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|                                                                    |                                                                                                                                                                                                                                                                                                                   |  |                                                         |  |                                                                                                                                                                                |  |                                                                                                              |  |                                                                                                                                                                                                       |  |                                                                                       |          |                            |  |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------|----------|----------------------------|--|
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>O<br>N | ORTS Number                                                                                                                                                                                                                                                                                                       |  | ARREST / NOTICE TO APPEAR                               |  |                                                                                                                                                                                |  | 1. Arrest<br>2. NTA                                                                                          |  | 3. Request for Warrant<br>4. Request for Capias                                                                                                                                                       |  | 1                                                                                     | JUVENILE |                            |  |
|                                                                    | Agency ORI Number<br><b>0500800</b>                                                                                                                                                                                                                                                                               |  | Agency Name<br><b>West Palm Beach Police Department</b> |  |                                                                                                                                                                                |  | Agency Report Number (N.T.A.'s only)<br><b>9 4 2019-0017928</b>                                              |  |                                                                                                                                                                                                       |  |                                                                                       |          |                            |  |
|                                                                    | Charge Type<br>Check as many as apply:<br><input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input checked="" type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |  | If Weapon Seized<br>Enter Type <b>BLUNT OBJECT</b>      |  | Multiple Clearance Indicator                                                                                                                                                   |  |                                                                                                              |  |                                                                                                                                                                                                       |  |                                                                                       |          |                            |  |
|                                                                    | Location of Arrest (Including Name of Business)<br><b>345 30TH ST West Palm Beach FL 33405</b>                                                                                                                                                                                                                    |  |                                                         |  |                                                                                                                                                                                |  | Location of Offense (Business Name, Address)<br><b>345 30TH ST, WEST PALM BEACH, FL 33405</b>                |  |                                                                                                                                                                                                       |  |                                                                                       |          |                            |  |
| D<br>E<br>F<br>E<br>N<br>D<br>A<br>N<br>T                          | Date of Arrest<br><b>10/18/2019</b>                                                                                                                                                                                                                                                                               |  | Time of Arrest<br><b>23:23</b>                          |  | Booking Date<br><b>10/18/2019</b>                                                                                                                                              |  | Booking Time<br><b>23:33</b>                                                                                 |  | Jail Date                                                                                                                                                                                             |  | Jail Time                                                                             |          |                            |  |
|                                                                    | Name (Last, First, Middle)<br><b>TAILLEUX, ALIX ELEANOR</b>                                                                                                                                                                                                                                                       |  | Alias (Name, DOB, Soc. Sec. #, Etc.)                    |  |                                                                                                                                                                                |  |                                                                                                              |  |                                                                                                                                                                                                       |  |                                                                                       |          |                            |  |
|                                                                    | Race<br>W - White<br>B - Black<br>O - Oriental Asian<br><b>W</b>                                                                                                                                                                                                                                                  |  | Sex<br><b>F</b>                                         |  | Date of Birth<br><b>02/06/1992</b>                                                                                                                                             |  | Height<br><b>5'05</b>                                                                                        |  | Weight<br><b>110</b>                                                                                                                                                                                  |  | Eye Color<br><b>BROWN</b>                                                             |          | Hair Color<br><b>BROWN</b> |  |
|                                                                    | Complexion<br><b>LIGHT</b>                                                                                                                                                                                                                                                                                        |  | Build<br><b>Small</b>                                   |  | Marital Status<br><b>S</b>                                                                                                                                                     |  | Religion                                                                                                     |  | Indication of Alcohol Influence<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>                                                                   |  |                                                                                       |          |                            |  |
| C<br>O<br>D<br>E<br>S                                              | Local Address (Street, Apt. Number)<br><b>345 30TH ST, WEST PALM BEACH, FL 33405</b>                                                                                                                                                                                                                              |  | (City)                                                  |  | (State)                                                                                                                                                                        |  | (Zip)                                                                                                        |  | Phone<br><b>(603) 892-0040</b>                                                                                                                                                                        |  | Residence Type<br>1. City 3. Florida<br>2. County 4. Out of State<br><b>4</b>         |          |                            |  |
|                                                                    | Permanent Address (Street, Apt. Number)<br><b>345 30TH ST, WEST PALM BEACH, FL 33405</b>                                                                                                                                                                                                                          |  | (City)                                                  |  | (State)                                                                                                                                                                        |  | (Zip)                                                                                                        |  | Phone<br><b>(603) 892-0040</b>                                                                                                                                                                        |  | Address Source<br><b>VERBAL</b>                                                       |          |                            |  |
|                                                                    | Business Address (Name, Street)<br><b>TABOO,</b>                                                                                                                                                                                                                                                                  |  | (City)                                                  |  | (State)                                                                                                                                                                        |  | (Zip)                                                                                                        |  | Phone<br><b>(603) 892-0040</b>                                                                                                                                                                        |  | Occupation                                                                            |          |                            |  |
|                                                                    | DL Number, State<br><b>T420005925460 / FL</b>                                                                                                                                                                                                                                                                     |  | Sec. Sec. Number                                        |  | INS Number                                                                                                                                                                     |  | Place of Birth (City, State)<br><b>FRANCE, France</b>                                                        |  | Citizenship<br><b>FR</b>                                                                                                                                                                              |  |                                                                                       |          |                            |  |
