

J# 019763 / 50-2021-05-006374-AMB / 115-2

ADMINISTRATIVE	OBTS Number		Arrest / Notice to Appear Juvenile Referral Report				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1 <input checked="" type="checkbox"/> Juvenile <input type="checkbox"/>	
	Agency ORI Number F L O 502700		Agency Name PALM SPRINGS POLICE DEPARTMENT				Agency Report Number 82-21-019174			
	Charge Type: Check as many as apply.		<input checked="" type="checkbox"/> 1. Felony <input 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 Multiple Clearance Indicator	
	Location of Arrest (Including Business Name) 220 Henthorne Dr. Apt C19, Palm Springs, FL 33461						Location of Offense (Business Name, Address) 1212 S. Congress Ave, Palm Spings, FL 33461			
DEFENDANT	Date of Arrest 8/1/21		Time of Arrest 1535		Booking Date		Booking Time		Jail Date	
	Jail Time		Location of Vehicle							
	Name (Last, First, Middle) Deighan Rachel P.						Alias			
	Race: W - White I - American Indian B - Black O - Oriental/Asian		Sex F		Date of Birth 07/15/1976		Height 5'7		Weight 150	
	Eye Color BRO		Hair Color BLK		Complexion Fair		Build Med			
	Scars, Marks, Tattoos, Unique Physical features (Location, Type, Description) none						Marital Status Single		Religion Unk	
	Indication Of Alcohol Influence Drug Influence									
	Local Address (Street, Apt, Number) (City) (State) (Zip) 220 Henthorne Dr. Apt. C19, Palm Springs, FL 33461						Phone 561-592-4307		Residence Type: 1 City 3 Florida 2 County 4 Out of State	
	Permanent Address (Street, Apt, Number) (City) (State) (Zip) Same as above						Phone 561-801-1509		Address Source FL DL	
	Business Address (Street, Apt, Number) (City) (State) (Zip)						Phone		Occupation Unknown	
CO-DEF	D/L Number, State D-250-735-76-755-0		Social Security Number AM		INS Number		Place of Birth (City, State) Winnipeg, Canada		Citizenship USA	
	Co-Defendant Name (Last, First, Middle)				Race W		Sex F		Date of Birth 03/16/1958	
	Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth	
JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Other		Name (Last, First, Middle)				Residence Phone			
	<input type="checkbox"/> Legal Custodian						Business Phone			
	Local Address (Street, Apt, Number) (City) (State) (Zip)									
	Notified by: (Name)				Date		Time		Juvenile Disposition: 1. Handled/Processed within 2. TOT HRS/DYS 3. Incarcerated	
	Released To: (Name)				Relationship				Date	
CHARGE	The above address was 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's Office (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes by: (name) <input type="checkbox"/> No.									
	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				School Attended			
							Grade			
							Value of Property			
CHARGE	Drug Activity		S. Sell		R. Smuggle		K. Dispense/		M. Manufacture Z. Other	
	N. N/A		B. Buy		D. Deliver		Distribute		Produce/	
	P. Possess		T. Traffic		E. Use		Cultivate			
CHARGE	Charge Description Crash involving personal injury leaving scene				Counts 1		Domestic Violence No		Statute Violation Number 316.027(2a)	
	Drug Activity N				Drug Type N		Amount / Unit N/A		Offense Number 21-019174	
									Warrant / Capias Number	
									Bond	
	Charge Description				Counts		Domestic Violence		Statute Violation Number	
	Drug Activity				Drug Type		Amount / Unit		Offense Number	
									Warrant / Capias Number	
									Bond	
	Charge Description				Counts		Domestic Violence		Statute Violation Number	
	Drug Activity				Drug Type		Amount / Unit		Offense Number	
CHARGE									Warrant / Capias Number	
									Bond	
	Charge Description				Counts		Domestic Violence		Statute Violation Number	
	Drug Activity				Drug Type		Amount / Unit		Offense Number	
									Warrant / Capias Number	
									Bond	
	Charge Description				Counts		Domestic Violence		Statute Violation Number	
	Drug Activity				Drug Type		Amount / Unit		Offense Number	
									Warrant / Capias Number	
									Bond	
NOTICE TO	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court				Location (Court, Room Number, Address) CJC - 3228 Gun Club Rd. WPB, FL 33406					
	<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse side				Court Date and Time Month: Day: Year: Time: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.					
	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			
ADMIN	HOLD for other agency Name:				Signature of Arresting Officer				Name Verification (Printed by Arrestee)	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Officer (Print) OFC. McDeavitt				I.D.# 151	
	Initial Deputy: [Signature] I.D.# 8241 Pouch #				Transporting Officer OFC. McDeavitt				I.D.# 151 Agency PSPD	
									Witness here if subject signed with X	

