

50.2023- CF-0007574MB

☒ Marsy's Law CVI FL Const. Art.1 § 16(b)☐ Check if Supplement is Attached1. Arrest
2. N.T.A.
3. Request for Warrant
4. Request for Capias

Juvenile

1

N

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

ADMINISTRATIVE	OBTS Number		Agency ORI Number FL0 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 0 6 1- 23-029360	
	Charge Type: Check as many as apply		☒ 1. Felony ☐ 2. Traffic Felony		☐ 3. Misdemeanor ☐ 4. Traffic Misdemeanor		☐ 5. Ordinance ☐ 6. Other	
	Location of Arrest (including Name of Business)		Location of Offense (Business Name, Address)		If Weapon Seized Enter Type		Multiple Clearance Indicator	
	Date of Arrest 01/25/2023		Time of Arrest 0002		Booking Date		Booking Time	
DEFENDANT	Name (Last, First, Middle) Blanco Escarra, Elena		Alias (Name, DOB, Soc. Sec. #, Etc.)		Race W - White B - Black O - Oriental/Asian		Sex F	
	Date of Birth 2/6/1993		Height 5'05		Weight 190		Eye Color Brown	
	Hair Color Brown		Complexion Medium		Build Medium		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None	
	Marital Status single		Religion None		Indication of Alcohol Influence Drug Influence		Y N Unk ☐ ☐ ☐	
CO-DEF	Local Address (Street, Apt. Number) 4749 N Australian Ave Apt 203, Mangonia Park, FL 33407		(City) (State) (Zip)		Phone (786) 244-1085		Residence Type: 1. City 2. County 3. Florida 4. Out of State	
	Permanent Address (Street, Apt. Number)		(City) (State) (Zip)		Phone ()		Address Source Defendant	
	Business Address (Name, Street)		(City) (State) (Zip)		Phone ()		Occupation Unemployed	
	D/L Number, State B452200935460, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) Cuba	
JUVENILE	Citizenship None citizen		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					
CHARGE	☐ Parent ☐ Legal Custodian ☐ Other		Name (Last) (First) (Middle)		Residence Phone ()		Business Phone ()	
	Address (Street, Apt. Number)		(City) (State) (Zip)		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. ☐ Yes, by: (Name) ☐ No (Reason)		School Attended		Grade		Property Crime? ☐ Yes ☐ No	
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/Deiv		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other			
	Charge Description Aggravated Battery (Domestic)		Counts 1		Domestic Violence ☐ Y ☐ N		Statute Violation Number 784.045(1)(a1)	
CHARGE	Drug Activity N		Drug Type N		Amount / Unit		Offense # 23-029360	
	Charge Description		Counts		Domestic Violence ☐ Y ☐ N		Statute Violation Number	
	Drug Activity N		Drug Type N		Amount / Unit		Offense #	
	Charge Description		Counts		Domestic Violence ☐ Y ☐ N		Statute Violation Number	
CHARGE	Drug Activity N		Drug Type N		Amount / Unit		Offense #	
	Charge Description		Counts		Domestic Violence ☐ Y ☐ N		Statute Violation Number	
	Drug Activity N		Drug Type N		Amount / Unit		Offense #	
	Charge Description		Counts		Domestic Violence ☐ Y ☐ N		Statute Violation Number	
NOTICE TO APPEAR	Location (Court, Room Number, Address)		Court Date and Time Month Day Year Time A.M. P.M.		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)	
	Date Signed 01/25/2023		Name Verification (Printed by Arrestee) (PRINT)		Signature of Arresting Officer X [Signature] 37950		Name of Arresting Officer (Print) D/S F Reid 37950	
	HOLD for other agency		Signature of Arresting Officer X [Signature] 37950		Name of Arresting Officer (Print) D/S F Reid 37950		Name of Arresting Officer (Print) D/S F Reid 37950	
	Dangerous ☐ Suicidal ☐ Other		Resisted Arrest ☐ Other		Intake Deputy I.D. # Pouch #		Transporting Officer I.D. # Pouch #	