| J<br>U<br>V<br>E<br>N<br>I<br>L<br>E                               | Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                           |  | Race                                                    |  | Sex                                                                                                                                                                            |  | Date of Birth                                                                                                |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large<br><input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |  |                                                                                       |          |                            |  |
|                                                                    | Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                           |  | Race                                                    |  | Sex                                                                                                                                                                            |  | Date of Birth                                                                                                |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large<br><input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |  |                                                                                       |          |                            |  |
|                                                                    | <input type="checkbox"/> Parent<br><input type="checkbox"/> Other<br><input type="checkbox"/> Legal Custodian                                                                                                                                                                                                     |  | Name (Last, First, Middle)                              |  | Residence Phone                                                                                                                                                                |  |                                                                                                              |  |                                                                                                                                                                                                       |  |                                                                                       |          |                            |  |
|                                                                    | Address (Street, Apt. Number)                                                                                                                                                                                                                                                                                     |  | (City)                                                  |  | (State)                                                                                                                                                                        |  | (Zip)                                                                                                        |  | Business Phone                                                                                                                                                                                        |  |                                                                                       |          |                            |  |
| C<br>H<br>A<br>R<br>G<br>E                                         | Notified by (Name)                                                                                                                                                                                                                                                                                                |  | Date                                                    |  | Time                                                                                                                                                                           |  | JUVENILE DISPOSITION<br>1. Handled/Processed within Department and Released<br>2. TOT JAC<br>3. Incarcerated |  |                                                                                                                                                                                                       |  |                                                                                       |          |                            |  |
|                                                                    | Released To (Name)                                                                                                                                                                                                                                                                                                |  | Relationship                                            |  | Date                                                                                                                                                                           |  | Time                                                                                                         |  |                                                                                                                                                                                                       |  |                                                                                       |          |                            |  |
|                                                                    | The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents.<br>The child and/or parent was told to keep the Juvenile Court Clerk's Office<br>(Phone 355-2526) informed of any change of address.                                                    |  |                                                         |  |                                                                                                                                                                                |  |                                                                                                              |  |                                                                                                                                                                                                       |  |                                                                                       |          |                            |  |
|                                                                    | Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                               |  | Description of Property                                 |  | Value of Property                                                                                                                                                              |  |                                                                                                              |  |                                                                                                                                                                                                       |  |                                                                                       |          |                            |  |
| C<br>H<br>A<br>R<br>G<br>E                                         | Drug Activity<br>N. N/A<br>P. Possess                                                                                                                                                                                                                                                                             |  | S. Sell<br>B. Buy<br>T. Traffic                         |  | R. Snuggle<br>D. Deliver<br>E. Use                                                                                                                                             |  | K. Disposes<br>Distribute                                                                                    |  | M. Manufacture<br>Produce/<br>Cultivate                                                                                                                                                               |  | Z. Other                                                                              |          |                            |  |
|                                                                    | Drug Type<br>N. N/A<br>A. Amphetamine                                                                                                                                                                                                                                                                             |  | B. Buprenorphine<br>C. Cocaine<br>E. Heroin             |  | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv.                                                                                                                             |  | P. Paraphernalia<br>Equipment<br>S. Synthetic                                                                |  | L. Unknown<br>Z. Other                                                                                                                                                                                |  |                                                                                       |          |                            |  |
|                                                                    | Charge Description<br><b>BATTERY- BATTERY (SIMPLE)</b>                                                                                                                                                                                                                                                            |  | Statute Violation Number<br><b>784.03(1A1)</b>          |  | Violation of ORD #                                                                                                                                                             |  |                                                                                                              |  |                                                                                                                                                                                                       |  |                                                                                       |          |                            |  |
|                                                                    | Drug Activity                                                                                                                                                                                                                                                                                                     |  | Drug Type                                               |  | Amount / Unit                                                                                                                                                                  |  | Offense #                                                                                                    |  | Counts                                                                                                                                                                                                |  | Domestic Violence<br><input checked="" type="checkbox"/> Y <input type="checkbox"/> N |          |                            |  |
| C<br>H<br>A<br>R<br>G<br>E                                         | Charge Description                                                                                                                                                                                                                                                                                                |  | Statute Violation Number                                |  | Violation of ORD #                                                                                                                                                             |  |                                                                                                              |  |                                                                                                                                                                                                       |  |                                                                                       |          |                            |  |
|                                                                    | Drug Activity                                                                                                                                                                                                                                                                                                     |  | Drug Type                                               |  | Amount / Unit                                                                                                                                                                  |  | Offense #                                                                                                    |  | Counts                                                                                                                                                                                                |  | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N            |          |                            |  |
