

0519991

2020 MM 9394 1837

ARREST/NOTICE TO APPEAR  
Juvenile Referral Report

1. Arrest 3. Request for Warrant  
2. N.T.A. 4. Request for Capias  1  Juvenile

OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06-20-132944</b>					
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		Weapon Seized / Type 2. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>		Multiple Clearance Indicator <b>01</b>					
Location of Arrest (Including Name of Business)											
Date of Arrest <b>12/03/20</b>	Time of Arrest <b>1300</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>N/A</b>					
Name (Last) <b>Darboys Bejerano</b>		First <b>Luis</b>		Middle <b>Alberto</b>		Alias (Name, DOB, Soc. Sec. #, Etc.) <b>N/A</b>					
Race W - White 1 - American Indian B - Black 0 - Orianta/Asian	Sex <b>M</b>	Date of Birth <b>04/21/1967</b>	Height <b>5'08</b>	Weight <b>190</b>	Eye Color <b>BROWN</b>	Hair Color <b>BLACK</b>	Complexion <b>LIGHT</b>	Build <b>MED</b>			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>Married</b>		Religion <b>Catholic</b>		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number)				Phone <b>561-602-2779</b>		Residence Type 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input checked="" type="checkbox"/>		Address Source <b>FL DL</b>			
Permanent Address (Street, Apt. Number)				Phone		Occupation <b>OCEOLA FARMS</b>					
Business Address (Name, Street)				Phone		Place of Birth (City, State) <b>DOMINICAN REPUBLIC</b>		Citizenship <b>N/A</b>			
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile						
Parent <input type="checkbox"/> Legal <input type="checkbox"/> Other:		(City)		(State)		(Zip)		Residence Phone			
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone			
Notified by: (Name)				Date	Time	Juvenile Disposition 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 365-2626) informed of any change of address.						School Attended		Grade			
Property Change? <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/ Product/ 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 <b>Battery (domestic)</b>				Counts <b>1</b>	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>784.03(1a1)</b>	Warrant / Capias Number	Bond			
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit		Offense # <b>20-132944</b>	Statute Violation Number	Warrant / Capias Number	Bond				
Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Warrant / Capias Number	Bond			
Drug Activity	Drug Type	Amount / Unit		Offense #	Statute Violation Number	Warrant / Capias Number	Bond				
Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Warrant / Capias Number	Bond			
Drug Activity	Drug Type	Amount / Unit		Offense #	Statute Violation Number	Warrant / Capias Number	Bond				
Location (Court, Room Number, Address)											
Court Date and Time Month <b>12</b> Day <b>03</b> Year <b>20</b> Time <b>AM</b> <input type="checkbox"/> <b>PM</b> <input type="checkbox"/>											
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 <b>12/03/20</b>					
HOLD for other Agency Name:		Signature of Arresting Officer <b>D/S J. ECKES</b>			Name Verification (Printed by Arrestee) <b>D/S J. ECKES</b>						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Arresting Officer (Print) <b>D/S J. ECKES</b>			I.O.# <b>19473</b>				
Intake Deputy		I.O.#		Pouch #		Transporting Officer <b>D/S J. STREETZEL</b>			Agency <b>PBSO</b>		
Witness here if subject signed with an "X"						PAGE <b>1</b> OF <b>1</b>					

**FILED**  
DEC - 4 2020  
SHARON R. BOCK  
Clerk & Comptroller

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO 0148 REV. 097

TIME: 1:510 AM



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

**Suspect:** Name (Last, First, Middle) Darboys Bejerano Luis Alberto **DOB:** 04/21/1967 **Case #:** 20-132944

**Victim:** Name (Last, First) GIL-DIAZ RAYSA **DOB:** 08/02/1969 **Race:** W **Sex:** F

**Relationship between Victim and Defendant:** \_\_\_\_\_

**Photographs:** Scene  Yes  No **Victim**  Yes  No **Defendant**  Yes  No

**911 Call:**  Yes  No **Caller:** RAYSA GIL-DIAZ

**Weapon Used:**  Yes  No **Type:** \_\_\_\_\_

**Witness:**  Yes  No **Name:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

**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:** \_\_\_\_\_ **Doctor:** \_\_\_\_\_

**Are Children Living in Home?**  Yes  No **DCF Notified?**  Yes  No

**Name:** RACHEL TURZO **DOB:** 01/18/2002

**Name:** JULIETTE DARBOYS **DOB:** 06/12/2013

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Injunction**  Yes  No **Case #:** \_\_\_\_\_

**No Contact Order**  Yes  No **Case #:** \_\_\_\_\_

**Alcohol or Drugs**  Yes  No  Unknown

**Prior 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:** (SPANISH TRANSLATION) \_\_\_\_\_

**Victim's Statements**  Yes  No **If yes,** written  recorded  oral

**First words Victim said when you responded to scene:** HE SHOVED ME

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

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:** (Last) GIL-DIAZ (First) RAYSA

**Local Address:** \_\_\_\_\_

**Phone:** 561- \_\_\_\_\_

**Employer:** (Name) \_\_\_\_\_ (Employer Address) \_\_\_\_\_

**Name of Relative:** (Last) N/A (First) N/A **Phone:** \_\_\_\_\_

**Address:** N/A

# VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- 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

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

1. Incident Report #: 20-132944 Agency: PBSO  
Offense: Battery (domestic)  
Suspect/Offender: Name (Last) Darboys Bejerano (First) Luis (Middle) Alberto  
D.O.B. 04/21/1967 Race: H Sex: M

2. Warrant # (s): \_\_\_\_\_

3.a. Victim's name: Name (Last, First) GIL-DIAZ RAYSA D.O.B. 08/02/1969 Race: W Sex: F  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Home #: 561- \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: (Last) N/A (First) N/A  
Address: N/A  
City: \_\_\_\_\_  
Home #: \_\_\_\_\_

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE 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: GIL-DIAZ RAYSA

Deputy's Name: D/S P. ECKES I.D.# 19473 Date: \_\_\_\_\_

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records  
PBSO 00029A REV. 4199

SUSPECT/OFFENDER: Darboys Bejerano Luis Alberto  
(FOR WARRANTS USE ONLY) COURT CASE/WARRANT#.



**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 checked="" type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	1-5
	<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: 2020028284 WDC	Date: 12/04/2020
	Specialist Name/ID: T Howard/7185