

0523219

50-2021-MM-003319-AMB 3396

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- 21063844																	
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 1																	
Location of Arrest (Including Name of Business) 1828 Calico Road West Palm Beach, Florida 33415						Location of Offense (Business Name, Address) 1828 Calico Road West Palm Beach, Florida 33415															
Date of Arrest 05/09/21		Time of Arrest 2327		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
Name (Last, First, Middle) BELLIDO NAVARRETE PAOLA												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White - American Indian B - Black - Oriental/Asian W		Sex F		Date of Birth 08/11/1988		Height 5'03"		Weight 165		Eye Color BROWN		Hair Color BLONDE		Complexion FAIR		Build SMALL					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Butterfly Right Forearm												Marital Status Married		Religion Christianity		Indication of Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.					
Local Address (Street, Apt. Number) 1828 Calico Road		(City) West Palm Beach		(State) FL		(Zip) 33415		Phone () 561-360-5893		Residence Type 1. City 2. County 3. Florida 4. Out of State 2											
Permanent Address (Street, Apt. Number) 1828 Calico Road		(City) West Palm Beach		(State) FL		(Zip) 33415		Phone ()		Address Source FL DL											
Business Address (Name, Street) ()		(City) ()		(State) ()		(Zip) ()		Phone ()		Occupation Caretaker											
D/L Number, State B435679887910		Soc. Sec. Number ()		INS Number ()		Place of Birth (City, State) Peru		Citizenship Peru													
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) 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 checked="" type="checkbox"/> No		Description of Property		Value of Property																	
Drug Activity S. Sell 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 Battery (domestic)		Counts 1		Domestic Violence <input checked="" 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 # 21063844		Warrant / Capias Number		Bond											
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #													
Drug Activity N		Drug Type N		Amount / Unit		Offense # 21063844		Warrant / Capias Number		Bond											
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #													
Drug Activity N		Drug Type N		Amount / Unit		Offense # 21063844		Warrant / Capias Number		Bond											
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #													
Drug Activity N		Drug Type N		Amount / Unit		Offense # 21063844		Warrant / Capias Number		Bond											
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.																					
Signature of Defendant (or Juvenile and Parent /Custodian) Date Signed 05/09/21																					
HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Resisted Arrest <input type="checkbox"/> Other		Signature of Arresting Officer (Signature)		Name Verification (Printed by Arrestee) PAOLA NAVARRETE		(PRINT)		PAGE 1 OF 1											
Name of Arresting Officer (Print) D/S M. Garza (35676)		I.D. # 35676		Name of Arresting Officer (Print) D/S M. Garza		I.D. # 35676		Agency PBSO		Witness here if subject signed with an -X-											