|                                                                    | Charge Description                                                                                                                                                                                                                                                                                                |  | Statute Violation Number                                |  | Violation of ORD #                                                                                                                                                             |  |                                                                                                              |  |                                                                                                                                                                                                       |  |                                                                                       |          |                            |  |
|                                                                    | Drug Activity                                                                                                                                                                                                                                                                                                     |  | Drug Type                                               |  | Amount / Unit                                                                                                                                                                  |  | Offense #                                                                                                    |  | Counts                                                                                                                                                                                                |  | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N            |          |                            |  |
| I<br>N<br>T<br>A<br>K<br>E                                         | Health / Apparent Physical Condition of Defendant                                                                                                                                                                                                                                                                 |  | Any knowledge of the following<br>Explain:              |  | <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Self-Harm <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries |  |                                                                                                              |  |                                                                                                                                                                                                       |  |                                                                                       |          |                            |  |
|                                                                    | Check which applies<br><input type="checkbox"/> Released U.R.<br><input type="checkbox"/> Released to Parent/Guardian<br><input type="checkbox"/> T.O.T. County Jail<br><input type="checkbox"/> Posted Bond<br><input type="checkbox"/> South County Mental Health                                               |  | PROPERTY - Received By                                  |  | Released By                                                                                                                                                                    |  | Released To                                                                                                  |  |                                                                                                                                                                                                       |  |                                                                                       |          |                            |  |
|                                                                    | Transported By                                                                                                                                                                                                                                                                                                    |  | Date Transported                                        |  | Time Transported                                                                                                                                                               |  | Other                                                                                                        |  |                                                                                                                                                                                                       |  |                                                                                       |          |                            |  |
|                                                                    | INSTRUCTION NO. 1 - Mandatory appearance in court<br><input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court<br>but must comply with instructions on Page 2.                                                                                                                         |  | Location (Court, Room)                                  |  | Court Date and Time                                                                                                                                                            |  |                                                                                                              |  |                                                                                                                                                                                                       |  |                                                                                       |          |                            |  |
| N<br>O<br>T<br>I<br>C<br>E<br>T<br>O<br>A<br>P<br>P<br>E<br>A<br>R | 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                                                                                                  |  |                                                                                                                                                                                                       |  |                                                                                       |          |                            |  |
|                                                                    | HOLD FOR Other Agency                                                                                                                                                                                                                                                                                             |  | Signature of Arresting Officer<br><b>PC 2069</b>        |  | Name Verification (Printed by Arrestee)                                                                                                                                        |  |                                                                                                              |  |                                                                                                                                                                                                       |  |                                                                                       |          |                            |  |
|                                                                    | Name of Arresting Officer (Print)<br><b>PETRAVICH, KRISTIE</b>                                                                                                                                                                                                                                                    |  | ID #<br><b>02069</b>                                    |  | (PRINT)                                                                                                                                                                        |  |                                                                                                              |  |                                                                                                                                                                                                       |  |                                                                                       |          |                            |  |
| A<br>D<br>M<br>I<br>N                                              | Name of Deputy<br><b>DS 2069</b>                                                                                                                                                                                                                                                                                  |  | Pouch #<br><b>7622</b>                                  |  | Transporting Officer<br><b>PETRAVICH</b>                                                                                                                                       |  | ID #<br><b>2069</b>                                                                                          |  | Agency<br><b>WPBPD</b>                                                                                                                                                                                |  | PAGE<br><b>1 OF 1</b>                                                                 |          |                            |  |
|                                                                    | Name of Deputy                                                                                                                                                                                                                                                                                                    |  | Pouch #                                                 |  | Transporting Officer                                                                                                                                                           |  | ID #                                                                                                         |  | Agency                                                                                                                                                                                                |  | PAGE                                                                                  |          |                            |  |
|                                                                    | Name of Deputy                                                                                                                                                                                                                                                                                                    |  | Pouch #                                                 |  | Transporting Officer                                                                                                                                                           |  | ID #                                                                                                         |  | Agency                                                                                                                                                                                                |  | PAGE                                                                                  |          |                            |  |
|                                                                    | Name of Deputy                                                                                                                                                                                                                                                                                                    |  | Pouch #                                                 |  | Transporting Officer                                                                                                                                                           |  | ID #                                                                                                         |  | Agency                                                                                                                                                                                                |  | PAGE                                                                                  |          |                            |  |

