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Marsy's Law CVI FL Const. Art. 1 § 16(b)

ARREST/NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 22-118788	
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 2. 1. Yes 2. No		Multiple Clearance Indicator 01
Location of Arrest (Including Name of Business)			Location of Offense (Business Name, Address)			
Date of Arrest 10/14/22	Time of Arrest 1000	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

Name (Last) Cuetara		First (First) Daniel		Middle (Middle)		Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 12/30/1981	Height 6'00	Weight 170	Eye Color brown	Hair Color Brown	Complexion MEDIUM	Build MEDIUM
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) back, upper and lower left arm, calve, ribcage chest				Marital Status Married	Religion Christianity	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>		
Local Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone 561-676-4090	Residence Type: 1. City 3. Florida 2. County 4. Out of State 2	
Permanent Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone	Address Source FL DL	
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone	Occupation Unemployed	
D/L Number, State C360160814700, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) Homestead, FL	Citizenship USA	

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	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal <input type="checkbox"/> Other	(Last)	(First)	(Middle)	Residence Phone		
Address (Street, Apt. Number)			(City)	(State)	(Zip)	Business 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 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 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 O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
Charge Description Battery (Domestic related)						Counts 01	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03 (1a1)	Violation of ORD #	
Drug Activity N	Drug Type N	Amount / Unit	Offense # 22-118788	Warrant / Capias Number		Bond				
Charge Description						Counts	Domestic Violence <input type="checkbox"/> Y <input 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 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 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 10 Day 14 Year 2022 Time 12:30 AM <input type="checkbox"/> PM <input checked="" 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	
10/14/22	
Signature of Defendant (or Juvenile and Parent /Custodian)	Date Signed

HOLD for other Agency Name	Signature of Arresting Officer [Signature]	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	(PRINT) SCANNED
Arresting Officer (Print) D/S WELLS	I.D. # 23732	PAGE 1 OF 1
Transporting Officer D/S WELLS	ID # 23732	Agency PBSO
Witness here if subject signed with an "X"		

PROBABLE CAUSE AFFIDAVIT

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

1 1 N

OBTS Number Agency ORI Number Agency Name Agency Report Number

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Name (Last, First, Middle) Daniel Cuetara Race W Sex M Date of Birth 12/30/1981

CHARGES DEF Batery (Domestic related) 784.03 (1a1)

VICTIM Victim's Name Local Address Business Address

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.

Marsy's Law CVI FL Const. Art. 1 § 16(b)

On October 14th, 2022 at approximately 0900 hours I responded to [redacted] located in Unincorporated [redacted] in reference to a domestic disturbance in progress call.

Prior to my arrival, Palm Beach County Sheriff's Office (PBSO) Dispatch advised the complainant, [redacted] called emergency services stating her [redacted], later identified as Daniel Cuetara, was suffering from a borderline personality disorder episode and was attacking their children.

Upon my arrival I met with the victim/complainant in this case, [redacted]. I observed [redacted] physically upset, shaking and crying who advised her [redacted]. Daniel Cuetara had just attacked her and the children during a physical disturbance.

I was advised Daniel's vehicle was found and he had been detained nearby. I then relocated and spoke with Daniel who advised he wished to provide a statement. He was read his Miranda warnings from a PBSO issued Miranda card verbatim which he acknowledged.

Based on the above investigation, statements made and observations, I have probable cause to charge Daniel Cuetara with simple battery (domestic related) for willfully and intentionally striking or touching [redacted] person against her will.

STATE OF FLORIDA COUNTY OF PALM BEACH D/S WELLS (ID#) 23732

The foregoing instrument was sworn to or affirmed and subscribed before me this 14th day of October 20 22 by D/S WELLS 23732

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

SCANNED OCT 15 2022

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: Cuetara Daniel DOB: 12/30/1981 Case #: 22-118788

Name (Last, First)
Victim: [REDACTED] DOB: [REDACTED] Race: W Sex: F

Relationship between Victim and Defendant: [REDACTED]

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

911 Call: Yes No **Caller:** [REDACTED]

Weapon Used: Yes No **Type:** [REDACTED]

Witness: Yes No **Name:** (Last) [REDACTED] (First) [REDACTED] (Middle) [REDACTED]

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

Injuries: Yes No **Description:** Abrasion/Bruise

Medical Treatment: Yes No

At Scene: Yes No **Paramedics:** [REDACTED]

At Hospital: Yes No **Hospital:** [REDACTED] **Doctor:** [REDACTED]

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

Name: [REDACTED] **DOB:** [REDACTED]

Name: [REDACTED] **DOB:** [REDACTED]

Name: [REDACTED] **DOB:** [REDACTED]

Injunction Yes No **Case #:** [REDACTED]

No Contact Order Yes No **Case #:** [REDACTED]

Alcohol or Drugs Yes No **Unknown** [REDACTED]

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 [REDACTED] had pushed him and smacked water bottle and attempted to grab 9 month old from mother

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

First words Victim said when you responded to scene [REDACTED] had attacked [REDACTED] and her. grabbed her by throat and kicked her to the ground when grabbing [REDACTED] from her.

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

Yes **No** **If yes, name:** [REDACTED] **phone:** [REDACTED]

Observations of Victim (Physical & Emotional) [REDACTED]

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain [REDACTED] **Other** [REDACTED]

Victim Contact Information: (Last) [REDACTED] (first) [REDACTED]

Local Address: [REDACTED]

Phone: [REDACTED]

Employer: (Name) [REDACTED] (Employer Address) [REDACTED]

Name of Relative: (Last) [REDACTED] (First) [REDACTED] **Phone:** [REDACTED]

Address: [REDACTED]

SCANNED



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 checked="" type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	1-6
	<input type="checkbox"/>	(xii) 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"/>			
Other	<input checked="" type="checkbox"/>	FL CONSTITUTION ARTICLE 1, 16(b)	Other: MARSY'S LAW	1-6
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2022026918	Date: 10/15/2022
	Specialist Name/ID: Pinkneya/7796

SCANNED
 OCT 15 2022