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ARREST / NOTICE TO APPEAR
Juvenile Referral Report1 Arrest 3 Request for Warrant
2 N.T.A. 4 Request for Capias

Juv.

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ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-22-034866	
	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 1. Yes 2. No		Multiple Clearance Indicator 06			
DEFENDANT	Location of Arrest (Including Name of Business) 3585 E Sandpiper Apt 3, Boynton Beach Florida 33436				Location of Offense (Business, Name, Address) 3585 E Sandpiper Dr Apt 3 BO FL 33436			
	Date of Arrest 02/10/2022	Time of Arrest 2300	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
CO-DEF	Name (Last, First, Middle) Vargas Cruz, Luis, Daniel				Alias (Name, DOB, Soc. Sec. #, Etc.)			
	Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex M	Date of Birth 03/05/1976	Height 5'05	Weight 190	Eye Color BLACK	Hair Color BROWN	Build MEDIUM
JUVENILE	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status Married	Religion CHRISTIAN	Indication of Alcohol Influence 1. Yes <input type="checkbox"/> 2. No <input checked="" type="checkbox"/> 3. Unk. <input type="checkbox"/>	
	Local Address (Street, Apt. Number) (City) (State) (Zip) 3585 E Sandpiper Drive Apt 3, Boynton Beach Florida 33436				Phone (786) 865-2631	Residence Type: 1. City 2. County 3. Florida 4. Out of State 3		
CHARGE	Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone ()	Address Source Person		
	Business Address (Name, Street) (City) (State) (Zip)				Phone ()	Occupation Salesman		
CHARGE	D/L Number, State V622524760850		Soc. Sec. Number [REDACTED]		INS Number	Place of Birth (City, State) Puerto Rico	Citizenship US	
	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
CHARGE	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 Legal Custodian <input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other				Name (Last) (First) (Middle)		Residence Phone	
CHARGE	Address (Street, Apt. Number) (City) (State) (Zip)				Business Phone			
	Notified by: (Name)				Date	Time	Juvenile Detention 1. Handled/processed within Dept. and Released 2. Not HRS / DYS 3. Incarcerated	
CHARGE	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 355-2528) informed of any change of address <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No (Reason)				School Attended		Grade	
CHARGE	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
CHARGE	Charge Description Simple Battery Domestic				Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1) A	
	Drug Activity N	Drug Type N	Amount / Unit	Offense # 22-034866	Warrant / Capias Number		Bond	
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
NOTICE TO APPEAR	Location (Court, Room Number, Address) South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996							
	Court Date and Time Month 02 Day 10 Year 2022 Time AM PM							
ADMIN	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) [Signature]				Date Signed 02/10/2022			
ADMIN	HOLD for other Agency Name:				Signature of Arresting Officer [Signature]		Name Verification (Printed by Arresting Officer) FEB 11 2022	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:				Name of Arresting Officer (Print) D/S O. Allen		ID # 32402	
Bond 10000				00200		8057		
						PAGE		