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PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA	3 Request for Warrant 4 Request for Capias	1	Juvenile	N
ADMIN	OBTS Number		Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	
	Agency Report Number 23-029360					
CHARGES / DEF	Charge Type Check as many as apply ☒ 1 Felony ☐ 2 Traffic Felony		☐ 3 Misdemeanor ☐ 4 Traffic Misdemeanor		☐ 5 Ordinance ☐ 6 Other	
	Special Notes					
VICTIM	Name (Last, First, Middle) Blanco Escarra, Elena		Alias		Race H	Sex F
	Date of Birth 2/6/1993					
PROBABLE CAUSE STATEMENT	Charge Description Aggravated Battery (Domestic)		784.045(1)(a1)		Charge Description	
	Charge Description		Charge Description			
ADMINISTRATIVE	Victim's Name (Last, First, Middle)		Race		Sex	Date of Birth
	Local Address (Street, Apt Number)		(City)	(State)	(Zip)	Phone
		Business Address (Name, Street)		(City)	(State)	(Zip)
				(City)	(State)	(Zip)
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: ☐ committed the below acts in my presence ☒ confessed to _____ admitting to the below facts. ☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts ☐ was found to have committed the below acts, resulting from my (described) investigation. On the 24th day of January 20 23 at 2230 ☐ A.M ☒ P.M (Specifically include facts constituting cause for arrest.)						
☒ Marsy's Law CVI FL. Const. Art. 1 § 16(b) On Friday at approximately 2240 hours, I responded to _____ in reference to a Domestic Disturbance. PBSO communications advised a Spanish-speaking female requested police assistance after being involved in a physical altercation with her _____ I made contact with a Hispanic female later identified to be Elena Blanco Escarra (02/06/1993 WF) who provided a video-recorded statement which stated the following: Elena stated, shortly before deputies responded to the scene, she noticed a vehicle in the parking lot; she believed belonged to an _____ that had connections to her _____ Elena walked from the parking lot of the apartment complex to the _____ to confirm if the owner of the vehicle was at her _____ residence. Elena's _____ later identified to be _____ answered the door, and began to question why she knocked on the front door. Ms. Blanco immediately identified a Hispanic female and a Hispanic Male sitting in the living room identified to be Daliannys Sollet (01/11/2001 WF) and Alejandro Mansfarrol (09/19/2000). Ms. Blanco stated, Mr. _____ shoved her against the wall with an open hand when she began shouting and demanding to know why she was inside the residence. Mr. _____ then asked Mr. Mansfarrol to assist him as he attempted to remove Ms. Blanco from the residence by grabbing her forearms. Ms. Blanco grabbed her cell phone and struck Mr. _____ on top of his head with the corner edge, as she demanded both gentlemen release her. During the physical altercation, Ms. Blanco claimed her hair was pulled and she was struck in the ear. Mr. _____ became uncooperative and refused to make an official statement at this current time, against his _____ Elena Blanco. I attempted to make contact with Lianny Perez (07/23/2002 WF) located in Ap _____ who stated she heard a loud knock and a struggle of the incident taking place in front of the door but was unable to identify the primary aggressor at this current time. I made contact with Mr. Mansfarrol and Ms. Sollet who stated, Ms Blanco attempted to force her way into the residence when she noticed Ms. Sollet sitting in the living room when Mr. _____ initially answered the door. Both parties stated, Ms. Blanco made several attempts to strike Ms. Sollet while being restrained by Mr. _____ and Mr. Mansfarrol Ms. Blanco sustained several scratches on her left forearm and a bruised earlobe. Mr. _____ sustained a deep puncture wound on the top of his head as a result of being struck by the edge of a cell phone, and several scratches on both of his forearms.						
STATE OF FLORIDA COUNTY OF PALM BEACH <i>[Signature]</i> D/S F Reid (Signature of Arresting/Investigative Officer) The foregoing instrument was sworn to or affirmed and subscribed before me this 24 day of January 20 23 by D/S F Reid (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known LEO <i>[Signature]</i> 19409 Notary Public, Clerk of Court, Officer (F.S.S.) 19409						

