

0516166 20MM3529AMB 3858

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20063249		
	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		
	Location of Arrest (Including Name of Business) 961 Dans Place, Greenacres, FL 33463				Location of Offense (Business Name, Address) 961 Dans Place, Greenacres, FL 33463				
DEFENDANT	Date of Arrest 04/27/2020	Time of Arrest 0147 hours	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle N/A		
	Name (Last, First, Middle) Aguilar, Ofelio								
	Alias (Name, DOB, Soc. Sec. #, Etc.)								
DEFENDANT	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 04/30/1973	Height 5'08	Weight 150	Eye Color brown	Hair Color brown	Complexion Tan	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Martial Status Single	Religion CATHOLIC	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		
	Local Address (Street, Apt. Number) (City) (State) (Zip) 961 Dans Pl, Greenacres, FL 33463				Phone (561-) 723-9620		Residence Type: 1. City 3. Florida 2. County 4. Out of State 1		
	Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source Driver's License		
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation Construction		
CODEF	DL Number, State A246640731500, FL		INS Number		Place of Birth (City, State) San Luis Potosi, Mexico		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		
	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		
JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Address (Street, Apt. Number) (City) (State) (Zip)		Residence 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			
CHARGE	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	Charge Description Domestic Battery		Counts 01	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 # 20063249	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	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		
NOTICE TO APPEAR	Location (Court, Room Number, Address)		Court Date and Time Month _____ Day _____ Year _____ Time _____ AM _____ PM						
	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. 04/27/2020								
ADMIN	Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed				
	HOLD for other Agency Name:		Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee) (PRINT)				
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) VanCamp #29812		I.D. # 29812		PAGE		
Intake Deputy [Signature]		I.D. #	Pouch #	Transporting Officer VAN CAMP		I.D. # 29812	Agency		
Witness here if subject signed with an -X-							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)

Suspect: Aguilar, Ofelio, DOB: 04/30/1973 Case #: 20063249

Victim: Nunez, Sidonia, Guadalupe DOB: 04/28/1983 Race: H Sex: F

Relationship between Victim and Defendant: _____

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: _____

Weapon Used: Yes No Type: hand

Witness: Yes No Name: Damian Nunez

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

Injuries: Yes No Description: swollen and black and blue left orbital

Medical Treatment: Yes No

At Scene: Yes No Paramedics: Greenacres Fire Rescue

At Hospital: Yes No Hospital: _____ Physician: _____

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

Name: Damian Nunez DOB: 06 06 2005

Name: Olivia Aguiar DOB: 06 12 2016

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: _____

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

First words Victim said when you responded to scene: _____

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

Yes No If yes, name: Beatriz Nunez phone (561) 475- 3011

Observations of Victim (Physical & Emotional): _____

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other swollen, black and blue left orbital

Victim Contact Information:

Local Address: 961 Dans Pl, Greenacres, FL 33463

Phone: Home (561-) 398-3215 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

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

1. Incident Report #: 20063249 Agency: PBSO
Offense: Domestic Battery
Suspect/Offender: Aguilar, Ofelio,
D.O.B. 04/30/1973 Race: H Sex: M

2. Warrant # (s): _____

3.a. Victim's name: Nunez, Sidonia, Guadalupe D.O.B. 04/28/1983 Race: H Sex: F
Address: 961 Dans Pl
City: Greenacres, FL 33463
Home #- (561-) 398-3215 Work #: 0 Other: _____

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____
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: Nunez, Sidonia, Guadalupe

Deputy's Name: D/S VanCamp I.D.# 29812 Date: 04/27/2020

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

SUSPECT/OFFENDER: **Aguilar, Ofelio,**
(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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020011358	Date: 4/27/2020
	Specialist Name/ID: B Evans / 23649