

J# 0540831 23mm4271

P# 3991

ADMINISTRATIVE	OBTS Number	Arrest / Notice to Appear Juvenile Referral Report		1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1 <input checked="" type="checkbox"/> Juvenile <input type="checkbox"/>		
	Agency ORI Number FL 0502700	Agency Name PALM SPRINGS POLICE DEPARTMENT		Agency Report Number 82- 23-011924		Marsy's Law CVI FL Const. Art.1 § 16(b)		
	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		Weapon Seized / Type N/A		Multiple Clearance Indicator		
Location of Arrest (Including Business Name) 2761 TROUBADOUR ST, PALM SPRINGS, FL 33461				Location of Offense (Business Name, Address) 2761 TROUBADOUR ST, PALM SPRINGS, FL 33461				
Date of Arrest 5/28/23		Time of Arrest 0316HRS		Booking Date		Booking Time		
Jail Date		Jail Time		Location of Vehicle				
DEPENDANT	Name (Last, First, Middle) CADENA, DANIEL ALBERTO							Alias
	Race: W - White I - American Indian B - Black O - Oriental/Asian		Sex M	Date of Birth 08/18/1984	Height 5'06"	Weight 190	Eye Color BROWN	Hair Color BLACK
	Complexion MEDIUM		Build SMALL		Scars, Marks, Tattoos, Unique Physical features (Location, Type, Description) NONE		Marital Status MARRIED	Religion CATHOLIC
	Indication Of NONE		Alcohol Influence NONE		Local Address (Street, Apt. Number) (City) (State) (Zip) 2761 TROUBADOUR ST, PALM SPRINGS, FL 33461		Phone (561) 260-4681	Residence Type: 1 City 3 Florida 2 County 4 Out of State <input checked="" type="checkbox"/>
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) SAME AS ABOVE		Phone		Address Source VERBAL			
	Business Address (Street, Apt. Number) (City) (State) (Zip) DOCTOR RUBBLE - 754 NE 36TH ST, BOCA RATON, FL 33431		Phone (561) 338-6996		Occupation DEMOLITION			
	D/L Number, State C-350-161-84-298-0, FL		INS Number		Place of Birth (City, State) MIDLAND, TX		Citizenship US	
CO-DEF	Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth		
	Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth		
JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Other <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)			Residence Phone		
	Local Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone			Notified by: (Name)		
	Date		Time		Juvencile Disposition		1. Handled/Processed within 2. TOT HRS/DYS	
	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 355-2526) informed of any change of address. <input type="checkbox"/> Yes by: (name) <input type="checkbox"/> No:								
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property		
CODE	Drug Activity S. Sell R. Smuggle K. Dispense/ M. Manufacture Z. Other N. N/A B. Buy D. Deliver Distribute Produce/ Cultivate			Drug Type N. N/A B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown C. Cocaine M. Marijuana Equipment Z. Other A. Amphetamine E. Heroin O. Opium/Deriv S. Synthetic				
	Charge Description DOMESTIC BATTERY - TOUCH OR STRIKE		Counts 1	Domestic Violence <input checked="" type="checkbox"/>	Statute Violation Number 784.03(1)(A)(1)		Violation of ORD #	
CHARGE	Drug Activity N	Drug Type N	Amount / Unit N/A	Offense Number 23-011924		Warrant / Capias Number		
	Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #	
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense Number		Warrant / Capias Number		
	Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #	
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense Number		Warrant / Capias Number		
	Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #	
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense Number		Warrant / Capias Number		
	Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #	
NOTICE TO	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court			Location (Court, Room Number, Address) TO BE SET				
	<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse side.			Court Date and Time Month: Day: Year: Time: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.				
I AGREE TO APPEAR AT THE 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)						Date Signed		
ADMIN	HOLD for other agency Name:		Signature of Arresting Officer			Name Verification (Printed by Arrestee)		
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of arresting Officer (Print) OFC. ROBLERO			(PRINT)		
	Intake Deputy M. Hunter 1206		I.D.#	Pouch #	Transporting Officer OFC. ROBLERO		I.D.# 133	Agency PSPD
Witness here if subject signed with X						Page 1 of 1		