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		23-029360				
CHARGES	Charge Type Check as many as apply		Special Notes					
	☒ 1 Felony ☐ 3 Misdemeanor ☐ 5 Ordinance ☐ 2 Traffic Felony ☐ 4 Traffic Misdemeanor ☐ 6 Other							
DEF	Name (Last, First, Middle)		Alias		Race	Sex	Date of Birth	
	Blanco Escarra, Elena.				H	F	2/6/1993	
CHARGES	Charge Description		Charge Description					
VICTIM	Victim's Name (Last, First, Middle)		Race		Sex	Date of Birth		
VICTIM	Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source	
VICTIM	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation	
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: ☐ committed the below acts in my presence ☒ confessed to admitting to the below facts. ☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts ☐ was found to have committed the below acts, resulting from my (described) investigation. On the <u>24th</u> day of <u>January</u>, 20 <u>23</u> at <u>2230</u> ☐ A.M. ☒ P.M. (Specifically include facts constituting cause for arrest.)								
☒ Marcy's Law CVI Fl. Const. Art.1 § 16(b) It should be noted neither party requested medical assistance for these injuries at this current time. Based on the above facts I find probable cause that Ms. Blanco violated FSS 784.045 (1) (a1) Aggravated Battery (Domestic) Ms. Blanco was taken into custody at approximately 00:02 hours. While in my custody I made sure the handcuffs were secured and fit properly, in addition to being double locked I made a level 2 notification to the Domestic violence database. Mr. _____ was given a Victims Rights Brochure which they signed for receipt and a Victim Rights notification form. The Pictures taken on scene were later uploaded to PBSO photo labs. Mr. _____ invoked Marcy's Law. Ms. Blanco was later processed and transported and turned over to the Palm Beach County Jail. This case was cleared by arrest.								
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH (Signature of Arresting/Investigative Officer) D/S F Reid							
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>24</u> day of <u>January</u>, 20 <u>23</u> by <u>D/S F Reid</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>) Notary Public, Clerk of Court, Office (F.S.S.) 147.10 19469 PAGE <u>1</u> OF <u>2</u>							

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

Suspect: Blanco Escarra, Elena, DOB: 2/6/1993 Case #: 23-029360

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

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: Cellphone

Witness: ☐ Yes ☐ No Name: None

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

Injuries: ☒ Yes ☐ No Description: Puncture wound on top of the head, several scratches on the forearm.

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: N/A Phone () -

Address: _____

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 #: 23-029360 Agency: PBSO
Offense: Aggravated Battery (Domestic)
Suspect/Offender: Blanco Escarra, Elena,
D.O.B. 2/6/1993 Race: H Sex: F
2. Warrant # (s): _____
- 3.a. Victim's name: [REDACTED] D.O.B. [REDACTED] Race: [REDACTED] Sex: [REDACTED]
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 F Reid

I.D.# _____

Date: 01/25/2023

White/Corrections or State Attorney (Warrant Application)
PBSO 00029A REV. 4199

Yellow/Warrants Section

Pink/Central Records

SUSPECT/OFFENDER: **Blanco Escarra, Elena,** COURT CASE/WARRANT# _____
(FOR WARRANTS USE ONLY)

NOT A CERTIFIED COPY

SÍRVASE CORTAR POR AQUÍ

OFICINA DEL ALGUACIL DEL CONDADO DE PALM BEACH
CONDADO DE PALM BEACH EN EL ESTADO DE FLORIDA

EEI día 24, del mes de January, en el año 20 23, Yo [Redacted]
(FECHA) (NOMBRE DE VÍCTIMA EN LETRAS DE MOLDE)

He recibido copia del folleto de DERECHOS DE VÍCTIMA. NÚMERO DE CASO DE PBSO: 23-089360
(NOMBRE DEL ALGUACIL O ASISTENTE)

Firma de la Víctima

Firma de D/S

Número de Identificación

37930

1. ☒ SI - Como víctima de acoso (FSS 784.048(2)), agresión sexual, abuso de menor agravado, violencia de familia, acoso agravado (FSS 784.048 (3) (4)) o violencia física agravada (FSS 784.045), por este medio solicito que el número de teléfono de mi hogar y el de mi empleo, al igual que mi domicilio y lugar de empleo, y que mis bienes personales sean suprimidos de mis expedientes; queda solicitado conforme a la petición de récord público por un período de cinco (5) años a partir de la fecha en este formulario.

2. ☒ SI - Yo, solicito confidencialidad, conforme a la Marsy's Law (Ley de Marsy), de la Constitución del Estado de Florida, Artículo 1, §16(b), conforme a lo siguiente:

Como víctima, yo tengo el derecho amparado por la Constitución del Estado de Florida, a prevenir la divulgación de cierta información o expedientes que pudiesen usarse para localizar o acosarme a mí o a mi familia, o que podría divulgar información confidencial o privilegiada acerca de mi persona. Por este medio solicito que mi dirección electrónica, mi número de teléfono y el de mi trabajo, al igual que los domicilios míos y el de mi familia sean suprimidos de mis expedientes, si es que mis expedientes son solicitados conforme a la petición de expedientes públicos.

FILED
2023 JAN 25 AM 7:21
CLERK OF COURT
Palm Beach County, Florida



**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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☒	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	1-6
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐	119.071(2)(j)	Other: VICTIM OF SPECIFIED CRIMES	
	☒	FL Constitution, Article 1, 16(b)	Other: MARSYS LAW	1-7

REVIEW COMPLETED BY

Booking Number: 2023002349	Date: 1/25/2023
	Specialist Name/ID: M. Tooks #8557