

054663 23MM-4048AM 3069

☐ Morsy's Law CVI FL Const. Art. 1 § 16(b)		ARREST / NOTICE TO APPEAR Juvenile Referral Report		☐ Check if Supplement is Attached	
CIBTS Number		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias	
Agency ORI Number FL01 5 0 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 0 6 - 23070598	
Charge Type: Check as many as apply: ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other WARRANT		If Weapon Seized		Multiple Charge Indicator	
Location of Arrest (Including Name of Business) 416 NORTH LAKESIDE DRIVE, LAKE WORTH BCH, FL 33460		Location of Offense (Business Name, Address) 416 NORTH LAKESIDE DRIVE, LAKE WORTH BCH, FL 33460			
Date of Arrest 05/21/2023		Time of Arrest 2226		Booking Date 05/21/2023	
Booking Time		Jail Date		Jail Time	
Location of Vehicle		N/A			
Name (Last, First, Middle) TORIBIO ELIANA		Alias (Name, DOB, Soc. Sec. #, Etc.) //			
Race W - White O - Oriental/Asian W		Sex F		Date of Birth 03/19/1990	
Height 5'5		Weight 175		Eye Color Brown	
Hair Color Black		Complexion LIGHT		Build MED	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) BACK, RIGHT WRIST, LEFT PELVIC		Marital Status S		Religion CHRISTIA	
Local Address (Street, Apt. Number) 101 N BROUGHTON CIRCLE		(City) BOYNTON BEACH		(State) FL 33436	
Permanent Address (Street, Apt. Number) 101 N BROUGHTON CIRCLE		(City) BOYNTON BEACH		(State) FL 33436	
Business Address (Name, Street) ()		(City) ()		(State) ()	
D/L Number, State T-610-200-90-599-0		Soc. Sec. Number ()		INS Number ()	
Place of Birth (City, State) MANHATTEN, NEW Y		Citizenship USA			
Co-Defendant (Last, First, Middle) ()		Race ()		Sex ()	
Co-Defendant (Last, First, Middle) ()		Date of Birth ()		1. Arrested 2. At Large	
Parent Name (Last) ()		(First) ()		(Middle) ()	
Legal Custodian Other: ()		Residence Phone ()		Business Phone ()	
Address (Street, Apt. Number) ()		(City) ()		(State) ()	
Notified by: (Name) ()		Date ()		Time ()	
Released to: (Name) ()		Relationship ()		Date ()	
Time ()		Juvenile Disposition 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated		Grade	
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 (888) 355-8811) informed of any change of address. ☐ Yes, by: (Name) ()		School Attended ()		Grade ()	
Property Crime? ☐ Yes ☐ No		Description of Property ()		Value of Property ()	
Drug Activity N/A		S. Sell S. Buy T. Traffic		R. Smuggle D. Deliver E. Use	
K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other	
Drug Type N/A		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana Q. Opium/Deriv.	
P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other			
Charge Description BATTERY DOMESTIC		Counts 1		Domestic Violence ☐ Y ☐ N	
Statute Violation Number 784.03(1a1)		Violation of ORD # ()		Bond ()	
Drug Activity N/A		Drug Type N/A		Amount / Unit ()	
Offense # 23070598		Warrant / Capias Number ()		Bond ()	
Charge Description ()		Counts ()		Domestic Violence ☐ Y ☐ N	
Statute Violation Number ()		Violation of ORD # ()		Bond ()	
Drug Activity ()		Drug Type ()		Amount / Unit ()	
Offense # ()		Warrant / Capias Number ()		Bond ()	
Charge Description ()		Counts ()		Domestic Violence ☐ Y ☐ N	
Statute Violation Number ()		Violation of ORD # ()		Bond ()	
Drug Activity ()		Drug Type ()		Amount / Unit ()	
Offense # ()		Warrant / Capias Number ()		Bond ()	
Location (Court, Room Number, Address) ()					
Court Date and Time Month Day Year Time A.M. PM.					
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 Parents/Custodian) ()					
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 Creating Officer ()		Name Verification (Printed by Arrestee) ()	
☐ Dangerous ☐ Suicidal		☐ Repeated Arrest ☐ Other		(PRINT)	
Name of Arresting Officer (Print) DARREN SMITH		LD. # 17626		PAGE 1	
Intake Deputy Spann 8101		LD. # ()		Pouch # ()	
Transporting Officer DARREN SMITH		LD. # ()		Agency PBSO	
Witness here if subject signed with ()					

