>		3 Felony <input type="checkbox"/> 4 Misdemeanor <input type="checkbox"/> 5 Juvenile <input type="checkbox"/>			
<input checked="" type="checkbox"/> Parent <input type="checkbox"/> N/A <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other		Name (Last, First, Middle)		Phone			
Address (Street, Apt. No.)		City		State		Zip	
Business Phone		Notified By (Name)		Date		Time	
Relationship		Date		Time		Juvenile Disposed on 1. Handcuffed/Processed within Desk and Released 2. FOT HR/DITS 3. Incarcerated	
Released To (Name)		Relationship		Date		Time	
Where Released To, was previously <input type="checkbox"/> Released and/or <input checked="" type="checkbox"/> Re-arrested. If re-arrested, parent must submit to the Juvenile Court clerk's office (Phone 561-855-3536) informed of any address change <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Provide)		School Attended		Grade			
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property			
Drug Activity N N/A P Possess		Amount/Unit B Buy T Traffic		Offense # D Deliver E Use		Manufacture Produce Cultivate	
Drug Type N N/A A Amphetamine		Statute Violation Number 784.03(1)(a)(1)		Warrant/Capias Number		Bond None	
Charge Description Domestic Battery		Counts 1		Offense # 21133918		Violation or ORD #	
Drug Activity N		Drug Type N		Amount/Unit NA		Offense # 21133918	
Charge Description		Counts		Statute Violation Number		Violation or ORD #	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Charge Description		Counts		Statute Violation Number		Violation or ORD #	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Charge Description		Counts		Statute Violation Number		Violation or ORD #	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Charge Description		Counts		Statute Violation Number		Violation or ORD #	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Location (Court Address, Room Number)		Count Date and Time		Month		Day	
Year		Time		AM <input type="checkbox"/>		PM <input type="checkbox"/>	
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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		Signature of Arresting Officer D/S Legato		Name Verification (Printed by Arrestee)		Page	
Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Re-arrest <input type="checkbox"/> Other		Name of Arresting Officer D/S Legato		ID # 20424		PRINT)	
Intake Deputy M. Legato		ID # 9128		Transferring Officer D/S Legato		ID # PBSO	
Witness here if subject signed with an "X"							

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 3 Request For Warrant 2 N.T.A 4 Request For Capias 1 Juvenile <input type="checkbox"/>	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 21133918	
Charge Type: <input type="checkbox"/> 1 Felony <input checked="" type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 2 Traffic Felony <input type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 6 Other		Special Notes			
Defendant Name (Last, First, Middle) Williamson Laura E		Race W		Sex F Date of Birth 03/12/76	
Charge Domestic Battery		Charge			
Charge		Charge			
Victim Name (Last, First, Middle) Estivariz Azure		Race W		Sex F Date of Birth 06/10/1997	
Local Address (Street, Apt. Number) 3325 Elizabeth Pl S		City Palm Springs		State FL Zip 33461	
Business Address (Street, Apt. Number)		City		State Zip	
Phone 561-674-3788		Address Source verbal		Occupation	
The undersign 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 that he/she saw the arrested person commit the below acts <input checked="" type="checkbox"/> confessed to admitting to the below facts <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation					
On the 2 day of December 20 21 at 20:14 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM					

On December 2, 2021 at approximately 19:19 hours I was dispatched to 16685 69th St N in Loxahatchee, FL in reference to a Domestic Dispute.

Upon arrival I made contact with Azure Estivariz in the road in front of the above listed address. Azure stated she came to drop off her Daughter Auja Torres at her mother Laura Williamson house. Azure stated Auja primarily lives with her mother at this address. Azure said when they got to the house to drop Auja, she was sad making a comment that she is mistreated there. Laura has a long time live in boyfriend Jorge Garcia. Auja told Azure that Jorge has hit her in the past.

Azure said she got upset and went to the door to approach Laura and Jorge about the allegations. The entire encounter was captured on a doorbell camera and made available to me on scene. I reviewed the video and observed the following. Azure knocked on the door Laura answered and a argument began. The argument escalated to the point of Laura trying to shut the door on Azure and Azure blocking the door with her foot. Laura then pushed Azure on the chest area to move her out of the door way. Azure then pushed Laura back insisting to talk to Jorge regarding her Auja's allegations. Then argument continued between Laura, Azure, and Jorge while Azure blocked the door from closing. Azure was asked to leave and she refused. Laura was then seen a second time shove Azure with both hands pushing her out of the doorway. During the shoving, Laura banged her left hand on door causing a bump and bruising. No other injuries were reported.