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.I.O. ☐ DEFENDANT

10/18/2019 1:37

DOMESTIC VIOLENCE PROBABLE CAUSE  
AFFIDAVIT  
Palm Beach County

|                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                  |                                                                                      |                                                 |                                    |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------|
| A<br>D<br>M<br>I<br>N                                    | Date / Time<br><b>10/18/2019 23:27</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Agency ORI Number<br><b>FL 0500800</b>                                           | Agency Name<br><b>WEST PALM BEACH POLICE</b>                                         | Agency Report Number<br><b>9 4 2019-0017928</b> |                                    |
|                                                          | Name (Last, First, Middle)<br><b>TAILLEUX, ALIX ELEANOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Alias                                                                            | Race<br><b>W</b>                                                                     | Sex<br><b>F</b>                                 | Date of Birth<br><b>02/06/1992</b> |
| C<br>R<br>I<br>M<br>E                                    | Charge Description<br><b>784.03(1A1) BATTERY- BATTERY (SIMPLE)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Victim's Name (Last, First, Middle)<br><b>RAMIREZ DE LA BARRA, CAMILO ANDRES</b> | Local Address (Street, Apt. Number)<br><b>345 30TH ST, WEST PALM BEACH, FL 33405</b> | Phone<br><b>(561) 614-9746</b>                  | Address Source<br><b>VERBAL</b>    |
|                                                          | Business Address (Name, Street)<br><b>345 30TH ST, WEST PALM BEACH, FL 33405</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | City<br><b>WEST PALM BEACH</b>                                                   | State<br><b>FL</b>                                                                   | Zip<br><b>33405</b>                             | Occupation                         |
| V<br>I<br>C<br>T<br>I<br>M                               | DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):<br><b>UPSET</b>                   |                                                                                      |                                                 |                                    |
|                                                          | VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                  |                                                                                      |                                                 |                                    |
| R<br>E<br>L<br>A<br>T<br>I<br>O<br>N<br>S<br>H<br>I<br>P | RELATIONSHIP BETWEEN VICTIM & SUSPECT<br><b>SPOUSE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |                                                                                      |                                                 |                                    |
|                                                          | <p>PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br/>Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br/>911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO CALLER: <b>VICTIM</b><br/>WEAPON USED: <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE:<br/>WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (if YES, attach witness list)<br/>INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br/>MEDICAL TREATMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br/>AT: Scene: <input type="checkbox"/> YES <input type="checkbox"/> NO PARAMEDICS:<br/>Hospital: <input type="checkbox"/> YES <input type="checkbox"/> NO PHYSICIAN(S) / HOSPITAL:</p> <p>ACT COMMITTED IN PRESENCE<br/>OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NAMES/AGES:<br/>H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br/>VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br/>VIOLATION OF RESTRAINING<br/>ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CASE #:<br/>PRIOR HISTORY OF DOMESTIC<br/>VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br/>ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> |                                                                                  |                                                                                      |                                                 |                                    |
| N<br>A<br>R<br>R                                         | On Friday October 18th 2019 at approximately 2229 hours I was dispatched to 345 30th street in reference to a domestic disturbance. Upon arrival I made contact with the victim W/M Camilo Ramirez De La Barra 11/30/90 who provided a sworn statement stating the following;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                  |                                                                                      |                                                 |                                    |
|                                                          | STATE OF FLORIDA<br>COUNTY OF PALM BEACH<br>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.<br><br>Sworn to and subscribed to before me this _____ day of _____<br><br>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                  |                                                                                      |                                                 |                                    |

