

SKJ 0527695

21MM-9037AMS

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 3. Request for Warrant 2. N.T.A 4. Request for Capias 1		Juvenile <input type="checkbox"/>	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 21-133009			
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		If Weapon Seized Enter Type: _____		Multiple Clearance Indicator 1			
Location of Arrest (Including Name of Business) 10751 La Reina Rd Delray Beach, FL 33446		Location of Office (Including Name of Business) 10751 La Reina Rd Delray Beach, FL 33446					
Date of Arrest Nov 30, 2021		Time of Arrest 1348		Booking Date		Booking Time	
Jail Date		Jail Time		Location of Vehicle			
Name (Last, First, Middle) TANG TUYET THI NGOC		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race: <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Other/Asian Sex: <input checked="" type="checkbox"/> M <input type="checkbox"/> F Date of Birth: 05/29/72 Height: 5'2 Weight: 120 Eye Color: BROWN Hair Color: BROWN Complexion: LIGHT Build: THIN		Marital Status: MARRIED Religion: CHRISTIAN		Indication of Alcohol Influence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Indication of Drug Influence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Local Address (Street, Apt. Number) 10751 LA REINA RD		City DELRAY BEACH, FL 33446		State FL		Zip 33446	
Permanent Address (Street, Apt. Number) 10751 LA REINA RD		City DELRAY BEACH, FL 33446		State FL		Zip 33446	
Business Address (Street, Apt. Number)		City		State		Zip	
Phone 954-669-7219		Residence Type 1. City 2. County 3. Florida 4. Out of State 5. Juvenile		Address Source VERBAL			
Business Address (Street, Apt. Number)		City		State		Zip	
Phone 954-669-7219		Occupation					
D/I Number 1520818726890, FL		Social Security Number		INS Number		Place of Birth SOC TRANG, VIETNAM	
Citizenship USA							
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other Name (Last, First, Middle)		Address (Street, Apt. No.)		City		State	
Zip		Business Phone					
Notified By (Name)		Date		Time		Relationship	
Released To (Name)		Relationship		Date		Time	
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parent. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 581-355-2526) informed of any address change. <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: <input type="checkbox"/> N/A <input type="checkbox"/> Possess <input type="checkbox"/> Sell <input type="checkbox"/> Buy <input type="checkbox"/> Traffic <input type="checkbox"/> Smuggle <input type="checkbox"/> Deliver <input type="checkbox"/> Use <input type="checkbox"/> Dispense/Distribute <input type="checkbox"/> Manufacture/Produce/Cultivate <input type="checkbox"/> Other		Drug Type: <input type="checkbox"/> N/A <input type="checkbox"/> Amphetamine <input type="checkbox"/> Barbiturate <input type="checkbox"/> Cocaine <input type="checkbox"/> Ecstasy <input type="checkbox"/> Heroin <input type="checkbox"/> Marijuana <input type="checkbox"/> Paraphernalia/Equipment <input type="checkbox"/> Unknown <input type="checkbox"/> Other					
Charge Description SIMPLE BATTERY (DOMESTIC)		Counts: 1 Domestic Violence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number 784.03 (1)(A)(1)		Violation or ORD. #	
Drug Activity: N Drug Type: N Amount/Unit: _____ Offense #: 21-133009		Warrant/Capias Number		Bond			
Charge Description		Counts: _____ Domestic Violence: <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation or ORD. #	
Drug Activity: _____ Drug Type: _____ Amount/Unit: _____ Offense #: _____		Warrant/Capias Number		Bond			
Charge Description		Counts: _____ Domestic Violence: <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation or ORD. #	
Drug Activity: _____ Drug Type: _____ Amount/Unit: _____ Offense #: _____		Warrant/Capias Number		Bond			
Charge Description		Counts: _____ Domestic Violence: <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation or ORD. #	
Drug Activity: _____ Drug Type: _____ Amount/Unit: _____ Offense #: _____		Warrant/Capias Number		Bond			
Location (Court, Address, Room Number)							
Court Date and Time							
Month		Day		Year		Time	
AM <input type="checkbox"/>		PM <input type="checkbox"/>					
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT IF I SHOULD 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: _____ <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Signature of Arresting Officer V. VENNER ID # 7862		Name Verification (Printed by Arrestee) (PRINT) _____		Page 1 of 1	
Initials: ful ID # 7464 Room # 125		Transporting Officer: V. VENNER Agency: PBSO		Witness here if subject signed with an "X"			