		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA		3 Request for Warrant 4 Request for Copies		☐ Juvenile	
ADMIN	ORTS Number _____		Agency ORS Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 23070598		
	Charge Type ☐ 1 Felony ☐ 2 Traffic Felony		☐ 3 Misdemeanor ☐ 4 Traffic Misdemeanor		☐ 5 Ordinance ☐ 6 Other		Special Notes _____		
DEF	Name (Last, First, Middle) TORIBIO		Alias ELIANA		Race W		Sex F		Date of Birth 03/19/1990
	Charge Description 784.03(1a1)		Charge Description _____		Charge Description _____		Charge Description _____		Charge Description _____
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. ☐ 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 <u>21st</u> day of <u>May</u> 20 <u>23</u> at <u>9:30</u> ☐ A.M ☒ P.M (Specifically include facts constituting cause for arrest.)									
☐ Marry's Law CVI FL Const. Art. 1 § 10(b) On May 21 at approximately 9:30pm, I was dispatched to _____ City of Lake Worth Beach, Palm Beach County, Florida in reference to a disturbance. On my arrival, I met with Eliana Toribio (03/19/1990) who told me that she and _____ were arguing about her being video recorded on his phone. Ms. Toribio said that during the argument she slapped _____ on the left side of his face with the palm of her hand. Based on her admission, there is probable cause to charge Ms. Toribio with Battery Domestic for intentionally touching/striking _____ against his will in violation of FSS 784.03 (1a1).									
NOT A CERTIFIED COPY									
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH _____ (Signature of Arresting/Investigative Officer)								
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>21</u> day of <u>May</u> 20 <u>23</u> by <u>D. SMITH</u> (Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced)								
History Public, Clerk of Court, Officer (F.S.S. 117.1D) <u>#24314</u>									PAGE 1 OF 1

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: TORIBIO ☒ ELIANA ☒ // **DOB:** 03/19/1990 **Case #:** 23070598

Name (Last, First, Middle)
Victim: [REDACTED] **Race:** W **Sex:** M

Relationship between Victim and Defendant: _____

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

911 Call: ☒ Yes ☐ No **Caller:** _____

Weapon Used: ☐ Yes ☐ No **Type:** _____

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

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

Injuries: ☐ Yes ☐ No **Description:** _____

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: _____

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** [REDACTED]

Observations of Victim (Physical & Emotional) _____

Upset ☒ **Crying** ☐ **Fearful** ☐ **Hysterical** ☐ **Afraid** ☐ **Calm** ☐ **Nervous** ☐

Complained of pain ☐ **Other** ☐

Victim Contact Information: (Last) [REDACTED]

Local Address: [REDACTED]

Phone: [REDACTED]

Employer: _____ (Employer Address) _____

Name of Relative: (Last) _____ (First) _____ **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
- 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 #: 23070598 Agency: PBSO
Offense: BATTERY DOMESTIC
Suspect/Offender: Name (Last) TORIBIO (First) ELIANA (Middle) //
D.O.B. 03/19/1990 Race: W Sex: F

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

3.a. Victim: [REDACTED]
Address: [REDACTED]
City: [REDACTED]
Home #: [REDACTED] Work #: [REDACTED] Other: [REDACTED]

b. Victim's next of kin, friend or neighbor: (Last) (First)
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip: [REDACTED]
Home #: [REDACTED] Work #: [REDACTED] Other: [REDACTED]

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: [REDACTED]

Printed name of person waiving notification: Name (Last, First) [REDACTED]

Deputy's Name: DARREN SMITH I.D. # 17626 Date: 05/21/2023

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records



**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.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2023013368	Date: 5/22/2023
	Specialist Name/ID: R.Castro/40259

SCANNED
MAY 22 2023