

0519792

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

NR 20MM9120 MB 1846

OBT Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 20-129464					
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		If Weapon Seized Enter Type		Multiple Clearance Indicator 0 1							
Location of Arrest (Including Name of Business) 16158 S Military Trail Delray Beach FL		Location of Offense (Including Name of Business) 2379 Shimmery Ln Lantana FL 33462									
Date of Arrest Nov 22, 2020	Time of Arrest 1345hrs	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle n/a					
Name (Last, First, Middle) Zhang Xin Xin		Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White A - American Indian B - Black O - Oriental/Asian	Sex F	Date of Birth 11/24/1961	Height 5'7	Weight 130	Eye Color BROWN	Hair Color BLACK	Complexion LIGHT	Build SM			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Mental Status M	Religion UK	Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input checked="" type="checkbox"/>		Indication of Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input checked="" type="checkbox"/>			
Local Address (Street, Apt. Number) 2379 SHIMMERY LN		City LANTANA FL	State 33462	Zip	Phone 561-414-0715	Residence Type 1. City 2. County 3. Florida 4. Out of State 2					
Permanent Address (Street, Apt. Number) SAME AS ABOVE		City	State	Zip	Phone	Address Source DL					
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation ACUPUNCTURE SPECIALIST					
DL Number, State Z520959619240		Social Security Number		INS Number	Place of Birth CHINA	Citizenship USA					
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile						
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile						
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	Name (Last, First, Middle)					Phone					
Address (Street, Apt. No.)		City	State	Zip	Business Phone						
Notified By (Name)		Date	Time	JUVENILE PROSECUTION 1. Notified 2. Notified 3. Notified 4. Notified 5. Notified 6. Notified 7. Notified 8. Notified 9. Notified 10. Notified 11. Notified 12. Notified 13. Notified 14. Notified 15. Notified 16. Notified 17. Notified 18. Notified 19. Notified 20. Notified 21. Notified 22. Notified 23. Notified 24. Notified 25. Notified 26. Notified 27. Notified 28. Notified 29. Notified 30. Notified 31. Notified 32. Notified 33. Notified 34. Notified 35. Notified 36. Notified 37. Notified 38. Notified 39. Notified 40. Notified 41. Notified 42. Notified 43. Notified 44. Notified 45. Notified 46. Notified 47. Notified 48. Notified 49. Notified 50. Notified 51. Notified 52. Notified 53. Notified 54. Notified 55. Notified 56. Notified 57. Notified 58. Notified 59. Notified 60. Notified 61. Notified 62. Notified 63. Notified 64. Notified 65. Notified 66. Notified 67. Notified 68. Notified 69. Notified 70. Notified 71. Notified 72. Notified 73. Notified 74. Notified 75. Notified 76. Notified 77. Notified 78. Notified 79. Notified 80. Notified 81. Notified 82. Notified 83. Notified 84. Notified 85. Notified 86. Notified 87. Notified 88. Notified 89. Notified 90. Notified 91. Notified 92. Notified 93. Notified 94. Notified 95. Notified 96. Notified 97. Notified 98. Notified 99. Notified 100. Notified							
Released To (Name)		Relationship	Date	Time							
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 561 355-2526) 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 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	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana	P. Pharmaceutical/ Equipment	U. Unknown Z. Other
Charge Description DOMESTIC BATTERY		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 784.03 (1) (A) (1)		Violation or ORD. # NONE					
Drug Activity	Drug Type	Amount/Unit	Offense # 20-129464	Warrant/Capias Number		Bond					
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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"/> Y <input checked="" type="checkbox"/> N	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"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation or ORD. #					
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond					
Location (Court, Address, Room Number)		Date and Time Month Day Year Time AM <input type="checkbox"/> PM <input type="checkbox"/> NOV 22 2020 4:53 PM									
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 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) [Signature]									
Date Signed		Name Verification (Printed by Arrestee) [Signature]									
Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer D/S F. St. Cloud		ID # 8382		Agency PBSO			
Intake Deputy [Signature]		ID # Pouch #		Transporting Officer D/S ST CLOUD		ID #		Page 1 of 1			

NOV 22 PM 4:53

OBTS Number		PROBABLE CAUSE AFFIDAVIT		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 20-129464			
Charge Type Check as many as apply <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		Special Notes					
Defendant Name (Last, First, Middle) Zhang Xinxia				Race O	Sex F	Date of Birth 11/24/1961	
Charge DOMESTIC BATTERY				Charge			
Charge				Charge			
Victim Name (Last, First, Middle) CHANG CHE HSUN DARREN				Race O	Sex M	Date of Birth 04/15/1970	
Local Address (Street, Apt. Number) 2379 SHIMMERY LN		City LANTANA FL 33462		State FL	Zip 33462	Phone 305-772-3782	Address Source VERBAL
Business Address (Street, Apt. Number)		City		State	Zip	Phone	Occupation
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... <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. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation. On the 22nd day of November 20 20 at 1:53 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM							

