
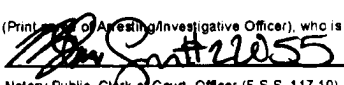


J# 0529048  
P# 3831

2022 MM 742

ADMINISTRATIVE		ARREST/NOTICE TO APPEAR Juvenile Referral Report		1 Arrest 2 NTA		3 Request for Warrant 4 Request for Capias		1		Juvenile	
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06- 22-029543</b>							
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 <b>2</b> <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		Multiple Clearance Indicator <b>1</b>							
Location of Arrest (Including Name of Business) <b>2059 Guadeloupe Dr Wellington FL 33414</b>				Location of Offense (Business Name, Address) <b>2059 Guadeloupe Dr Wellington FL 33414</b>							
Date of Arrest <b>01/26/22</b>		Time of Arrest <b>2301</b>		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last) <b>Parraguez</b>		Name (First) <b>Victor</b>		Name (Middle)		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian <b>W</b>		Sex <b>M</b>		Date of Birth <b>11/05/1981</b>		Height <b>6'02</b>		Weight <b>200</b>		Eye Color <b>Brown</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>None</b>		Marital Status <b>Single</b>		Religion <b>None</b>		Indication of Alcohol Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk		Complexion <b>Medium</b>		Build <b>Medium</b>	
Local Address (Street, Apt. Number) <b>2059 Guadeloupe Dr</b>		City <b>Wellington</b>		State <b>FL</b>		Zip <b>33414</b>		Phone <b>561-402-6175</b>		Residence Type 1. City 2. County 3. Florida 4. Out of State <b>2</b>	
Permanent Address (Street, Apt. Number) <b>2059 Guadeloupe Dr</b>		City <b>Wellington</b>		State <b>FL</b>		Zip <b>33414</b>		Phone <b>561-402-6175</b>		Address Source <b>DL</b>	
Business Address (Name, Street) <b>UK</b>		City <b>Wellington</b>		State <b>FL</b>		Zip <b>33414</b>		Phone <b>561-402-6175</b>		Occupation <b>UK</b>	
D/L Number, State <b>P622868814050</b>		Soc. Sec. Number <b>[REDACTED]</b>		INS Number <b>[REDACTED]</b>		Place of Birth (City, State) <b>Santiago, Chile</b>		Citizenship <b>U.S.</b>			
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	
Parent Legal Other <input checked="" type="checkbox"/> Parent <input type="checkbox"/> Legal <input type="checkbox"/> Other		Address (Street, Apt. Number)		City		State		Zip		Residence 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					
The above address provided by <input type="checkbox"/> defendant and / or <input checked="" 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 checked="" type="checkbox"/> No (Reason)		School Attended		Grade							
Property Crime? <input type="checkbox"/> Yes <input checked="" 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/ Producer/ Cultivate		Z. Other	
Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Derv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other			
Charge Description <b>Domestic Battery</b>		Counts <b>1</b>		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>784.03(1a1)</b>		Violation of ORD #			
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit <b>N/A</b>		Offense # <b>22-029543</b>		Warrant / Capias Number <b>N/A</b>		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 / Capias 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 / Capias 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 / Capias Number		Bond	
Location (Court, Room Number, Address)											
Court Date and Time Month <b>01</b> Day <b>26</b> Year <b>2022</b> Time <b>AM</b> <input type="checkbox"/> <b>PM</b> <input type="checkbox"/>											
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) <b>[Signature]</b>											
Date Signed <b>01/26/22</b>											
HOLD for other Agency Name		Signature of Arresting Officer <b>[Signature]</b>		Arresting Officer (Print) <b>D/S Bitner</b>		ID # <b>36800</b>		Name Verification (Printed by Arrestee) <b>[Signature]</b>		(PRINT)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Intake Deputy <b>D/S Bitner</b>		ID # <b>36800</b>		Agency <b>PBSO</b>		PAGE <b>1 OF 1</b>	