Due to Laura being the one to initiate the physical contact and to do so multiple times Laura was determined to be the primary aggressor in this situation. Base on my investigation I find probable cause existed to arrest and charge Laura Williamson with 1 count of Domestic Battery FSS 784.03(1)(a)(1).

The foregoing instrument was sworn to and affirmed before me this 2 day of December 20 21 , by	
D/S Tejada #26703	D/S Legato 20424
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer

Page
 1 of 1

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
(Submit this form with the original Probable Cause Affidavit)

Defendant: Williamson Laura E DOB: 03/12/76 Case #: 21133918
Victim: Estivariz Azure DOB: 06/10/1997 Race: W Sex: F

Relationship between Victim and Defendant: _____

Photographs: Scene ☐ Yes ☒ No Victim ☒ Yes ☐ No Defendant ☐ Yes ☒ No

1 Call: ☒ Yes ☐ No Caller: _____

Weapon Used: ☐ Yes ☒ No Type: _____

Initness: ☒ Yes ☐ No Name: Tenor Gullbert, Jorge Garcia

Victim Pregnant: ☐ Yes ☒ No If yes, _____ Weeks _____ Months

Injuries: ☒ Yes ☐ No Description: _____

Medical Treatment: ☐ Yes ☒ No

At Scene: ☐ Yes ☒ No Paramedics: _____

At Hospital: ☐ Yes ☒ No Hospital: _____ Physician: _____

Are children living in the home? ☒ Yes ☐ No DCF Notified? ☒ Yes ☐ No

Child 1 Name: Tye Garcia DOB: 3/30/2010

Child 2 Name: Auja Torres DOB: 9/13/2016

Child 3 Name: _____ DOB: _____

Arrest: ☐ Yes ☒ No Case #: _____

Contact Order: ☐ Yes ☒ No Case #: _____

Alcohol or Drugs: ☐ Yes ☐ No ☒ Unknown

History of Domestic/Dating Violence ☐ Yes ☒ No

Defendant's statements ☒ Yes ☐ No If yes, ☒ written ☐ recorded ☐ oral

First words Defendant said when you responded to scene: She wouldn't leave.

Victim's statements ☒ Yes ☐ No If yes, ☒ written ☐ recorded ☐ oral

First words Victim said when you responded to scene: My mom pushed me.

Did the Victim contact anyone other than the police within an hour of the incident regarding the incident?

If Yes ☒ No If yes, name: _____ phone: _____

Observations of Victim (Physical & Emotional): _____

Upset ☐ Crying ☐ Fearful ☐ Hysterical ☐ Afraid ☐ Calm ☐ Nervous

Complained of pain ☐ Other _____

Victim contact information: _____

Home Address: 3325 Elizabeth Pl S

Palm Springs FL 33461

Home: 561-674-3788 Work: _____ Cell: _____

Employer: Unemployed

Name of Relative: _____ Phone: _____

VICTIM NOTIFICATION FORM

- Homicide (Ch.782)
- Attempted Murder
- Stalking (F.S. 784.048)
- Domestic Violence - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated 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.
- Sexual Offense (Ch.794)
- Attempted Sexual Offense
- Dating Violence

Upon completion, this form must accompany the booking paperwork.
If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 21133918 Agency: Palm Beach County Sheriff's Office
Offense: Domestic Battery
Suspect/Offender: Williamson Laura E
DOB: 03/12/76 Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's Name: Estivariz Azure DOB: 06/10/1997 Race: W Sex: F
Address: 3325 Elizabeth Pl S
City: Palm Springs State: FL Zip: 33461
Home #: 561-674-3788 Work #: _____ Other #: _____

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other #: _____

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY SUBJECT TO CONFIDENTIALITY.

Victim/Relation Notification Waiver and Confidential Information Request

(Check applicable boxes)

- ☐ Waiver: I choose not to be notified when the arrestee is released from custody.
- ☐ Confidential: I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Deputy's Name: D/S Legato ID #: 20424 Date: 12/2/21

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #



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

REVIEW COMPLETED BY

Booking Number: 2021030317 WDC

Date: 12/03/2021

Specialist Name/ID: T Howard/7185