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2019

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

ARREST/NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile 1

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000				Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 06- 23120689											
	Charge Type Check as many as apply.		1. Felony <input type="checkbox"/>		2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input checked="" type="checkbox"/>		4. Traffic Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/>		6. Other <input type="checkbox"/>									
	Location of Arrest (Including Name of Business) 1040 PARKSIDE GREEN DR		City Greenacres, FL 33413		Location of Offense (Business Name, Address) 708 SUNNY PINE WAY B1		City Greenacres, FL 33415		Weapon Seized / Type 2. 1. Yes 2. No		Multiple Clearance Indicator 1											
DEFENDANT	Date of Arrest 10/18/23		Time of Arrest 1842		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
	Name (Last) Cain		(First) Aubrey		(Middle) Tara		Alias (Name, DOB, Soc. Sec. #, Etc.)															
	Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex F		Date of Birth 02/06/1994		Height 5'00		Weight 86		Eye Color BLUE		Hair Color BLONDE		Complexion LGT		Build SMALL					
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT R FOOT "PRESERVERANCE"						Marital Status Single		Religion None		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>									
	Local Address (Street, Apt. Number) 708 SUNNY PINE WAY #B1				City GREENACRES, FL 33415		State FL		Zip 33415		Phone 561-561-572-8063		Residence Type: 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>									
	Permanent Address (Street, Apt. Number)				City		State		Zip		Phone		Address Source VERBAL									
	Business Address (Name, Street)				City		State		Zip		Phone		Occupation									
	D/L Number, State C500018945460, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) BOYNTON BEACH, FL		Citizenship US													
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		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"/>					
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		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"/>					
CO-DEF	Parent <input type="checkbox"/>		Legal <input type="checkbox"/>		Other <input type="checkbox"/>		(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 type="checkbox"/> No (Reason)								School Attended DECIJUREN		Grade											
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property																
CHARGE	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)				Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03(1a1)				Violation of ORD #									
	Drug Activity N		Drug Type N		Amount / Unit 0		Offense # 23120689		Warrant / Capias Number				Bond 1000									
	Charge Description				Counts		Domestic Violence		Statute Violation Number				Violation of ORD #									
	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond									
CHARGE	Charge Description				Counts		Domestic Violence		Statute Violation Number				Violation of ORD #									
	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond									
	Charge Description				Counts		Domestic Violence		Statute Violation Number				Violation of ORD #									
	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond									
	Charge Description				Counts		Domestic Violence		Statute Violation Number				Violation of ORD #									
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond										
NOTICE TO APPEAR	Location (Court, Room Number, Address)																					
	Court Date and Time Month <input type="checkbox"/> Day <input type="checkbox"/> Year <input type="checkbox"/> Time <input type="checkbox"/> AM <input type="checkbox"/> PM <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. 10/18/23																					
Signature of Defendant (or Juvenile and Parent /Custodian)																						
Date Signed																						
ADMIN	HOLD for other Agency Name		Signature of Arresting Officer 36182				Name Verification (Printed by Arrestee) SCANNED															
	<input type="checkbox"/> Dangerous <input checked="" type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Arresting Officer (Print) DERUTY E GUARIN		I.D. # 36182		(PRINT)		PAGE											
	Intake Deputy		I.D. #		Pouch #		Transporting Officer D/S E GUARIN		I.D. # 36182		Agency PBSO											
Witness here if subject signed with an "X"										PAGE 1 OF 2												

DOMESTIC VICTIM NOTIFICATION

FILED PBC - CIVIL CLERK
2023 OCT 19 AM 10:21

PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

Agency ORI Number: FLO 500000 Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number: 06- 23120689

Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Name (Last, First, Middle): Cain Aubrey Tara Alias: Race: W Sex: F Date of Birth: 02/06/1994

Charges: Battery (Domestic) 784.03(1a1)

Victim's Name (Last, First, Middle): Phillips Cheryl Francine Race: W Sex: F Date of Birth: 05/26/1966

Local Address (Street, Apt. Number): 6490 Wetland Dr Lake Worth, FL 33467 Phone: 561-758-9210 Address Source: FL DL

Business Address (Name Street): (City) (State) (zip) Phone Occupation

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. The Person taken into custody: committed the below acts in my presence. was observed by who told that he/she saw the arrested person commit the below acts. confessed to admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation. On the 18 day of OCTOBER 2023 at 1848 A.M. P.M. (Specifically include facts constituting cause for arrest.)