AUG 1 PM 3:29

ADMIN	OBTS Number	PROBABLE CAUSE AFFIDAVIT		1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias	Juvenile <input type="checkbox"/>
	Agency ORI Number FLO 502700	Agency Name PALM SPRINGS POLICE DEPARTMENT		Agency Report Number 82- 21-019174	
	Charge Type: Check as many as apply.	<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			Special Notes:
DEF	Name (Last, First, Middle) Deighan Rachel P.		Alias	Race W	Sex F
				Date of Birth 07/15/1976	
CHARGES	Charge Description Crash involving personal injury leaving scene		Charge Description		
	Charge Description		Charge Description		
VICTIM	Victim's Name (Last, First, Middle) Tarafa Marta E.		Alias	Race W	Sex F
				Date of Birth 03/16/1958	
	Local Address (Street, Apt. Number) (City) (State) (Zip) 3199 Lillian Rd. Palm Springs, FL 33461		Phone 561-801-1509	Address Source FL DL	
	Business Address (Street, Apt. Number) (City) (State) (Zip)		Phone	Occupation Unknown	
<p>The undersigned certifies and swears that he/she has just and reasonable grounds, and does believe the above named Defendant committed the following violation of law. The person taken into custody....</p> <p><input type="checkbox"/> Committed the below acts in my presence. <input checked="" type="checkbox"/> was observed by Victim's who told OFC. McDeavitt that he/she saw the arrested person commit the acts below.</p> <p><input checked="" type="checkbox"/> Confessed to OFC. McDeavitt admitting to the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 24th day of July 2021 at 08:46 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p style="text-align: center;">(PROBABLE CAUSE STATEMENT)</p>					
<p>Victim #2 Tarafa, Emilio M., W/M, 01/26/1947, 3199 Lillian Rd. Palm Springs, FL 33461, 561-309-6312</p> <p>On 07/24/21 at approximately 2046 hours, I responded to a hit and run vehicle accident with injuries located near 1212 S. Congress Ave, Palm Springs, FL 33461. Dispatch advised the vehicle at fault left the scene of the accident and continued traveling northbound on S. Congress Ave. Other responding units canvassed the surround area attempting to locate the vehicle but the results were negative.</p> <p>I arrived on-scene and made contact with the four occupants of vehicle two. The four occupants were later identified as Emilio M. Tarafa (DOB: 01/12/1947) driver, Jose O. Avila-Perez (DOB: 01.26/1994) front passenger, Sydney N. Avila (DOB: 04/01/1996) left rear passenger, Marta E. Tarafa (DOB: 03/16/1958) right rear passenger.</p> <p>I observed scraps and cuts on both arms of Emilio and a blood like substance running down both arms. Emilio was treated on-scene by Palm Beach County Fire Rescue but not transported to the hospital. Marta was transported by PBCFR Rescue 39 to JFK Medical Center South for unknown injuries. (RUN# 21081860).</p> <p>I spoke with two occupants of the vehicle Sydney and Jose. Both occupants stated they were traveling northbound on S. Congress Ave in the middle lane. A black hyundai bearing FL tag JN1114 also traveling northbound on S. Congress Ave in the outside lane next to the sidewalk made with the curb on the right and then swerved to the left making contact with vehicle 2 in the right rear passenger door. Vehicle 2 is a silver ford bearing FL tag LUBB17. Vehicle 2 changed direction and went off the road. The front of vehicle 2 sideswiped a utility polo and came to a final rest in a grass field. Sydney and Jose both stated the driver of vehicle 1 did stop her vehicle and made contact with them They stated the driver was a unknown female and she was holding her dog. When the occupants of vehicle 2 advised the unknown driver of vehicle 1 the police were called, the unknown driver of vehicle 1 left the scene. Sydney and Jose stated they took a photo of the license plate and could positively identify the driver if they were shown a picture.</p>					
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p style="text-align: right;">151</p> <p>Signature of Arresting/Investigating Officer _____</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>1st</u> day <u>August</u> 20<u>21</u> by <u>OFC. McDeavitt #151</u></p> <p>(Print name if Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced: <u>personally known to me</u></p> <p>Signature of Notary Public/Clerk of Courts/Police Officer _____</p>					

PROBABLE CAUSE CONTINUATION

Defendant:
Deighan Rachel P.


Agency Report Number: 82-21-019174

I requested a photo lineup based on the registered owner of vehicle 1. On 07/30/21 at approximately 1830 hours, Sydney came to the PSPD and positively identified the driver of vehicle 1 as Rachael P. Deighan (DOB: 07/15/1976). On 07/31/21 I made contact with Deighan and conducted a recorded interview at her residence located at 220 Henthorne Apt C19, Palm Springs, FL 33461. I read Deighan her Miranda rights and she confessed to driving the vehicle and leaving the scene of the accident with injuries.

Based on the investigation, the positive identification from the photo lineup and the confession from Deighan. Deighan is charged with leaving the scene of a crash involving injuries. On 08/01/2021 at approximately 1530 hours, I made contact with Deighan and advised her she was being charged with Leaving the scene of a crash involving injuries according to F.S.S. 316.027(2a). I placed Deighan in handcuffs, checked for proper spacing and double locked. I placed Deighan in the rear of my marked patrol vehicle (PS196) and transported her to the Palm Beach County Jail.

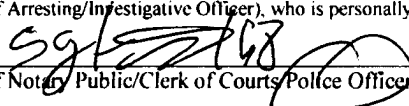
NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH

 151
Signature of Arresting/Investigating Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 1st day August 2021 by OFC. McDeavitt #151

(Print name if Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced: personally known to me


Signature of Notary Public/Clerk of Courts/Police Officer



**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)
I/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: 2021019061

Date: 8/2/2021

Specialist Name/ID: M. Tookes #8557