

JK# 0525439 21CF7018 P#408

ARREST / NOTICE TO APPEAR Juvenile Referral Report		1 Arrest 2 N.T.A.	3 Request for Warrant 4 Request for Capias	Juvenile N
OBTS Number		Agency ORI Number FLO 500000		
Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-21099178		
Charge Type Check as many as apply <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Multiple Clearance Indicator <input type="checkbox"/> 1
Location of Arrest (Including Name of Business) KIRK RD/SOUTHERN BLVD		Location of Offense (Business Name, Address) KIRK RD/SOUTHERN BLVD, WEST PALM BEACH, FL33406		
Date of Arrest 08/24/2021	Time of Arrest 0100	Booking Date	Booking Time	Jail Date
Name (Last, First, Middle) HENRIQUES, PATRICIA,				
Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White B - Black O - Oriental/Asian	Sex F	Date of Birth 08/04/1976	Height 5'4	Weight 140
Eye Color BROWN		Hair Color BROWN		Complexion LIGHT
Build MED		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		
Mental Status Single		Religion CHRISTIAN		
Indication of Alcohol Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Indication of Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
Local Address (Street, Apt. Number) 1606 NW 21ST STREET, BOYNTON BEACH, FL 33436		Phone (561) 3609876		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2
Permanent Address (Street, Apt. Number)		Phone		Address Source FL D/I.
Business Address (Name, Street)		Phone		Occupation CONSTRUCTION
DL Number, State H562684767840		INS Number		Place of Birth (City, State) OLANCHO, HONDURAS
Citizenship HONDURAS		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"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		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		Grade		
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		
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 LEAVING THE SCENE OF A CRASH WITH INJURIES		
Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.027(2)(A)
Violation of ORD #		Warrant / Capias Number		
Bond				
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Statute Violation Number		Violation of ORD #		
Warrant / Capias Number		Bond		
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Statute Violation Number		Violation of ORD #		
Warrant / Capias Number		Bond		
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Statute Violation Number		Violation of ORD #		
Warrant / Capias Number		Bond		
Location (Court, Room Number, Address)				
Court Date and Time Month Day Year Time AM				
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. 08/24/2021				
Signature of Defendant (or Juvenile and Parent/Custodian)				
Date Signed				
HOLD for other Agency Name		Signature of Arresting Officer X		Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		(PRINT) AUG 24 4:37 PM
Intake Deputy		Name of Arresting Officer (Print) D/S V. HYLTON		I.D. # 32393
I.D. #		Pouch #		Agency
Transporting Officer		I.D. #		Agency
Where here if either check mark on				