		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		Agency Name		Agency Report Number		
		FLO 500000		PALM BEACH COUNTY SHERIFF'S OFFICE				06-21063844		
CHARGES	Charge Type	<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)	BELLIDO NAVARRETE PAOLA		Alias				Race	Sex	Date of Birth
DEF	Charge Description	Battery (domestic)		784.03(1a1)				H	F	08/11/1988
	Charge Description									
VICTIM	Victim's Name (Last, First, Middle)	Valdez, Rocio-Judith						Race	Sex	Date of Birth
	Local Address (Street, Apt. Number)	(City)		(State)	(Zip)	Phone			Address Source	
	2750 Oswego Avenue	West Palm Beach		FL	33409	() 561-537-6671			VERBAL	
	Business Address (Name, Street)	(City)		(State)	(Zip)	Phone			Occupation	
<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><input type="checkbox"/> 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>9th</u> day of <u>May</u> 20<u>21</u> at <u>2337</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>										
<p>On May 9th, 2021 at approximately 2244 hours, I responded to 1828 Calico Road, located in Unincorporated West Palm Beach within Palm Beach County FL, 33415 in reference to a Domestic Battery.</p> <p>Upon arrival, I made contact with Victim identified verbally by name and date of birth as Rocio-Judith Valdez H/F 03/02/1970 who was standing near the front door of 1828 Calico Road verbally arguing with another female identified as Paola Bellido-Navarrete H/F 08/11/1988. Upon separation I was able to talk to Ms. Valdez she stated she was attacked prior to law enforcements arrival by Ms. Bellido-Navarrete. I did observe slight red abrasions/laceration approximately .5-inch-wide on Ms. Valdez's Upper neck area. She did refuse fire rescue stating "I am fine". I specifically asked Ms. Valdez due to her verbal statement verbiage utilizing the words "grabbed my throat" if it was indeed a choke to the degree of losing consciousness. She replied stating "she just put his hand under my lower neck". I was able to receive verification through Ms. Valdez a 3rd time, that at no point was her airway/blood flow compromised throughout the incident with Ms. Bellido-Navarrete. It should be noted that Bellido-Navarrete is married to Ms. Valdez son identified as Juan Carlos Cruz H/M 02/08/1989. The verbal argument started over Ms. Bellido-Navarrete accusing Ms. Valdez that her son (Mr. Cruz) "is cheating on me with other woman". Ms. Valdez advises that "Paola walks up to me with her right arm grabs my neck and starts moving her arm back and forth she then let's go shortly after. Mr. Cruz who was present during the incident and my investigation also confirmed that Ms. Bellido-Navarrete grabbed his mother (Ms. Valdez) by the neck causing a red abrasions/small laceration due to her long finger nails. Ms. Valdez completed and signed a Palm Beach County Sheriff's Office Sworn statement reference this incident. Based on the following investigation: I found probable cause exist for the arrest of for Paola Bellido-Navarrete H/F 08/11/1988 Domestic Battery contrary to F.S.S 784.03(1a1). Ms. Bellido-Navarrete was placed in hand restraints which I checked for proper fit/tightness/double lock, she was then placed in the back of my marked green and white patrol vehicle without further incident starting mileage 39527 ending Mileage 389531.</p> <p>This Case is Cleared by Arrest.</p>										
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		D/S M. Garza (3567)							
	(Signature of Arresting/Investigative Officer)									
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>9th</u> day of <u>May</u> 20 <u>21</u> by <u>D/S M. Garza (35676)</u>									
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN</u>									
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)										
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)

Suspect: BELLIDO NAVARRETE PAOLA DOB: 08/11/1988 Case #: 21063844

Victim: Valdez, Rocio-Judith DOB: 03/02/1970 Race: H/W Sex: F

Relationship between Victim and Defendant: Family Member

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

911 Call: ☒ Yes ☐ No Caller: _____

Weapon Used: ☐ Yes ☒ No Type: _____

Witness: ☒ Yes ☐ No Name: Juan Carlos Cruz H/M 02/08/1989

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

Injuries: ☒ Yes ☐ No Description: Small Abrasions/laceration neck area

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: _____

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

First words Victim said when you responded to scene: Please Help look at my neck

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: _____

2750 Oswego Avenue, West Palm Beach FL 33409

Phone: Home () 561-537-6671 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)
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**

- **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.)

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

1. Incident Report #: 21063844 Agency: PBSO
Offense: Battery (domestic)
Suspect/Offender: BELLIDO NAVARRETE PAOLA
D.O.B. 08/11/1988 Race: H W Sex: F
MAG
2. Warrant # (s): _____
3. a. Victim's name: Valdez, Rocio-Judith D.O.B. 03/02/1970 Race: H Sex: F
Address: 2750 Oswego Avenue
City: West Palm Beach FL 33409
Home #- 561-537-6671 Work #: _____ Other: _____
MAG
- 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: Valdez, Rocio-Judith

Deputy's Name: D/S M. Garza (35676) I.D.# 35676 Date: 05/09/21

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER:

BELLIDO NAVARRETE PAOLA

COURT CASE/WARRANT#

(FOR WARRANTS USE ONLY)



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

REVIEW COMPLETED BY

Booking Number: 2021011293

Date: 5/10/2021

Specialist Name/ID: M. Tookes #8557