0542615 23mm6693mB NR P# 2729

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

☐ Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias | 01 | Juvenile | N

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	0 6 - 23-099388

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

If Weapon Seized — Enter Type

Multiple Clearance Indicator: 0 1

Location of Arrest (including Name of Business)	Location of Offense (Business Name, Address)
20836 CONCORD GREEN DR W, BOCA RATON FL 33433	20836 CONCORD GREEN DR W , BOCA RATON FL 33433

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
08/14/2023	0838					

DEFENDANT

Name (Last, First, Middle): CERDENA MELGAR, MANUEL,

Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	12/6/1976	5'7	UK 145	Brown	Black	Light	Medium

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): N/A

Marital Status: Divorced | Religion: CATHOLIC | Indication of: Alcohol Influence ☐Y ☐N ☐Unk, Drug Influence ☐Y ☐N ☐Unk

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
20836 CONCORD GREEN DR W, BOCA RATON FL 33433	(305) 343-2239	02

Permanent Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
20836 CONCORD GREEN DR W, BOCA RATON FL 33433	( )	FCIC/NCIC

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

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
C635556764460,	[redacted]		Peru	U.S

CO-DEF

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: 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. ☐ Yes, by: (Name) ☐ No (Reason) — School Attended — Grade

Property Crime? ☐ Yes ☐ No — Description of Property — Value of Property

CODE

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. Synthetic, U. Unknown, Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Battery (Domestic)	01	☒Y ☐N	784.03(1)(A)(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		23-099388		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

VICTIM NOTIFICATION REQUIRED

NOTICE TO APPEAR

Location (Court, Room Number, Address)

FILED PBC - CLERK CIR CT
'23 AUG 15 AM 8:05

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: 08/14/2023

ADMIN

HOLD for other agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy I.D. # Pouch #

Signature of Arresting Officer

Name of Arresting Officer (Print): Deputy Bethel #26689 I.D. # 3140

Transporting Officer I.D. # Agency

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X"

PAGE ____ OF ____

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ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT

1 Arrest 2 NTA | 3 Request for Warrant 4 Request for Capias | 01 | Juvenile: N

Agency ORI Number	Agency Name	Agency Report Number
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	23-099388

Charge Type (Check as many as apply): ☐ 1 Felony ☐ 2 Traffic Felony ☒ 3 Misdemeanor ☐ 4 Traffic Misdemeanor ☐ 5 Ordinance ☐ 6 Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
CERDENA MELGAR, MANUEL,		W	M	12/6/1976

CHARGES

Charge Description	Charge Description
Battery (Domestic) 784.03(1)(A)(1)	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
[redacted]	W	F	[redacted]

Home Address (Street, Apt Number)	(City)	(State)	(Zip)	Phone	Address Source
[redacted]				[redacted]	

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

PROBABLE CAUSE STATEMENT

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 [redacted] who told [redacted] 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 August day of 14 20 23 at 0932 hrs ☒ A.M ☐ P.M (Specifically include facts constituting cause for arrest.)

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

On August 14, 2023, at approximately 0825 hours. I responded to [redacted] in unincorporated [redacted] about a Domestic Battery.

Upon arrival at the scene, I spoke with [redacted] who stated that she got into an argument with Manuel Cerdena Melgar [redacted] over how she talked to [redacted] During the altercation, [redacted] said Manuel became violent, threw her on the [redacted] several times, and held her down. At some point, while on the [redacted] Manuel took her glasses off her face and broke them. [redacted] stated that Manuel threw her on the floor and choked her twice while on the ground. He grabbed her wrist and hands when she got off the floor to call 911. I did not observe any marks on [redacted] neck and wrists.

After that, I read Manuel Cerdena Meglar Miranda Warning Rights. " He declined to speak about the incident and wanted to speak with an attorney." That concluded his statement.