		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 N T A		3 Request for Warrant 4 Request for Capias		1		Juvenile	
ADMIN	OBTS Number			Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06- 22-029543</b>			
	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			
DEF	Name (Last, First, Middle)	<b>Parraguez Victor</b>				Alias		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>11/05/1981</b>	
CHARGES	<b>Domestic Battery</b>		<b>784.03(1a1)</b>								
VICTIM	Victim's Name (Last, First, Middle)		<b>Pefanis, James</b>				Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>05/05/1965</b>		
	Local Address (Street, Apt. Number)		(City)	(State)	(zip)	Phone	Address Source				
	<b>2059 Guadeloupe Dr</b>		<b>Wellington</b>	<b>FL</b>	<b>33414</b>	<b>561-704-0213</b>	<b>DL</b>				
	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> <p><input type="checkbox"/> committed the below acts in my presence</p> <p><input type="checkbox"/> confessed to _____</p> <p>admitting to the below facts</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation</p> <p>On the <u>26</u> day of <u>January</u>, 20<u>22</u> at <u>2301</u> <input type="checkbox"/> A M <input checked="" type="checkbox"/> P M (Specifically include facts constituting cause for arrest.)</p> <p><b>On January 26, 2022 at 2132 hours, I responded to 2059 Guadeloupe Dr, located in the Village of Wellington, Palm Beach County, FL 33414 to investigate a 911 hangup later determined to be a domestic battery.</b></p> <p><b>Upon my arrival, I made contact with a male identified as Victor Parraguez. Parraguez stated he was driving home with his husband named James Pefanis, when they got into a verbal altercation. Pefanis then put the vehicle in park from the passenger seat. Parraguez advised that is when Pefanis hit him in the face about four times using what he thought was a phone. Parraguez then stated Pefanis got out of the vehicle. Parraguez followed him out of the vehicle and pushed him. Parraguez then got back in the car and pulled it into the driveway. Parraguez advised they also got into an altercation inside of the residence. Parraguez advised Pefanis was holding a chair against him while they were arguing inside the residence. Parraguez advised he was pushing him with the chair but he had never gotten physical with him inside of the residence.</b></p> <p><b>After speaking with Parraguez I met with his husband, James Pefanis. Pefanis stated they were in the vehicle driving towards the residence when they got into a verbal altercation. Pefanis stated he wanted to get out of the car so he put it in park while Parraguez was driving. Once the vehicle was stopped Parraguez punched Pefanis in the face. Pefanis advised he then got out of the vehicle and ran away. Parraguez followed Pefanis out of the vehicle and attacked him again by pushing him to the ground and kicking him in the head area. Pefanis advised Parraguez then got back into the vehicle and pulled into the residence. When Pefanis went back inside the house they got into another verbal altercation so Pefanis grabbed a chair to protect himself. Pefanis advised Parraguez then punched him in the face again.</b></p> <p><b>After speaking with both involved parties, I met with their son named Ethan Pefanis who advised he witnessed the altercation inside of the residence. Ethan advised he saw his dad's in a verbal altercation in the living room. Ethan stated Pefanis had grabbed one of the chairs in the residence and held it against himself, then saw Parraguez punch him in the face.</b></p> <p><b>Both Pefanis and Parraguez sustained injuries. Pefanis sustained bruising underneath his right eye and a fresh scratch on the left side of his nose. I observed redness on the back head/neck area. Parraguez sustained a small laceration above his right eye. Parraguez also had a few small lacerations on some of his knuckles on both hands.</b></p> <p><b>Due to the injuries sustained and the statements provided I determined probable cause exists to arrest Victor Parraguez for domestic battery per F.S.S 784.03(1a1).</b></p> <p><b>This case is cleared by arrest.</b></p> <p>STATE OF FLORIDA COUNTY OF PALM BEACH <b>D/S Bitner</b> (Signature of Arresting/Investigative Officer)  (ID #) <b>36800</b></p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>26</u> day of <u>January</u>, 20<u>22</u> by <u>D/S Bitner</u> <b>36800</b></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <b>KNOWN</b> <b>LEO</b></p> <p> Notary Public, Clerk of Court, Officer (F S S 117 10)</p>											
ADMINISTRATIVE	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)

Name (Last, First, Middle)  
**Suspect:** Parraguez Victor **DOB:** 11/05/1981 **Case #:** 22-029543

Name (Last, First)  
**Victim:** Pefanis, James **DOB:** 05/05/1965 **Race:** W **Sex:** M

**Relationship between Victim and Defendant:** Husband and Husband

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

**911 Call:** ☒ Yes ☐ No **Caller:** James Pefanis

**Weapon Used:** ☐ Yes ☒ No **Type:** \_\_\_\_\_

**Witness:** ☒ Yes ☐ No **Name:** (Last) Pefanis (First) Ethan (Middle) \_\_\_\_\_

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

**Injuries:** ☒ Yes ☐ No **Description:** Lacerations hands, upper right eye and under eye

**Medical Treatment:** ☒ Yes ☐ No

**At Scene:** ☒ Yes ☐ No **Paramedics:** PBCFR Engine #30 Run #22

**At Hospital:** ☒ Yes ☐ No **Hospital:** Wellington Regional **Doctor:** \_\_\_\_\_

**Are Children Living in Home?** ☒ Yes ☐ No **DCF Notified?** ☐ Yes ☐ No

**Name:** Ethan Pefanis **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:** See Report

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

**First words Victim said when you responded to scene:** See Report

**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:** (Last) Pefanis, (first) James

**Local Address:** 2059 Guadeloupe Dr Wellington FL 33414,

**Phone:** 561-704-0213

**Employer:** (Name) \_\_\_\_\_ (Employer Address) \_\_\_\_\_

**Name of Relative:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_ **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.**

1. Incident Report #: 22-029543 Agency: PBSO  
Offense: Domestic Battery  
Suspect/Offender: Name (Last) Parraguez (First) Victor (Middle) \_\_\_\_\_  
D.O.B. 11/05/1981 Race: W Sex: M

2. Warrant # (s): N/A

3.a. Victim's name: Name (Last, First) Pefanis, James D.O.B. 05/05/1965 Race: W Sex: M  
Address: 2059 Guadeloupe Dr  
City: Wellington FL 33414  
Home #: 561-704-0213

b. Victim's next of kin, friend or neighbor: (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Home #: \_\_\_\_\_

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: Name (Last, First) Pefanis, James

Deputy's Name: D/S Bitner

ID # 36800 Date: 01/26/22

SUSPECT/OFFENDER:

Parraguez

Victor

(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)
<b>L/E Exemptions</b>	<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.	
<b>Public Info. Exemptions</b>	<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.	
<b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b>	<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"/>			
<b>Other</b>	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

**Booking Number:** 2022002444

**Date:** 1/27/2022

**Specialist Name/ID:** Chantel Daniels/30347