

0540927 23mm4440MB # 951

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

Check if Supplement is Attached

OBTS Number ARREST / NOTICE TO APPEAR Juvenile Referral Report 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1 Juvenile N

Agency ORI Number Agency Name Agency Report Number
FLO: 5 0 0 0 0 0 PALM BEACH COUNTY SHERIFF'S OFFICE 0 16 J-23074359
Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other
Check as many as apply. 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other
If Weapon Seized Enter Type NA Multiple Clearance Indicator 1

Location of Arrest (including Name of Business) Location of Offense (Business Name, Address)

Date of Arrest 06/02/2023 Time of Arrest 0600 Booking Date Booking Time Jail Date Jail Time Location of Vehicle

Name (Last, First, Middle) TORRES, ABIGAIL Alias (Name, DOB, Soc. Sec. #, Etc.)

Race W - White I - American Indian O - Oriental/Asian Sex F Date of Birth 4/18/2001 Height 5'8 Weight 150 Eye Color BLUE Hair Color BLONDE Complexion LIGHT Build MED

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE Marital Status Religion Indication of Alcohol Influence Drug Influence Y N Unk

Local Address (Street, Apt. Number) (City) (State) (Zip) Mobile Phone 7500 ESTUARY LAKE LOOP, KISSIMMEE, FL 34741 (917) 804-2879

Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone Address Source TORRES

Business Address (Name, Street) (City) (State) (Zip) Phone Occupation

D/L Number, State Soc. Sec. Number INS Number Place of Birth (City, State) Citizenship NEW JERSEY, Yucisto USA

Co-Defendant (Last, First, Middle) Race Sex Date of Birth 1. Arrested/ 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Co-Defendant (Last, First, Middle) Race Sex Date of Birth 1. Arrested/ 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Parent Legal Custodian Name (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 was provided by defendant and/or defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone (561) 355-6511) informed of any change of address.

Property Crime? Yes No Description of Property Value of Property

Charge Description Counts Domestic Violence Statute Violation Number Violation of ORD #

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Charge Description Counts Domestic Violence Statute Violation Number Violation of ORD #

Location: (Court, Room Number, Address)

Court Date and Time Month Day Year Time A.M. P.M.

FILED PBC - GUN CLUB - 23 JUN 3 AM 5:38

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) 06/02/2023 Date Signed

I consent to receive text reminders of court date(s) and times for this case by automated technology to the mobile number identified above. I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose. Signature

HOLD for other agency Signature of Arresting Officer Name Verification (Printed by Arrestee)

Dangerous Suicidal Resisted Arrest Other Name of Arresting Officer (Print) I.D. # D/S V HYLTON 32393

Intake Deputy I.D. # Pouch # Transporting Officer I.D. # Agency Witness here if subject signed with an "X" 1 OF 1

PBSO #0148 REV. 11/22 DISTRIBUTION: COURT COPY STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY) JUN 03 2023

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA	3 Request for Warrant 4 Request for Capias	1	Juvenile	N
ADMIN	Agency ORI Number	Agency Name	Agency Report Number					
	FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	23074359					
CHARGES	Charge Type	Charge Description		Special Notes				
	<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	SIMPLE BATTERY DOMESTIC 784.03(1A1)						
VICTIM	Name (Last, First, Middle)			Alias	Race	Sex	Date of Birth	
	TORRES, ABIGAIL				W	F	4/18/2001	
Victim's Name (Last, First, Middle)		Race		Sex		Date of Birth		
[REDACTED]		B		M		[REDACTED]		
Local Address (Street, Apt Number)		(City)	(State)	(Zip)	Phone		Address State	
[REDACTED]					(407) 9735869		[REDACTED]	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation	
[REDACTED]					()			
<p>The undersigned certifies and swears that I have just and reasonable grounds to believe, and do believe that the above named Defendant committed the listed violation(s) of law. The Person taken into custody:</p> <p><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.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>06</u> day of <u>JUNE</u> 20<u>23</u> at <u>0600</u> <input checked="" type="checkbox"/> A.M <input type="checkbox"/> P.M (Specifically include facts constituting cause for arrest.)</p> <p><input checked="" type="checkbox"/> Notary's Law Office FL Const. Art 1 § 16(b)</p> <p>On Friday, June 2, 2023 at approximately 0507 hours, I was dispatched to [REDACTED], in unincorporated West Palm Beach, Florida 33406 (Hilton Hotel) in reference to a domestic disturbance call.</p> <p>On arrival I spoke with the complainant, black male [REDACTED] who stated that he had a verbal dispute with the [REDACTED] of his children (Abigail Torres) and (Christina Laluz) after Ms. Torres found that he had been texting another female. Mr. [REDACTED] stated that Ms. Torres punched him in the face, resulting in a nose bleed. He was looked at by Palm Beach Medics and determined that his nose was not broken. Mr. [REDACTED] said Ms. Laluz also pushed him, but that he remembered Ms. Torres being the primary aggressor from which he sustained a bloody nose.</p> <p>Ms. Torres told deputies that Mr. [REDACTED] pushed her first, however, there were no cuts, marks or bruises which would place Mr. [REDACTED] as the primary aggressor. As a result Ms. Torres was arrested and charged with one count of Simple Battery Domestic. She was was placed in the prisoner cage of my marked patrol vehicle and was transported to Palm Beach County Jail for processing.</p>								
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		D/S V HYLTON					
	(Signature of Arresting/Investigative Officer)							
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>02</u> day of <u>JUNE</u> 20 <u>23</u> by <u>D/S V. HYLTON</u>								
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>Known LEO</u>								
D/S IZZONE ID# 5655 <i>D/S IZZONE</i>								
Notary Public, Clerk of Court, Officer (F.S.S) 11 7. 1 0)								

NOT A FORMAL COPY

SCANNED OF 1

JUN 03 2023

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

Suspect: TORRES, ABIGAIL, DOB: 04/18/2001 Case #: 23074359

Victim: [REDACTED] DOB: [REDACTED] Race: B Sex: M

Relationship between Victim and Defendant: [REDACTED]

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: _____

Weapon Used: Yes No Type: _____

Witness: Yes No Name: _____

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

Injuries: Yes No Description: Bruise nose

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: _____

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: [REDACTED]

Phone: Home [REDACTED] Work () - _____ Cell () - _____

Employer: _____

Name of Relative: _____ Phone () - _____

Address: _____

SCANNED

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 #: 23074359 Agency: PBSO
Offense: SIMPLE BATTERY DOMESTIC
Suspect/Offender: TORRES, ABIGAIL,
D.O.B. 04/18/2001 Race: W Sex: F

2. Warrant # (s): _____

3.a. Victim's name: [REDACTED] D.O.B. [REDACTED] Race: B Sex: M
Address: [REDACTED]
City: [REDACTED]
Home #: [REDACTED] Work #: 0 Other: _____

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____
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: [REDACTED]

Deputy's Name: D/S V. HYLTON I.D.# 32393 Date: 06/02/2011

SUSPECT/OFFENDER: **TORRES, ABIGAIL,** COURT CASE/WARRANT# _____
(FOR WARRANTS USE ONLY)

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 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 checked="" type="checkbox"/>	FL CONSTITUTION ARTICLE 1, 16(b)	Other: MARSY'S LAW	3-6
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2023014440	Date: 6/3/2023
	Specialist Name/ID: Pinkney/7796

SCANNED

JUN 03 2023