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	
ADMIN	OBTS Number								
	Agency ORI Number	FLO 500000		Agency Name	PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number	06- 22-034866	
CHARGES	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		Special Notes	
	Name (Last, First, Middle)	Vargas Cruz, Luis, Daniel		Alias			Race	Sex	Date of Birth
DEF	Charge Description	Simple Battery Domestic		784.03(1)A			W	M	03/05/1976
	Charge Description								
VICTIM	Victim's Name (Last, First, Middle)	Sanchez, Laura, P		Race	Sex	Date of Birth			
	Local Address (Street, Apt. Number)	(City)	(State)	(zip)	Phone	Address Source			
	3585 E Sandpiper Drive Apt 3, Boynton Beach Florida 33436				(786) 842-5338	Person			
	Business Address (Name, Street)	(City)	(State)	(zip)	Phone	Occupation			
						Unknown			
<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"/> confessed to _____</p> <p>admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____</p> <p>that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>10</u> day of <u>February</u> 20<u>22</u> at <u>2245</u> <input type="checkbox"/> A. M. <input checked="" type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)</p> <p>On the above date and time above, I responded to 3585 E Sandpiper Drive Apt 3, located in Unincorporated Boynton Beach, Florida 33436 in reference to a Simple Battery Domestic.</p> <p>Upon my arrival, I made contact with the complainant identified as Louis Vargas (Date of Birth 03/05/1976), who informed me that his wife Laura Sanchez (Date of Birth 11/02/1975) struck him on the left side of his face/neck area after having a verbal argument in the bedroom about his constant drinking. He also did admit that he had approximately two glasses of wine tonight and that Laura struck him for no apparent reason, and in response, Louis knowing how the Law works, contacted the law enforcement. While in my presence, I could smell the scent of an unknown alcoholic beverage coming from Louis's breath as he spoke, and also along his neck area was red discoloration which was in the form of digits of an open hand.</p> <p>After speaking to Louis, I spoke to Laura, who stated that while in the bedroom with Louis, Louis awoke and wanted to have intercourse with her. Laura denied wanting to have intercourse with Louis due to his excessive drinking. Louis then grips Lauras left arm above the elbow, still attempting to persuade her into intercourse. As Laura continued to deny Louis's advance, Louise's grip became tighter. Laura then tells Louis to let go, but Louis does not; that's when Laura struck Louis with an open hand along the left side of his face/neck. Laura then showed me the bruising she sustained during the incident.</p> <p>Based on the above investigation, and the evidence observed it was determined that the primary aggressor in this Domestic incident was Louis. I find probable cause exists to arrest Louis Vargas (Date of Birth 03/05/1976) for violation of F.S.S 784.03(1) for Simple Battery Domestic</p>									
MINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		D/S O.Allen						
	(Signature of Arresting/Investigative Officer)								
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>10</u> day of <u>February</u> 20 <u>22</u> by <u>D/S O.Allen</u>								
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>Known</u>									

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

Suspect: Vargas Cruz, Luis, Daniel DOB: 03/05/1976 Case #: 22-034866

Victim: Sanchez, Laura, P DOB: 11/02/1975 Race: W Sex: F

Relationship between Victim and Defendant: _____

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

911 Call: ☒ Yes ☐ No Caller: Vargas Cruz, Luis, Daniel

Weapon Used: ☐ Yes ☒ No Type: _____

Witness: ☐ Yes ☒ No Name: _____

Victim Pregnant: ☐ Yes ☒ No If yes, _____ weeks _____ months

Injuries: ☒ Yes ☐ No Description: Abrasions

Medical Treatment: ☐ Yes ☒ No

At Scene: ☐ Yes ☒ No Paramedics: _____

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

Are Children Living in Home? ☐ Yes ☒ No DCF Notified? ☐ Yes ☒ No

Name: _____ DOB: / /

Name: _____ DOB: / /

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: That my wife hit me for no reason

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

First words Victim said when you responded to scene: He wanted to have sex with me and I told him No but he continued grabbed my arm hard and i slapped him

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:

Local Address: 3585 E Sandpiper Drive Apt 3, Boynton Beach Florida 33436

Phone: Home (786) 842-5338 Work (____) ____ - ____ Cell (____) ____ - ____

Employer: _____

Name of Relative: _____ Phone (____) ____ - ____

Address: _____

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
- 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 #: 22-034866 Agency: PBSO
Offense: Simple Battery Domestic
Suspect/Offender: Vargas, Louis
D.O.B. 03/05/76 Race: W Sex: Male
2. Warrant #(s): _____
- 3.a. Victim's name: Laura Sanchez D.O.B. 11/2/75 Race: W Sex: F
Address: 3585 E Sandpiper Dr Apt 3
City: Boynton Beach State: FL Zip: 33436
Home #: _____ Work #: _____ Other: 786-842-5338
- 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 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: _____

Deputy's Name: D/S O'Brien I.D. # 32402 Date: 02/10/22

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: 2022003925

Date: 2/11/2022

Specialist Name/ID: S.Evans/23872