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

On October 18, 2023 at approximately 1719 hrs. I was dispatched to 708 Sunny Pine Way in the city in Greenacres, FL 33415 in reference to a suspicious incident. On scene Deputy Klein Kryda had already made contact with the victim Cheryl Phillips.

Phillips advised deputies that her daughter's boyfriend David Hartung called her to let her know that her daughter was threatening suicide with a knife. Phillips came over to her daughter Aubrey Cain's apartment that is located at the above address to speak with her. Phillips located her daughter in the closet with a knife, Aubrey was on the phone with David yelling that he needed to return to the house or she would kill herself. She then locked herself in the bathroom and continued screaming at David. Aubrey then ran into the living room where Phillips was attempting to get her daughter to put down the knife. Both parties were in a loud argument when Phillips attempted to disarm Aubrey by wrestling the knife out of her hands. At the end of the struggle, Aubrey ran out the front door and fled the scene. Phillips advised me that Aubrey suffers from Bipolar disorder and had an appointment tomorrow to see a psychiatrist.

While obtaining a sworn audio/video recorded statement from Phillips I observed a large red round mark on her left cheek. Phillips additionally, has scratch marks on the inside of her arms and a large swollen injury on her right wrist. Upon asking her about the injuries, she advised me that Aubrey bit her arm, and while they were struggling/wrestling Aubrey punched her in the face. Phillips advised me that during the struggle she was attempting to get the knife away from Aubrey. The knife was eventually thrown from struggle.

I then photographed the injuries. Phillips then received information that David was currently with Aubrey at an unknown location. Through investigative means I located David at his mothers house in the Olive Tree development. David agreed to bring deputies to Aubrey who was currently at her grandmothers house located at 1040 Parkside Green Dr. (PC CONTINUED)

STATE OF FLORIDA COUNTY OF PALM BEACH DEPUTY E GUARIN (ID #) 36182 (Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of October 20 23 by DEPUTY E GUARIN 36182

(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced: KNOWN LEO Deputy R. Klein Kryda 3267

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

SCANNED

OCT 19 2023

PAGE 1 OF 2

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: Cain Aubrey Tara **DOB:** 02/06/1994 **Case #:** 23120689

Name (Last, First)

Victim: Phillips Cheryl **DOB:** 05/26/1966 **Race:** W **Sex:** F

Relationship between Victim and Defendant: Family Member

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

911 Call: Yes No **Caller:** Neighbor

Weapon Used: Yes No **Type:** Hands/Fists/Feet

Witness: Yes No **Name:** (Last) _____ (First) _____ (Middle) _____

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

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

Medical Treatment: Yes No

At Scene: Yes No **Paramedics:** _____

At Hospital: Yes No **Hospital:** _____ **Doctor:** _____

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: YES I KNOW

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: (Last) Phillips (first) Cheryl

Local Address: 6490 Wetland Dr, Lake Worth FL, 33467

Phone: 561-758-9210

Employer: (Name) _____ (Employer Address) _____

Name of Relative: (Last) _____ (First) _____ **Phone:** SCANNED

Address: _____

OCT 19 2023

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
- Dating Violence

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 23120689 Agency: PBSO
 Offense: Battery (Domestic)
 Suspect/Offender: Name (Last) Cain (First) Aubrey (Middle) Tara
 D.O.B. 02/06/1994 Race: W Sex: F

2. Warrant #(s): _____
 Name (Last, First) _____

3.a. Victim's name: Phillips Cheryl D.O.B. 05/26/1966 Race: W Sex: F
 Address: 6490 Wetland Dr
 City: Lake Worth State: FL Zip: 33463
 Home #: 561-758-9210 Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: (Last) _____ (First) _____
 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: Name (Last, First) Phillips Cheryl

Deputy's Name: DEPUTY E GUARIN I.D. # 36182 Date: 11/10/19

White = Corrections or State Attorney (Warrant Application) Yellow = Warrants Section Pink = Central Records

SUSPECT/OFFENDER: Cain
 Aubrey
 Tara
 COURT CASE/WARRANT #: _____
 (FOR WARRANTS USE ONLY)

SCANNED
 OCT 19 2023



Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
I/E Exemptions	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel	
	<input type="checkbox"/>	119.071(2)(e)	Confession	
Public Info. Exemptions	<input type="checkbox"/>	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	
	<input type="checkbox"/>	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	<input type="checkbox"/>	119.0712(2)	Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	316.650(11)	Driver information contained in a uniform traffic citation	
	<input type="checkbox"/>	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	<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"/>	(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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

REVIEW COMPLETED BY

Booking Number: 2023027557	Date: 10/19/2023
	Specialist Name/ID#: MTools #8557

SCANNED

OCT 19 2023