

50.200-MM-004171-AMB

4350357

1632

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N									
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-21073605																	
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 2 <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Multiple Clearance Indicator 1																	
Location of Arrest (Including Name of Business) 740 S Military Trail, West Palm Beach FL 33415						Location of Offense (Business Name, Address) 740 S Military Trail, West Palm Beach FL 33415															
Date of Arrest 06/07/2021		Time of Arrest 1652		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
Name (Last, First, Middle) Aristizabal, Lorena,												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex F		Date of Birth 6/25/1987		Height 508		Weight 140		Eye Color Brown		Hair Color Brown		Complexion Light		Build Medium					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status Single		Religion NONE		Indication of: Alcohol Influence Drug Influence		Y <input type="checkbox"/>		N <input type="checkbox"/>		Unk. <input type="checkbox"/>					
Local Address (Street, Apt. Number) 1886 Abbey Rd apt 1115, West Palm Beach FL 33415						(City)		(State)		(Zip)		Phone (786) 393-0562		Residence Type: 1. City 2. County 3. Florida 4. Out of State		2					
Permanent Address (Street, Apt. Number)						(City)		(State)		(Zip)		Phone		Address Source DL							
Business Address (Name, Street)						(City)		(State)		(Zip)		Phone		Occupation Unemployed							
DL Number, State A-623-520-87-725-0				Soc. Sec. Number				INS Number				Place of Birth (City, State) Uncooperative				Citizenship U.S					
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 <input type="checkbox"/> Other		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 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 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 E. Heroin		H. Hallucinogen M. Marijuana O. Opium/deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other	
Charge Description Simple Battery		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03(1a1)				Violation of ORD #											
Drug Activity N		Drug Type N		Amount / Unit		Offense # 21073605		Warrant / Capias Number				Bond									
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input 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 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 type="checkbox"/> N		Statute Violation Number				Violation of ORD #											
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond									
Location (Court, Room Number, Address) Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600																					
Court Date and Time Month July Day 27th Year 2021 Time 0830 AM <input checked="" type="checkbox"/> PM																					
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED, UNDERSTANDS AND 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. 06/07/2021																					
Signature of Defendant (or Juvenile and Parent /Custodian) <i>[Signature]</i> Date Signed																					
HOLD for other Agency Name:				Signature of Arresting Officer <i>[Signature]</i>				Name Verification (Printed by Arrested) (PRINT)													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:				Name of Arresting Officer (Print) C. Connor				I.D. # 31766				PAGE 1 OF 1									
Intake Deputy D. Hall				I.D. # 28819				Pouch # 1850				Witness here if subject signed with an "X"									

DISTRIBUTION: WHITE - COURT COPY
PB80 #148 REV. 8/97

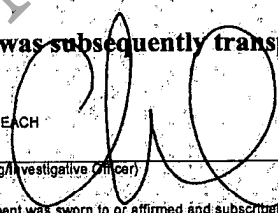
GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GREEN - DEFENDANT (N.T.A.'s ONLY)

FILED
JUL 28 2021
CLERK OF COURT
Palm Beach County

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N	
ADMIN	OBTS Number												
	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 06- 21073605							
CHARGES	Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony		<input checked="" type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance		Special Notes:					
		<input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other							
DEF	Name (Last, First, Middle)	Aristizabal, Lorena						Alias:		Race W	Sex F	Date of Birth 6/25/1987	
	Charge Description	Simple Battery						784.03(1a1)		Charge Description			
VICTIM	Charge Description	Charge Description											
	Charge Description	Charge Description											
VICTIM	Victim's Name (Last, First, Middle)	Rivas, Alvaro Hernan						Race W	Sex M	Date of Birth 06/11/1979			
	Local Address (Street, Apt. Number)	(City)		(State)	(zip)	Phone		Address Source					
	520 Shady Pine Way Apt B1, Greenacres FL 33415						(786) 955-5764		DL				
	Business Address (Name, Street)	(City)		(State)	(zip)	Phone		Occupation					
								Uncooperative					
<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 type="checkbox"/> committed the below acts in my presence.</p> <p><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.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 7th day of June 20 21 at 1652 <input type="checkbox"/> A. M. <input checked="" type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)</p> <p>On Monday 6/7/2021 at approximately 1626 hours I was dispatched to 740 S Military Trail suite A (Delicias De La Abuela) in reference to a loud disturbance involving a female at the restaurant. While en-route, PBSO dispatch advised fire rescue was staging for an injured adult male and there was an intoxicated female suspect who was threatening to kill people at the restaurant. I arrived on scene and made contact with the male victim and identified him by name as Rivas Alvaro Hernan. Alvaro Hernan pointed to the left side of his head and on the left side of his neck I saw a large fresh red mark, with scratches inside of it.</p> <p>I asked Alvaro Hernan if he wished to prosecute and he appeared confused. I asked him a second time "do you want her to go to jail" and he immediately stated "yes yes".</p> <p>During this part of my investigation it was found the female became upset with Alvaro Hernan because he is a manager at the business and she believed he stole her cellphone. Alvaro Hernan further advised the female then refused to pay and attacked him. I asked "how did she hit you" and Alvaro Hernan told me she was punching and "clawing" at his head and neck area.</p> <p>After speaking with Alvaro Hernan I made contact with the female suspect inside of a hair salon in the suite just east of the restaurant. I later identified this female by her drivers license as Lorena Aristizabal. While speaking with Aristizabal it became apparent she was noticeably intoxicated. She was slurring her words, and I smelled the odor of an unknown alcoholic beverage exuding from her face and mouth. I asked Aristizabal on three separate occasions to place her hands behind her back and she refused to do so, clenching her fists and keeping them in front of her. Once a backup deputy arrived on scene Aristizabal was placed into handcuffs without incident. These handcuffs were checked for proper spacing and double locked per PBSO policy.</p> <p>Based on the above described incident probable cause exists to charge Aristizabal with simple battery in violation of FSS 784.03 (1a1). To wit, Aristizabal knowingly and intentionally struck Alvaro Hernan in the head and neck area with the intent to cause him bodily harm.</p> <p>Aristizabal was subsequently transported to Palm Beach County Jail without incident.</p>													
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH												
	(Signature of Arresting/Investigative Officer)												
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>6th</u> day of <u>June</u> 20 <u>21</u> by <u>Known LEO</u>												
	(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced)	<u>24879</u>											
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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021013889	Date: 6/08/21
	Specialist Name/ID: J. Beck/9007