

20mm 3283

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20059299	
	Charge Type: Check as many as apply.		Location of Arrest (Including Name of Business) 18629 Ocean Mist Dr, Boca Raton, FL 33498		Location of Offense (Business Name, Address) 18629 Ocean Mist Dr, Boca Raton, FL 33498		Weapon Seized / Type 1. Yes 2. No 2	
	Date of Arrest 04/16/2020		Time of Arrest 2238		Booking Date		Booking Time	
	Name (Last, First, Middle) Piedra, Sergio, Augusto		Sex M		Date of Birth 12/04/1955		Height 5'07	
DEFENDANT	Race W		Weight 160		Eye Color brown		Hair Color Black	
	Complexion medium		Build medium		Marital Status married		Religion JEWISH	
	Local Address (Street, Apt. Number) 18629 Ocean Mist Drive, Boca Raton, FL 33498		Phone (617) 610-1599		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2		Address Source FL DL	
	Business Address (Name, Street)		Phone		Occupation business owner		Citizenship U.S	
CO-DEF	D/L Number, State P360781554440, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) Quito, Ecuador	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
	Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Residence Phone		Address (Street, Apt. Number)		City (State) (Zip)	
JUVENILE	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 type="checkbox"/> No	
	Description of Property		Value of Property		Drug Activity S. Sell N. N/A P. Possess		R. Smuggle D. Deliver E. Use	
CHARGE	Charge Description battery		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03(1)(a)(1)	
	Drug Activity		Drug Type		Amount / Unit		Offense # 20059299	
	Warrant / Capias Number		Bond		Statute Violation Number		Violation of ORD #	
	Warrant / Capias Number		Bond		Statute Violation Number		Violation of ORD #	
CHARGE	Charge Description		Counts		Domestic Violence		Statute Violation Number	
	Drug Activity		Drug Type		Amount / Unit		Offense #	
	Warrant / Capias Number		Bond		Statute Violation Number		Violation of ORD #	
	Warrant / Capias Number		Bond		Statute Violation Number		Violation of ORD #	
NOTICE TO APPEAR	South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996							
	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 04/16/2020								
ADMIN	HOLD for other Agency Name:		Signature of Arresting Officer M. Russo 21277		Name Verification (Printed by Arrestee) (PRINT)			PAGE
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) M. Russo 21277		I.D. #			PAGE
	Intake Deputy I.D. # Pouch #		Transporting Officer JANE		ID #			PAGE

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OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	Juveni
ADMIN	Agency ORI Number FLO 50000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06-20059299			
DEF	Charge Type: Check as many as apply.		Special Notes:			
	<input type="checkbox"/> 1. Felony	<input checked="" 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			
CHARGES	Name (Last, First, Middle) Piedra, Sergio, Augusto		Alias	Race H	Sex M	Date of Birth 12/04/1955
	Charge Description battery		784.03(1)(a)(1)	Charge Description		
VICTIM	Victim's Name (Last, First, Middle) Piedra, Edilane, Carvalho		Race W	Sex F	Date of Birth 07/24/1982	
	Local Address (Street, Apt. Number) 18629 Ocean Mist Dr, Boca Raton, FL 33498		(City)	(State)	(zip)	Phone (617) 719-6051
	Business Address (Name, Street)		(City)	(State)	(zip)	Phone ()
<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 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 16th day of April 2020 at 2238 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On 04/16/2020, at approximately 2217hrs, I responded to 18629 Ocean Mist Dr located in unincorporated Boca Raton FL, 33498, in reference to a domestic incident.</p> <p>Upon arrival, I met with the complainant Edilane Piedra who advised the following: After an argument ensued between she and her husband, Sergio Piedra, she went to the closet in the hallway of their residence to retrieve a duffle bag to put his belongings so that he could leave the residence. Edilane advised as she was reaching for the bag which was on the shelf in the closet, Sergio grabbed her with both hands while she had her back turned and threw her to the floor. Edilane complained of lower back pain from being thrown to the floor by Sergio. On her lower left side of her back I observed fresh abrasion.</p> <p>Edilane refused medical treatment and refused to have photos taken of her injury.</p> <p>I spoke with Sergio, who advised an argument did occur between he and his wife. He advised when she stepped in the pathway of the closet to prevent her access, she threw herself on the floor.</p> <p>Based on Edilane's injury, which correlates with her statement, and no independent witnesses being present probable cause exist for the arrest of Sergio Piedra per F.S.S 784.03(1)(a)(1) simple battery domestic.</p>						
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		M. Russo			
	(Signature of Arresting/Investigative Officer)					
	The foregoing instrument was sworn to or affirmed and subscribed before me this 16th day of April 20 20th by M.Russo					
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced known					
	(Signature) 17629					
	Notary Public, Clerk of Court, Officer (F.S.S. 117.10)		SCANNED			
			APR 17 2020			
			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: Piedra, Sergio, Augusto DOB: 12/04/1955 Case #: 20059299

Victim: Piedra, Edilane, Carvalho DOB: 07/24/1982 Race: W Sex: F

Relationship between Victim and Defendant: SPOUSE

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: Piedra, Edilane, Carvalho

Weapon Used: Yes No Type: _____

Witness: Yes No Name: _____

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

Injuries: Yes No Description: ABRASION TO LOWER BACK

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: ALEX AZEREDO DOB: 04 /09 /2011

Name: LEAH PIEDRA DOB: 03 /24 /2013

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: WE GOT INTO AN ARGUMENT

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

First words Victim said when you responded to scene: HE THREW ME TO THE FLOOR

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: 18629 Ocean Mist Dr, Boca Raton, FL 33498

Phone: Home (617) 719-6051 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.**

SUSPECT/OFFENDER: **Piedra, Sergio, Augusto**
COURT CASE/WARRANT#:

(FOR WARRANTS USE ONLY)

1. Incident Report #: 20059299 Agency: PBSO
Offense: battery
Suspect/Offender: Piedra, Sergio, Augusto
D.O.B. 12/04/1955 Race: H Sex: M

2. Warrant # (s): _____

3.a. Victim's name: Piedra, Edilane, Carvalho D.O.B. 07/24/1982 Race: W Sex: F
Address: 18629 Ocean Mist Dr
City: Boca Raton, FL 33498
Home #- (617) 719-6051 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: Piedra, Edilane, Carvalho

Deputy's Name: M.Russo I.D.# 21277 Date: 04/16/2020



**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: 2020010724	Date: 4/17/2020
	Specialist Name/ID: Gammage/5660

SCANNED
APR 17 2020