Dunning 696

D/S V. HYLTON 32393 PBSO

AUG 24 2021

		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 N.T.A.		3 Request for Warrant 4. Request for Copies		1 Juvenile		N	
ADMINISTRATIVE	OBTS Number										
	Agency ORI Number	Agency Name		Agency Report Number							
	FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE		06- 21099178							
	Charge Type: Check as many as apply.	1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		Special Notes			
DEFENDANT	Name (Last, First, Middle)	HENRIQUES, PATRICIA,						Alias	Race W	Sex F	Date of Birth 08/04/1976
	Charge Description	LEAVING THE SCENE OF A CRASH WITH INJURIES						316.027(2)(A)	Charge Description		
CHARGES	Charge Description	Charge Description									
	Charge Description	Charge Description									
VICTIM	Victim's Name (Last, First, Middle)	STATE OF FLORIDA, ,						Race	Sex	Date of Birth	
	Local Address (Street, Apt. Number)	(City)	(State)	(zip)	Phone		Address Source				
	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>The Person taken into custody</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. </div> <div> <input type="checkbox"/> was observed by _____ who told that he/she saw the arrested person commit the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. </div> </div> <p>On the <u>24</u> day of <u>AUGUST</u> 20<u>21</u> at <u>01:00</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>											
<p>On Tuesday, August 24, 2021 at approximately 2202 hours, I responded to the 3500 block of Southern Blvd, in unincorporated West Palm Beach, Palm Beach County, Florida 33406 in reference to a white Ford F-250 (home Depot) truck which was involved in an accident and had left the scene of the accident with injuries.</p> <p>At the accident scene, there was a white laminated document which was in the middle of the area of impact. It was determined upon picking it up to be (Florida Sunbiz.org - Division of Corporations) document. The entity's name being K&k Fences LLC, located at 1606 NW 21st Street, Boynton Beach, Florida 33436. I asked PBSO communications center to have a deputy respond to the entity's address to see if the vehicle which had flee the scene of the accident was at this address.</p> <p>Several minutes later I was notified by PBSO communications center that the Home Depot truck had been located at said address with extensive damage corresponding to the damages on crash scene and the vehicle which was involved. I made contact with the persons (Ms. Patricia D. Henriquez and Mr. Carlos M. Reyes) at the residence where the crashed truck was parked. Both parties speak very little English, as a result, I requested a Spanish speaking deputy to respond for interpretation purposes. D/S N. Machin (ID#35654) and took a sworn recorded statement. Below is a summary of the statements given and should not be taken as verbatim.</p> <p>D/S Machin relayed to me the following: "I READ BOTH PARTIES MIRANDA VIA PBSO ISSUED MIRANDA CARD, RECORDED ON D/S HYLTON'S IN CAR VIDEO, ASSET# 84127, AND AFTER ACKNOWLEDGING THAT THEY UNDERSTOOD THEIR MIRANDA WARNINGS AGREED TO GIVE VERBAL STATEMENTS.</p> <p>MR. REYES, POST MIRANDA, STATED THAT HE WAS THE PASSENGER OF THE VEHICLE THAT MS. HENRIQUEZ WAS DRIVING, BECAUSE HE COULD NOT DRIVE SINCE HE DOES NOT HAVE A LICENSE. HE SAID THEY GOT INTO A ACCIDENT THEN AFTER NOT SEEING ANYONE ON SCENE LEFT THE INTERSECTION.</p> <p>MS. HENRIQUEZ, POST MIRANDA, STATED THAT SHE WAS DRIVING THE VEHICLE, DID NOT KNOW WHETHER SHE TOOK THE RED LIGHT OR NOT BUT KNEW THAT SHE HAD GOTTEN STRUCK BY A VEHICLE WITHIN THE INTERSECTION. SHE CONTINUED TO STATE THAT SHE DID NOT GET OUT OF THE VEHICLE AND LOOKED AROUND THE INTERSECTION FROM WITHIN THE VEHICLE, DID NOT SEE ANOTHER VEHICLE AND LEFT THE SCENE OF THE ACCIDENT."</p> <p>Per Florida State Statute 316.027(2)(a), it is a third felony to leave the scene of an accident with injuries. Based on the sworn recorded statement given to D/S Machin by Ms. Henriquez, there is Probable cause for the arrest of Ms. Henriquez, for being in violation of above mentioned statute. She was detained and handcuffed per PBSO policy and placed in the rear prisoner cage of my marked patrol vehicle with cameras activated as I transported her for medical clearance at Delray Medical Free Standing ER prior to her being transported Palm Beach County Jail.</p>											
PROBABLE CAUSE STATEMENT	<p style="text-align: right; font-size: 1.2em; font-weight: bold;">SCANNED</p> <p style="text-align: right; font-size: 1.2em; font-weight: bold;">AUG 24 2021</p>										
	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p style="text-align: center;">D/S V. HYLTON</p> <p>(Signature of Arresting/Investigative Officer)</p>										
	<p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>24</u> day of <u>AUGUST</u> 20<u>21</u> by <u>D/S V. HYLTON</u></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>										
ADMINISTRATIVE	<p style="text-align: right;">PAGE</p> <p style="text-align: right;">1 OF 1</p>										



**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

SCANNED
AUG 24 2021

Booking Number: 2021021040	Date: 8/23/2021
	Specialist Name/ID: T Howard/7185