FILED PDC - GUN CLUB
23 MAY 29 AM 6:26

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	<input type="checkbox"/> Juvenile
ADMIN	Agency ORI Number FL 0502700		Agency Name PALM SPRINGS POLICE DEPARTMENT		Agency Report Number 82- 23-011924		
	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:		
DEF	Name (Last, First, Middle) CADENA, DANIEL ALBERTO			Alias	Race W	Sex M	Date of Birth 08/18/1984
	Charge Description BATTERY (DOMESTIC) - TOUCH OR STRIKE			Charge Description			
CHARGES	Charge Description			Charge Description			
	Charge Description			Charge Description			
VICTIM	Victim's Name (Last, First, Middle) REYES VILCHE, MARIA E.			Alias	Race W	Sex F	Date of Birth 11/27/1986
	Local Address (Street,Apt,Number) (City) (State) (Zip) 2761 TROUBADOUR ST, PALM SPRINGS, FL 33461			Phone (561) 305-4066		Address Source VERBAL	
	Business Address (Street,Apt,Number) (City) (State) (Zip)			Phone		Occupation	
<p>The undersigned certifies and swears that he/she has just and reasonable grounds, and does believe the above named Defendant committed the following violation 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 acts below.</p> <p><input type="checkbox"/> Confessed to _____ admitting to the below acts. <input checked="" type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 28TH day of MAY 2023 at 02:58 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p style="text-align: right;"><input type="checkbox"/> Marsy's Law CVI FL. Const. Art.1 § 16(b)</p> <p style="text-align: center;">(PROBABLE CAUSE STATEMENT)</p>							
<p>On May 28th, 2023, at approximately 02:58 AM officers were dispatched to 2761 Troubadour St, Palm Springs, FL 33461 in reference to a domestic disturbance. The caller/victim, later verbally identified as Maria E. Reyes Vilche (DOB: 11/27/1986), called 911 and whispered to Palm Springs Dispatch that her husband/defendant, later identified as Daniel A. Cadena (DOB: 08/18/1984), battered her and he was trying to take her phone away from her.</p> <p>Upon my arrival I observed the victim outside her residence near her vehicle, she was crying and shaking. I also observed the defendant rush inside the residence as soon as I arrived. I exited my vehicle, drew my department issued firearm and ordered Cadena to exit the residence due to safety concerns and he complied. The firearm was pointed in a safe direction and not at Cadena. The defendant was then handcuffed to the rear, checked for fit and double locked, by Ofc. Saintilmon without incident.</p> <p>I spoke with the victim and observed redness near her right eye and light swelling on her right cheek. I also observed a small scratch on the bottom of her chin, she stated that it was from Cadena hitting her. The victim stated the following: Cadena and her went to a party earlier in the evening. On the way home, the defendant regurgitated inside the vehicle due to excessive drinking. Reyes Vilche became upset because her husband drinks alcohol excessively and becomes belligerent with her. When they arrived to the home, the argument continued. Cadena became belligerent with the victim to the point that he slapped her right cheek with an open hand strike. Reyes Vilche said the strike was so hard that the contact in her right eye went up her eyeball, she was later able to retrieve it prior to my arrival. Reyes Vilche told me the incident occurred in their bedroom. There was no one else in the home during the altercation. I asked Reyes Vilche if she wanted medical attention but she refused.</p> <p>I read Cadena his Miranda Warnings, he stated that he understood and wished to speak to me. Cadena informed me that he and his wife went to a party and on the way home he regurgitated inside the vehicle. He said they began arguing over him drinking excessively. Cadena admitted to drinking alcohol at the party, I noticed that Cadena had slurred speech and bloodshot eyes. Cadena denied striking the victim and stated that the incident was verbal only. I told Cadena that the victim had minor injuries on her face, but he could not explain how she got the injuries. I placed Cadena in my marked patrol vehicle and informed him that he was under arrest for battery (domestic). I transported Cadena to the Palm Springs Police Department to complete proper arrest paperwork.</p> <p>Based on my investigation and the statements provided to me, probable cause exists to charge the defendant: Daniel A. Cadena with (1) count of Battery (domestic) - Touch or Strike pursuant to F.S.S. 784.03(1)(A)(1) for actually and intentionally striking the victim's right cheek with an open hand against her will. Cadena was later turned over to the Palm Beach County Jail for booking without incident. Sgt. Kubiak #103 took photos of Reyes Vilche and attached the photos to the incident report. Reyes Vilche was also issued a domestic violence rights and remedies pamphlet.</p>							
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p style="text-align: right;"><i>[Signature]</i> #33</p> <p>Signature of Arresting/Investigating Officer</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>28TH</u> day of <u>MAY</u> 20<u>23</u> by <u>OFC. ROBLERO</u></p> <p>(Print name if Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced: <u>PERSONALLY KNOWN TO ME</u></p> <p style="text-align: center;"><u>Sgt. Kubiak #103</u></p> <p>Signature of Notary Public/Clerk of Courts/Police Officer</p>							