On Sunday approximately 1300 hours, I was dispatched to South County Mental Health located at 16158 South Military Trail, Delray Beach FL regarding a domestic battery. Upon arrival Delray Beach Police Department and they said this incident occurred in PBSO jurisdiction. I then met and spoke with CHEHSUN DARREN CHANG, Oriental male D.O.B 04-15-70, who stated the following: he and his wife XINXIA ZHANG, Oriental female 11-24-61, to whom he has been married for 14 years and who resides together were in a physical altercation. Chang said that he and his wife were arguing yesterday, Saturday 11-21-20 over dinner. Chang said during the argument Zhang scratched him on his chest with her finger nails. Chang said this morning at about 600 hours he and his wife Zhang again got into an argument, during the argument, Zhang picked up a pen and slashed him on his face with the pen. Chang wrote a sworn written statement detailing his verbal statement.

Chang said he was bleeding on top of his left eye. Chang said he and his wife got into their vehicle and drove to South County Mental Health Facility to speak with a mental health professional.

While on scene, I observed Chang had dried blood on the side of his left eye. I asked Chang to see the finger nails scratches. Chang lifted up his shirt and I observed Chang had scratches on his chest area and left arm. I asked Chang if he needed medical attention; he said he did not. Pictures were taken of Chang's injuries. The pictures were uploaded to the Domestic Violence Website.

I then met and spoke with Chang's wife XINXIA ZHANG. I asked her what happened between her and her husband. Zhang said that she does not remember what transpired between her and her husband. I asked her if she was arguing with her husband yesterday; Zhang said she does not remember. I asked Zhang was she fighting with her husband this morning. Zhang said she did not remember.

Based on Chang statement and the fact that he was injured, I believe the above to be true and correct. I therefore placed XINXIA ZHANG under arrest for simple domestic battery on her husband CHEHSUN DARREN CHANG. Zhang was handcuffed, the handcuffs were doubled locked and checked for proper fit. Zhang was transported to PBSO District 4 to complete her arrest paperwork. Once completed XINXIA ZHANG was transported to the Palm Beach County Jail.

NOV 23 2020

The foregoing instrument was sworn to and affirmed before me this 22nd day of November 2020, by:

M Ruiz 14262
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

D/S F. St. Cloud
Name of Arresting/Investigating Officer

[Signature]
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

[Signature]
Signature of Arresting/Investigating Officer

8382

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of

NOT A CERTIFIED COPY

NOV 23 2020

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

Suspect: XIN XIA ZHANG DOB: 11 / 24 / 1961 Case #: 20-129464

Victim: CHE HSUN CHANG DOB: 04 / 15 / 1970 Race: W Sex: M

Relationship between Victim and Defendant: _____

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

911 Call: ☒ Yes ☐ No Caller: DELRAY POLICE DEPARTMENT

Weapon Used: ☐ Yes ☒ No Type: _____

Witness: ☐ Yes ☒ No Name: _____

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

Injuries: ☒ Yes ☐ No Description: SCRATCHES

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: I DON'T WANT HER TO GO TO JAIL.

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

☒ Yes ☐ No If yes, name: SOUTH COUNTY MENTAL HEALTH phone (561) 495-0522

Observations of Victim (Physical & Emotional): _____

☒ Upset ☐ Crying ☐ Fearful ☐ Hysterical ☐ Afraid ☐ Calm ☐ Nervous

☐ Complained of pain ☐ Other _____

Victim Contact Information:

Local Address: 2379 SHIMMERY LN LANTANA FL 33462

Phone: Home (305) 772-3782 Work () - - Cell () - -

Employer: UK

Name of Relative: NONE Phone () - -

Address: N/A

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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 #: 20-129464 Agency: PBSO
Offense: DOMESTIC BATTERY
Suspect/Offender: XIN XIA ZHANG
D.O.B. 11/24/1961 Race: W Sex: F

2. Warrant # (s): _____

3.a. Victim's name: CHE HSUN CHANG D.O.B. 04/15/1970 Race: W Sex: M
Address: 2379 SHIMMERY LN
City: LANTANA State: FL Zip: 33462
Home #: 305 772-3782 Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: NONE
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: ST. CLOUD I.D.# 8382 Date: 11/22/20

White/Corrections or State Attorney (Warrant Application)
PBSO 00029A REV. 4199

Yellow/Warrants Section

Pink/Central Records

SUSPECT/OFFENDER: _____

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT# _____

NOV 23 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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	415.107(1)	Other: Elderly Abuse	
	<input type="checkbox"/>	119.071(2)(j)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

REVIEW COMPLETED BY

Booking Number: 2020027520	Date: 11/23/2020
	Specialist Name/ID: M. Tookes #8557