Due To the above Aforementioned Facts, I Find Probable Cause Does Exist to Arrest Manuel Cerdena Meglar, DOB:12/06/1976, with the Violation of Florida State Statute 784.03(1)(A)(1) Domestic Battery. [redacted] completed a sworn statement with a body-worn camera. A PBSO Victim Rights Brochure and Case Information Form were provided to the victim. Photos were taken by taken and uploaded to the Domestic Violence portal. I did not see any visible marks on [redacted] person. Deputy Lopez #9018 advised she had minor grab marks under the shirt while taking the photos. A Domestic Advocate (Level 2) notification was submitted. Manuel was immediately handcuffed, double-locked, checked for proper spacing, and placed into my marked patrol vehicle. Manuel was transported to Main Jail without further incident.

This is cleared by arrest.

D/S Bethel #26689

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ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

Bethel Troiana C. (Signature of Arresting Investigative Officer)

Digitally signed by Bethel, Troiana C.
Date: 2023.08.14 08:32:31 -04'00'

Deputy Bethel #26689

The foregoing instrument was sworn to or affirmed and subscribed before me this 14th day of August 20 23 by Sworn Deputy

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____

D/S Anna Lopez 9018
Notary Public, Clerk of Court, Officer (F.S.S). 117.10

PAGE ___ OF ___

DISTRIBUTION WHITE – Court Copy GREEN – State Attorney YELLOW – Agency PINK – Agency

PBSO #0004 REV. 04/22

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Suspect: CERDENA MELGAR, MANUEL, **DOB:** 12/6/1976 **Case #:** 23-099388

Victim: [redacted] **DOB:** [redacted] **Race:** W **Sex:** F

Relationship between Victim and Defendant: _____

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

911 Call: ☒ Yes ☐ No **Caller:** [redacted]

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

Witness: ☐ Yes ☒ No **Name:** _____

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

Injuries: ☒ Yes ☐ No **Description:** Small marks under the shirt

Medical Treatment: ☐ Yes ☒ No

At Scene: ☐ Yes ☒ No **Paramedics:** N/A

At Hospital: ☐ Yes ☒ No **Hospital:** N/A **Physician:** N/A

Are Children Living in Home? ☒ Yes ☐ No **DCF Notified?** ☒ Yes ☐ No

Name: [redacted] **DOB:** [redacted]

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: They got into an argument and she grabbed his shirt and pants.

Victim's Statements ☒ Yes ☐ No **If yes,** ☐written ☐recorded ☐oral

First words Victim said when you responded to scene: He chocked me

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: N/A

Name of Relative: N/A **Phone** (___)_____-_____

Address: _____

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VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been commited:

- **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.

SUSPECT/OFFENDER: **CERDENA MELGAR, MANUEL,** COURT CASE/WARRANT#. _____ (FOR WARRANTS USE ONLY)

1. Incident Report #: **23-099388** Agency: _____
   Offense: **Battery (Domestic)**
   Suspect/Offender: **CERDENA MELGAR, MANUEL,**
   D.O.B. **12/6/1976** Race: **W** Sex: **M**

2. Warrant # (s): _____

3.a. Victim's name: [redacted] D.O.B. [redacted] ace: W Sex: F
   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: **Sworn Deputy** I.D.# **9140** Date: **08/14/2023**

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

PBSO 00029A REV. 4199

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PALM BEACH COUNTY SHERIFF'S OFFICE (PBSO)

CASE INFORMATION FORM ( ) Check if Criminal Case

Date:	Case #:
1/2023	23-094388

Deputy:	ID#:	Dist. / Div.	Phone:	Case Type/Offense/Crime:

( ) Victim ( ) Witness • Name (Last, First, M.):	Race:	Sex:	D.O.B.:	Primary Phone:
[redacted]			[redacted]	[redacted]

Victim/Witness Address:	Email:	Secondary Phone:
[redacted]		

CHECK AND INITIAL APPLICABLE SECTIONS

☑ VICTIM / WITNESS RIGHTS BROCHURE – ACKNOWLEDGEMENT

***TO BE PROVIDED TO ALL CRIME VICTIMS AND/OR WITNESSES* (PBSO #0147)**

I, **[Initials** [redacted]**]**, have received a copy of the Victim Rights Brochure and/or acknowledge I can view electronically via **www.pbso.org**.

☐ VICTIM NOTIFICATION (V.I.N.E.)

