


0376452 2/11/21 4642 609

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		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- 21-079346							
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 <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		Multiple Clearance Indicator <input type="checkbox"/>							
Location of Arrest (Including Name of Business) 12763 Anthorne Lane		Boynton Beach, Florida 33436		Location of Offense (Business Name, Address) 12763 Anthorne Lane		Boynton Beach, Florida 33436					
Date of Arrest 06/25/2021		Time of Arrest 0300		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) Kane		Alias (Name, DOB, Soc. Sec. #, Etc.) Ruby									
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W		Date of Birth 09/23/89		Height 5-02		Weight 120		Eye Color Brown	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) none visible		Mental Status single		Religion NONE		Indication of Alcohol Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U		Residence Type: <input type="checkbox"/> 1. City <input type="checkbox"/> 2. County <input checked="" type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State		Build Med	
Local Address (Street, Apt. Number) 12763 Anthorne Lane		(City) Boynton Beach, Florida 33436		(State) FL		(Zip) 33436		Phone ()		Address Source Investigative means	
Permanent Address (Street, Apt. Number) same as above		(City) Boynton Beach, Florida 33436		(State) FL		(Zip) 33436		Phone ()		Occupation unknown	
Business Address (Name, Street) ()		(City) ()		(State) ()		(Zip) ()		Phone ()		Citizenship USA	
D/L Number, State K500753898430, FL		Soc. Sec. Number ()		INS Number ()		Place of Birth (City, State) Missouri		Citizenship USA			
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) ()		Residence Phone ()		Business Phone ()	
Address (Street, Apt. Number) ()		(City) ()		(State) ()		(Zip) ()		Business Phone ()			
Notified by: (Name) K. Noel		Date 06/25/2021		Time ()		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated		Grade ()			
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) ()		Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property ()		Value of Property ()		VICTIM NOTIFICATION REQUIRED			
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	
Charge Description Simple Battery- Domestic		Counts 1M		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 # 21-079346		Warrant / Copies Number ()		Bond None	
Charge Description Assault on Law Enforcement Officer		Counts 1M		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 784.07(2a)		Violation of ORD # ()			
Drug Activity N		Drug Type N		Amount / Unit ()		Offense # 21-079346		Warrant / Copies Number ()		Bond ()	
Charge Description Resist without Violence		Counts 1M		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 834.02		Violation of ORD # ()			
Drug Activity N		Drug Type N		Amount / Unit ()		Offense # 21-079346		Warrant / Copies Number ()		Bond ()	
Charge Description ()		Counts ()		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number ()		Violation of ORD # ()			
Drug Activity ()		Drug Type ()		Amount / Unit ()		Offense # ()		Warrant / Copies 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.		Signature of Defendant (or Juvenile and Parent /Custodian) ()		Date Signed ()							
HOLD for other Agency Name: ()		Signature of Arresting Officer ()		Name Verification (Printed by Arrestee) ()							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) K. Noel		ID # 7660		Agency ()		PAGE 1 OF 1	
Intake Deputy SPANN 810		I.D. # ()		Pouch # ()		Transporting Officer ()		ID # ()		Witness here if subject signed with an "X" ()	

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		1	Juvenile	N
ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 21-079346					
	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:			
CHARGES DEF	Name (Last, First, Middle) Kane Ruby		Alias		Race W		Sex F		Date of Birth 09/23/89	
	Charge Description Simple Battery- Domestic 784.03(1a1)		Charge Description Assault on Law Enforcement Officer 784.07(2a)							
VICTIM	Charge Description Resist without Violence 834.02		Charge Description							
	Victim's Name (Last, First, Middle) Riesgo Anthony J				Race W		Sex M		Date of Birth 04/20/95	
PROBABLE CAUSE STATEMENT	Local Address (Street, Apt. Number) 990 Casuarina Road		(City) (State) (zip) Delray Beach, Florida 33436		Phone (954) 649-7235		Address Source verbal			
	Business Address (Name, Street) ()		(City) (State) (zip) ()		Phone ()		Occupation ()			
ADMINISTRATIVE	<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. The Person taken into custody</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the _____ day of _____ 20____ at 0300 <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>									
	<p>On June 25, 2021 at approximately 2:23 a.m., I responded to 12763 Anthorne Lane in unincorporated Boynton Beach, Florida, Palm Beach County in reference to a domestic dispute. Upon arrival, I was flagged down by the victim, Anthony as I entered into the development. I had also observed the female and suspect half, Kane walking towards us on the sidewalk wearing a black dress top with no shoes, but upon seeing me, Kane had stopped. I spoke briefly with Anthony who stated that his girlfriend of approximately one year, whom he does share a residence with in what appears to be a family setting, had scratched him and spit at him on two separate occasions throughout the evening.</p> <p>I then observed Kane begin walking away, which I then began telling her to stop and walk back towards me. Kane refused and continued to walk away in the other direction. I then had to drive up to her on the sidewalk and again order her to stop walking. Kane immediately became verbally combative while yelling obscenities and to "get the fuck of my property." It should be noted that we were still standing on the sidewalk and never went into the residence. I observed Kane to be extremely intoxicated as I had observed several indicators to include: a slurred speech, red bloodshot eyes, and an obvious odor of an unknown alcoholic beverage coming from her person. I made several attempts to direct Kane back towards my vehicle for further investigation. Kane refused to comply while still continuing to yell obscenities and walk towards her residence. I placed Kane into hand cuffs, at which, Kane made several attempts to pull away later refusing to get into my patrol vehicle. I had to physically place Kane in the rear of my vehicle utilizing very little force. Kane sustained no injuries. A spit cover was also placed over Kane due to the possibility of Kane trying to spit at me. While in my vehicle, Kane attempted to "bite" my right shoulder, but was unsuccessful. Kane refused to explain her side of the incident and instead continued to yell and fight with me as I repeatedly had to restrain her for her safety as well as for my safety.</p> <p>Anthony stated that he and Kane had taken an uber home together this evening as they had both been drinking, heavily for Kane. Anthony stated that he and Kane had been arguing all throughout the evening and that Kane had even spit on him. Anthony stated that while at home, Kane began throwing his belongings out the front door at him and at his vehicle. I observed multiple fresh scratch marks on both of Anthony's forearms. Anthony stated that Kane just, "flipped a switch as always" and scratched him during the process. Anthony could not explain what started the incident and that Kane just does this a lot.</p> <p>Based on the above, Kane was placed under arrest for simple battery-domestic F.S.S 784.03(1a1) for the spitting and scratches on Kane's arms, Assault on a Law Enforcement Officer F.S.S 784.07(2a) for trying to bite my shoulder while seated in the back of my patrol vehicle, and Resisting without Violence F.S.S 843.02 for repeatedly pulling away and to include the above mentioned behavior towards me. Kane was transported to the PBCJ without further.</p>									
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p style="text-align: center;">K. Noel</p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>25</u> day of <u>JUNE</u> 20<u>21</u> by <u>K. Noel</u> <u>7660</u></p> <p>(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced: <u>Known</u></p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p> <div style="text-align: center;">  <p>MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 Bonded through 1st State Insurance</p> </div> <div style="text-align: right;"> <p>PAGE <u>1</u> OF <u>1</u></p> </div>										

