

0519792

ARREST/NOTICE TO APPEAR
Juvenile Referral Report1. Arrest 3. Request For Warrant
2. N.T.A. 4. Request For Capias

1 Juvenile 0

OBTS Number

Agency ORI Number

FLO 5 0 0 0 0

Agency Name

PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number

06

20-129464

Charge Type: Check as many as apply	1. Felony	3. Misdemeanor	5. Ordinance	7. Weapon Seized	Multiple Clearance Indicator
	2. Traffic Felony	4. Traffic Misdemeanor	6. Other	Enter Type	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
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Date of Arrest	Nov 22, 2020	Time of Arrest	1345hrs	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	n/a
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Name (Last, First, Middle)	Zhang	Xin Xian	Alias (Name, DOB, Soc. Sec. #, Etc.)
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Race	W-White I-American Indian B-Black O-Oriental/Asian	Sex	W F	Date of Birth	11/24/1961	Height	5'7	Weight	130	Eye Color	BROWN	Hair Color	BLACK	Complexion	LIGHT	Build	SM
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Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)	Marital Status	M	Religion	UK	Indication of Alcohol Influence	Y	N	Unk
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Local Address (Street, Apt. Number)	2379 SHIMMERY LN	City	LANTANA FL 33462	State	Zip	Phone	561-414-0715	Residence Type	1. City 2. County	3. Florida 4. Out of State	2
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Permanent Address (Street, Apt. Number)	SAME AS ABOVE	City		State	Zip	Phone		Address Source	DL
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Business Address (Street, Apt. Number)		State	Zip	Phone	Occupation	ACUPUNCTURE SPECIALIST
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DL Number, State	Z520959619240	Social Security		INS Number	Place of Birth	CHINA	Citizenship	USA
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Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	1. Arrested 2. At Large	3. Felony 4. Misdemeanor 5. Juvenile
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Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	1. Arrested 2. At Large	3. Felony 4. Misdemeanor 5. Juvenile
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<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	Name (Last, First, Middle)	Phone
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Address (Street, Apt. No.)	City	State	Zip	Business Phone
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Notified By (Name)	Date	Time	1. Arraigned 2. Arraigned and Procedural Writ 3. TOTHRDAYS 4. Released 5. Incarcerated
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Released To (Name)	Relationship	Date	Time
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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 561 355-2528) informed of any address change <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)	School Attended	Grade
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Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property	Value of Property
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Drug Activity N. NA P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Deceive M. Manufacture Produce Cultivate	Z. Other	Drug Type N. NA A. Amphetamine	B. Barbiturates C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana	P. Peripherials Equipment	U. Unknown Z. Other
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Charge Description	DOMESTIC BATTERY				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	784.03 (1) (A) (1)	Violation or ORD. #
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Drug Activity	Drug Type	Amount/Unit	Offense #	20-129464	Warrant/Capias Number	Bond
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Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation or ORD. #
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Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
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Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation or ORD. #
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Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
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Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation or ORD. #
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Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
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Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation or ORD. #
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Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
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Location (Court, Address, Room Number)	20-129464	AM <input type="checkbox"/> PM <input type="checkbox"/>
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Court Date and Time	Month	Day	Year	Time	AM <input type="checkbox"/> PM <input type="checkbox"/>
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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)	Date Signed
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HOLD for Other Agency	Signature of Arresting Officer	Name Verification (Printed by Arrestee)
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Name	(PRINT)
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<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	ID # 8382
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Initials/Signature	ID # 477	Pouch #	Transporting Officer ID # D/S ST CLOUD 8382	Agency PBSO
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Witness here if subject signed with an "X"				
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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

Agency ORI Number FLO 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06	20-129464			
Charge Type Check as many as apply	<input checked="" type="checkbox"/> 1. Felony <input 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 _____		Special Notes			
Defendant Name (Last, First, Middle) Zhahg	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	State FL	Zip 33462	Phone 305-772-3782	Address Source VERBAL	
Business Address (Street, Apt. Number)	City	State	Zip	Phone	Occupation	
The undersigned 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"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.						
On the 22nd day of November 20 at 1:53			<input type="checkbox"/> AM	<input checked="" 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	20	20	by:				
<i>M. Ruiz 14262</i>				D/S F. St. Cloud		8382					
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)				<i>J. Jones</i>		Signature of Arresting/Investigating Officer					
<table border="1"><tr><td>Page</td><td>1</td><td>1</td><td>of</td></tr></table>								Page	1	1	of
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NOT A CERTIFIED COPY

11/27/2009

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

VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER:

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#:

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) Yellow/Warrants Section Pink/Central Records
PBSO 00029A REV. 4199



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

REVIEW COMPLETED BY

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