SCANNED
DEC 01 2021

OBT Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request For Warrant 4. Request For Capias		1 <input type="checkbox"/> Juvenile <input type="checkbox"/>	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 06		21-133009		
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							
Defendant Name (Last, First, Middle) TANG TUYET THI NGOC				Race O		Sex F		Date of Birth 05/29/72	
Charge SIMPLE BATTERY (DOMESTIC)				Charge					
Charge				Charge					
Victim Name (Last, First, Middle) DIEP KHANH HONG				Race O		Sex M		Date of Birth 12/13/69	
Local Address (Street, Apt. Number) 10751 LA REINA RD		City DELRAY BEACH, FL		State 33446		Phone 954-682-0079		Address Source VERBAL	
Business Address (Street, Apt. Number)		City		State		Zip		Occupation DESIGNER	

The undersign 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...

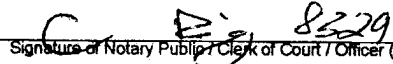

☐ committed the below acts in my presence.
 ☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

☐ confessed to admitting to the below facts.
 ☒ was found to have committed the below acts, resulting from (described) investigation.

On the **30TH** day of **NOVEMBER** 20 **21** at **12:30** ☒ AM ☒ PM

I was dispatched to domestic dispute between Khanh Diep and his wife, Tuyet Tang. Upon arrival, I was met outside the residence by Khanh Diep, who stated that his wife attacked him. Diep was wearing a black/gray sweater with the shirt unbuttoned and I can see scratch marks upon his chest and stomach area. According to Diep, he went downstairs to drink coffee and smoke a cigarette, when a friend called him on his phone regarding a modeling show. He stated after speaking to his friend, he went upstairs and Tang accused him of talking to another woman. He stated during the argument, Tang grabbed his phone and threw it on the ground, causing the screen to crack. Diep stated he then grabbed Tang's phone and smashed it on the ground. Diep stated Tang then started hitting him in the head and face area with a closed fist then ripped his sweater and began scratching him on his chest. He stated he was on the ground trying to dial 911 as Tang continued hitting and punching him.

Photos were taking of Diep's injuries, which were later uploaded to the Domestic Violence website. Diep provided a sworn recorded statement via my PBSO patrol car's in-car video system. A victim/witness case information form was provided to him as well as a victim's rights brochure. Based on my investigation, I found probable cause to arrest Tuyet Tang for simple battery (domestic) pursuant to F.S. 784.03 (1a1). Tang was placed into handcuffs, which were checked for proper fit and later transported to the PBC jail for booking.

The foregoing instrument was sworn to and affirmed before me this <u>30</u> day of <u>November</u> 20 <u>21</u> , by			
Carlos Diaz # 8329		V. VENNER 7862	
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)		Name of Arresting/Investigating Officer	
			
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)		Signature of Arresting/Investigating Officer	

SCANNED
DEC 01 2021

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
(Submit this form with the original Probable Cause affidavit)

Suspect: TUYET THI NGOC TANG **DOB:** 05 / 29 / 1972 **Case #:** 21-133009

Victim: KHANH DIEP **DOB:** 12 / 13 / 1969 **Race:** O **Sex:** M

Relationship between Victim and Defendant: _____

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

911 Call: ☒ Yes ☐ No **Caller:** KHANH DIEP

Weapon Used: ☐ Yes ☒ No **Type:** _____

Witness: ☐ Yes ☒ No **Name:** _____

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

Injuries: ☒ Yes ☐ No **Description:** SCRATCH MARKS ON CHEST AND STOMACH

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: SHE ATTACKED ME

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: 10751 LA REINA RD, DELRAY BEACH, FL 33446

Phone: **Home** (____) ____ - ____ **Work** (____) ____ - ____ **Cell** (954) 682 - 0079

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

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

1. Incident Report #: 21-133009 Agency: PBSO
Offense: SIMPLE BATTERY (DOMESTIC)
Suspect/Offender: TUYET THI NGOC TANG
D.O.B. 05/29/1972 Race: ORIENTAL Sex: FEMALE
2. Warrant #(s):
- 3.a. Victim's name: KHANH DIEP D.O.B. 12/13/1969 Race: O Sex: M
Address: 10751 LA REINA RD
City: DELRAY BEACH State: FL Zip: 33446
Home #: 954-682-0079 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: VALRAN VENNER I.D.# 7862 Date: 11-30-2021

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records
PBSO #9823A REV. 4/98

SUSPECT/OFFENDER:

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#:

SCANNED
DEC 01 2021



**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: 2021030074	Date: 12/1/2021
	Specialist Name/ID: A. Pinkney/7796

SCANNED
DEC 01 2021