FILED PBC WEST COUNTY
'24 FEB 12 AM 7:44

0512665/1027

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

☐ Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 | Juvenile: N

ADMINISTRATIVE

OBTS Number

Agency ORI Number: FL0 5 0 0 0 0 0 | Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number: 0 6 - 24033509

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: 1

Location of Arrest (including Name of Business): [redacted]

Location of Offense (Business Name, Address): [redacted]

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
02/11/24	1330					

DEFENDANT

Name (Last, First, Middle): INSUASTI, STIVENS

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	7/22/89	5-10	250	BROWN	BROWN	MEDIUM	LARGE

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)

Marital Status: Married | Religion: None | Indication of Alcohol Influence: N | Drug Influence: N

Local Address (Street, Apt. Number) (City) (State) (Zip): [redacted]

Mobile Phone: [redacted]

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 1

(Zip) | Phone | Address Source: VERBAL

Business Address (Name, Street) (City) (State) (Zip) | Phone | Occupation: NONE

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
I522780892620	[redacted]		UNK Cali, Colombia	UNK USA

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)	1	☒ Y ☐ N	784.03(1A1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N		NA	24033509		0

CHARGE

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		☐ Y ☐ N		

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

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		☐ Y ☐ N		

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

NOTICE TO APPEAR

Location (Court, Room Number, Address): TBD

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: 02/11/24

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

ADMIN

HOLD for other agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy | I.D. # | Pouch #

Signature of Arresting Officer: X

Name of Arresting Officer (Print): DS ITH, S. | I.D. #: 9544

Transporting Officer: DS ITH, S. | I.D. #: 9544 | Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X"

PAGE 1 OF 1

PBSO #0148 REV. 01/23 DISTRIBUTION: COURT COPY STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

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PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

Juvenile: N

ADMIN

Agency ORI Number: FLO 500000

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 06- 24033509

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
INSUASTI, STIVENS		W	M	7/22/89

CHARGES

BATTERY (DOMESTIC)	784.03(1A1)

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
URIBE, LAURA V	W	F	11/6/95

Local Address (Street, Apt. Number) [redacted] (City) (State) (zip) Phone [redacted] Address Source: VERBAL

Business Address (Name, Street) (City) (State) (zip) Phone Occupation: NONE

PROBABLE CAUSE STATEMENT

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.
☐ 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 commited the below acts, resulting from my (described) investigation.

On the 11TH day of FEBRUARY 2024 at 1300 ☐ A.M. ☒ P.M. (Specifically include facts constituting cause for arrest.)

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

On 2/11/24 at 1300 hours, I repsonded to [redacted] in reference to a domestic battery.

Upon arrival, I met with the victim Laura Uribe who requested a Spanish translator. DS Jaime #34172 responded to the scene for translation. Uribe stated she got into an argument with her husband, Stivens Insuasti over a bracelet. She handed him the bracelet in a jewelry box that he accused her of stealing. He struck her in the face with the jewelry box causing a small red mark under her chin. She immediately took photos of her injury and sent it to his mother in a text message. By the time I interviewed her the red mark was mostly gone.

We then spoke with Stivens Insuasti. He was intoxicated and was slurring his speech. He stated multiple times to just take him to jail. He stated he did not hit her. DS Paulson stated Insuasti made an excited utterance to him that he punch his wife.

Based on the information provided, I found probable cause to arrest Stivens Insuasti for domestic battery pursuant to FSS 784.03(1a1). When removing the contents from his pockets, the jewelry box was located in his right front pocket. He was placed in handcuffs and they were checked for tightness, fit and double locked. He was placed in the back of my patrol vehicle and transported to west county jail.

DS Paulson submitted a level 2 domestic notification. He also completed a victim rights form and gave the victim a victim rights brochure.

DS Jaime #34172 submitted photos to evidence.

DCF was notified given their 2 daughters, [redacted] and [redacted] were home but did not witness anything.

BWC was utilized. A log entry was completed. This case was cleared by arrest.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH
DS ITH, S. (ID #) 9544
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 11th day of February 20 24 by DS ITH, S. 9544
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN LEO

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

PAGE 1 OF 1

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PALM BEACH COUNTY SHERIFF'S OFFICE (PBSO)
CASE INFORMATION FORM

Date:	Time:	Case #:
2/16/24	1835	24-[illegible]

CHECK ONE: ☒ PERSON CRIME ☐ PROPERTY CRIME ☐ NON-CRIME CASE

Deputy:	ID#:	Dist. / Div.	Phone:	Case Type/Offense/Crime (do not use signal code):
[illegible]	9544	8	[illegible]447	BATTERY (DV M)

☒ Victim ☐ Witness • Name (Last, First, M.):	Race:	Sex:	D.O.B.:	Phone:
LAUREN V URIBE	W	F	11/6/95	[redacted]

Victim/Witness Address:	City/State/Zip
[redacted]	

DEPUTY TO VERIFY AND CHECK APPLICABLE BOX(ES) – VICTIM/WITNESS TO INITIAL APPLICABLE SECTIONS – WRITE LEGIBLY

A ☑ VICTIM / WITNESS RIGHTS BROCHURE – ACKNOWLEDGEMENT

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

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

B ☑ VICTIM NOTIFICATION (V.I.N.E.) – FOR CORRECTIONS TO CONTACT VICTIM UPON JAIL RELEASE

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.:
[illegible]	W	M	[illegible]

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 #_____

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

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

I, **[Initials_____]** 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.

D ☑ CONFIDENTIAL VICTIM INFORMATION – FS 960 – ONLY APPLIES TO SPECIFIC CRIMES LISTED BELOW

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

I, **[Initials** LVU**]**, 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.

E ☐ AUTHORIZED RECORD EXEMPTION(S) - PUBLIC RECORDS ACT - FS 119.071(4)(d) – VERIFY EMPLOYMENT

CRIME OR NON CRIME REPORT - 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 _____ Date: _____

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.09/23

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Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	
	☐	119.071(2)(e)	Confession	
Public Info. Exemptions	☐	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)	
	☐	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	
	☐	119.0712(2)	Personal information contained in a motor vehicle record	
	☐	316.650(11)	Driver information contained in a uniform traffic citation	
	☐	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	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☒	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request	1-4
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	
	☐			
	☐			
Other	☐			
	☐			
	☐			
	☐			

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REVIEW COMPLETED BY

Booking Number: 2024003887 WDC	**Date:** 2/12/2024
	Specialist Name/ID#: MTooks #8557