REQUIRED IF ARREST OR WARRANT FOR HOMICIDE, ATTEMPTED MURDER, SEXUAL OFFENSES, ATTEMPTED SEXUAL OFFENSES, STALKING, DOMESTIC/DATING VIOLENCE - TO INCLUDE ANY ASSAULT, AGG. ASSAULT, BATTERY, AGG. BATTERY, SEXUAL ASSAULT, SEXUAL BATTERY, STALKING, AGG. STALKING, VIOLATION OF NCO OR INJUNCTION, 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.

Suspect Name (Last, First, M.):	Race:	Sex:	D.O.B.:

I understand that I may be notified when the arrestee is released from PBSO custody at the phone number I provided above.
I request the following person be notified if I was not contacted (optional):

Name: _____ Address: _____ Primary Phone: _____
(next of kin/neighbor/friend/etc.)

(optional) I choose **NOT** to be notified when the arrestee is released from custody. **[Initial**_____**]**

Deputy to check one: ( ) ARREST or ( ) WARRANT # _____

☑ MARSY'S LAW – CONFIDENTIAL VICTIM INFORMATION – FL Constitution, Article 1, §16(b)

MUST BE LISTED AS A "VICTIM" IN AN OFFENSE REPORT (or next of kin); NOT A BUSINESS, COMPLAINANT OR OTHER

I, **[Initials** [redacted]**]** request confidentiality pursuant to Marsy's Law, FL Constitution, Article 1, §16(b) as provided below:
As a victim, I have the right under the Florida Constitution to prevent the disclosure of certain information or records that could be used to locate or harass me or my family, or which could disclose confidential or privileged information about me. I do hereby request that the email address, phone number, and work and business addresses of me and my family be redacted from my records indefinitely, if my records are requested pursuant to a public records request.

☑ CONFIDENTIAL VICTIM INFORMATION – FS 960

MUST BE LISTED AS A "VICTIM" IN AN OFFENSE REPORT (or next of kin); NOT A BUSINESS, COMPLAINANT OR OTHER

I, **[Initials** [redacted]**]**, as a victim (or spouse/former spouse) of Harassment (FSS 784.048(1)(a)), Sexual Battery, Aggravated Child Abuse, Domestic Violence (live together, lived together or have a child in common), Aggravated Stalking (FSS 784.048 (3)(4)), or Aggravated Battery (FSS 784.045), I do hereby request that my home and employment telephone number, home and employment address, and personal assets be redacted from my records requested pursuant to public records request for a period of five (5) years from the date noted on this form.

☐ PUBLIC RECORDS ACT (EXEMPTION) - FS 119.071(4)(d)

MUST FIT THE CRITERIA DESCRIBED

I, **[Initials**_____**]**, attest that I am an individual exempt under FS 119.071(4)(d) (to include a spouse or child of), a current or former Law Enforcement Officer, Firefighter, Justice or Judge, General Magistrate, Code Enforcement Officer, Child Enforcement Hearing Officer, State Attorney, Public Defender, U.S. Attorney, U.S. Judge, U.S. Magistrate, or other authorized person and hereby request my information be redacted from public record.

CURRENT or FORMER exempt position: _____ Name of current or last agency: _____

SIGN BELOW

I have read and initialed the applicable section(s) and sign of my own free will (if a minor, a parent or guardian must sign):

MY SIGNATURE: X [redacted] Date: 1/2023

Print Parent/Guardian/Next of Kin name (if applicable):

Deputy Signature: _____ ID#: _____

▶ ***If Criminal Case:***

Scanned to Victim Advocate by ID#: _____

WHITE – CENTRAL RECORDS YELLOW – CORRECTIONS PINK – VICTIM/WITNESS

PBSO#0028 REV.07/23

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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.	1-2
	☐	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.	3-7
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☒	FL CONNSTITUTION ARTICLE 1,16(b)	Other: MARSY'S LAW	3-7
	☐	316.650(b)	Other: Driver information contained in a uniform traffic citation	

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REVIEW COMPLETED BY

Booking Number: 2023021160	**Date:** 8/15/2023
	Specialist Name/ID: Pinkneya/7796