**PALM BEACH COUNTY SHERIFF'S OFFICE
DOMESTIC VIOLENCE PROBABLE CAUSE SUPPLEMENTAL FORM
(SUBMIT WITH STATE ATTORNEY'S COPY OF PROBABLE CAUSE AFFIDAVIT)**

CASE NUMBER# 21-079346

DEFENDANT'S NAME: Kane Ruby

DEFENDANTS STATEMENT ☐ YES ☒ NO (IF YES: ☐ WRITTEN ☐ TAPED ☐ ORAL)

SYNOPSIS: _____

VICTIM'S NAME: Riesgo Anthony

VICTIM'S STATEMENTS: ☒ YES ☐ NO (IF YES) ☐ WRITTEN ☐ TAPED ☒ ORAL)

OBSERVATIONS OF VICTIM: (PHYSICAL & EMOTIONAL) _____

refused photographs and a written statement

RELATIONSHIP BETWEEN VICTIM AND SUSPECT: boyfriend and girlfriend

PHOTOGRAPHS: SCENE: ☐ YES ☒ NO VICTIM(S): ☐ YES ☒ NO

911 CALL: ☒ YES ☐ NO WHO CALLED: victim

WEAPON USED: ☐ YES ☒ NO TYPE: _____

MEDICAL TREATMENT: ☐ YES ☒ NO

AT SCENE: ☐ YES ☒ NO PARAMEDICS: _____

AT HOSPITAL: ☐ YES ☒ NO HOSPITAL: _____ PHYSICIAN: _____

ARE CHILDREN LIVING IN HOME: ☐ YES ☒ NO

NAME: _____ DOB: _____

NAME: _____ DOB: _____

NAME: _____ DOB: _____

WAS ACT(S) COMMITTED IN PRESENCE OF MINOR(S): ☐ YES ☒ NO (IF YES ☐ SAME AS ABOVE OR SPECIFY)

NAME: _____ DOB: _____

NAME: _____ DOB: _____

NAME: _____ DOB: _____

DCF NOTIFIED: (IF CHILD ABUSE) ☐ YES ☒ NO

VICTIM PREGNANT- ☐ YES ☒ NO

PRIOR HISTORY OF DOMESTIC VIOLENCE: ☐ YES ☒ NO

ALCOHOL OR DRUGS INVOLVED: ☒ YES ☐ NO

VIOLATION OF RESTRAINING ORDER: ☐ YES ☒ NO CASE #: _____

ALTERNATE VICTIM CONTACT INFORMATION: (IF VICTIM DECIDES TO LEAVE RESIDENCE)

RELATIVE/FRIEND NAME: _____ PHONE: _____

RELATIVE/FRIEND ADDRESS: _____

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- **Homicide** (Ch. 782)

- **Sexual Offense** (Ch. 794)

- **Attempted Murder**

- **Attempted Sexual Offense**

- **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.)

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

1. Incident Report #: 21-079346 Agency: PBSO
Offense: Simple Battery- Domestic
Suspect/Offender: Kane Ruby
D.O.B. 09/23/89 Race: W Sex: F

2. Warrant # (s): _____

3.a. Victim's name: Riesgo Anthony D.O.B. 04/20/95 Race: W Sex: M
Address: 990 Casuarina Road
City: Delray Beach, Florida 33436 State: Florida Zip: 33437
Home #: 954 649-7235 Work #: _____ Other: _____

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: K. Noel

ID.# 7660

Date: 06/25/21

White/Corrections or State Attorney (Warrant Application)
PBSO 00029A REV. 4109

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: 2021015448	Date: 06/25/2021
	Specialist Name/ID: T Howard/7185