PALM SPRINGS POLICE DEPARTMENT
DOMESTIC VIOLENCE SUPPLEMENTAL PROBABLE CAUSE

(submit this form with the original Probable Cause affidavit)

Case #: 23-011924 Date: 05/28/2023

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

Suspect: CADENA, DANIEL ALBERTO DOB: 08/18/1984 Race: W Sex: M

Victim: REYES VILCHE, MARIA E. DOB: 11/27/1986 Race: W Sex: F

Victim and defendant relationship: MARRIED

Live Together: Yes No

Victim Statement: Yes No If yes, written recorded oral

Defendant Statement: Yes No If yes, written recorded oral

Weapons used? Yes No

Drugs/Alcohol Involved? Yes No

Prior History of Domestic Violence? Yes No

Victim Pregnant? Yes No

Do Children Live in The Home? Yes No

DCF Notified? Yes No

Act Committed in Front of Minors? Yes No

Name/DOB of Children

Medical:

Were Injuries Observed? Yes No

Was Treatment Provided? Yes No

Treated at Scene? Yes No

Treated at Hospital? Yes No

EMS/Run # _____

Hospital: _____ Physician(s): _____

Violation of No Contact Order?: Yes No

If so, Agency: _____ Case Number: _____

VICTIM EMERGENCY CONTACT INFORMATION

Name: MARCELA VILCHE

Relationship: FAMILY

Address: 6800 NW 39TH AVE LOT 285, COCONUT CREEK, FL 33073

Emergency Contact Phone Number: (561) 305-1405

Officer Name/ID: OFC. ROBLERO #133

VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER:

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 #: 23-11924 Agency: PSPD
Offense: SIMPLE BATTERY (DOMESTIC)
Suspect/Offender: CADENA, DANIEL A
D.O.B. 8/18/84 Race: W Sex: M

2. Warrant #(s): _____

3.a. Victim's name: REYES VILCHE, MARIA D.O.B. 11/27/86 Race: W Sex: F
Address: 2761 TROUBADOUR ST
City: PALM SPRINGS State: FL Zip: 33461
Home #: 561 305 4060 Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: MARCELA VILCHE
Address: 6800 NW 37TH AVE LOT 285
City: CROWN CREEK State: FL Zip: 33073
Home #: 561-305-4405 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: ROBLERO ID.# 133 Date: 5/28/23

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

(FOR WARRANTS USE ONLY) COURT CASE/WARRANT#:



**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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2023014009	Date: 05/29/23
	Specialist Name/ID: T.Howard/7185