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County  
Narrative Continuation

|                                                                    |                                        |                                              |                                                     |
|--------------------------------------------------------------------|----------------------------------------|----------------------------------------------|-----------------------------------------------------|
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>V<br>E | Date / Time<br><b>10/18/2019 23:27</b> |                                              |                                                     |
|                                                                    | Agency ORI Number<br><b>FL 0500800</b> | Agency Name<br><b>WEST PALM BEACH POLICE</b> | Agency Report Number<br><b>9   4   2019-0017928</b> |
|                                                                    |                                        |                                              |                                                     |

Camilo stated he and his wife W/F Alix Tailleux 02/06/92 were both inside the residence, arguing incident from earlier in the week. Camilo stated while seated on the couch, Alix approached him bedroom, yelling about their ongoing marriage issues. Camilo stated as the argument began to escalate, Alix grabbed a white phone charger, swung it at him striking him in the back of his head. Camilo had injury to the back of his head consistent with a phone charger. Camilo had a small laceration to his head that was still actively bleeding.

Post Miranda Tailleux stated she and her husband, Camilo, were arguing inside the residence about that occurred earlier in the week. Tailleux stated as the argument escalated, Camilo threw a pill therefore she threw cake in his face. Tailleux stated she was upset, Camilo "did not care about marriage". As the argument continued to escalate, Tailleux stated she had a phone charger in her threw it towards Camilo but did not have intentions of hitting him. Tailleux then stated Camilo against the wall and wrapped his hands around her neck". Tailleux stated she never lost consciousness trouble breathing. No visible injuries were observed on Tailleux's neck.

Due to the Camilos' sworn statement and Tailleux admitting to throwing the charger, I find probable cause W/F Alix Tailleux 02/06/92 with (1) count of Simple battery F.S.S 784.03(1A1).

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Appeared before me, \_\_\_\_\_, personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

SCANNED  
OCT 19 2019

SIGNATURE OF ARRESTING OFFICER  
\_\_\_\_\_  
2019

Sworn to and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

# VICTIM NOTIFICATION FORM

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)
- **Dating Violence**
- **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 #: 2019-17928 Agency: WPBPD  
Offense: Domestic Battery Simple  
Suspect/Offender: Alex Tailleur  
D.O.B. 2/6/92 Race: W Sex: F
2. Warrant #(s): \_\_\_\_\_
- 3.a. Victim's name: Camilo Ramirez Dela Barra D.O.B. 11/30/90 Race: W Sex: M  
Address: 345 30th St  
City: West Palm Beach State: FL Zip: 33405  
Home #: 561-614-9746 Work #: \_\_\_\_\_ Other: \_\_\_\_\_
- b. Victim's next of kin, friend or neighbor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
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: \_\_\_\_\_

Deputy's Name: \_\_\_\_\_ I.D. # \_\_\_\_\_ Date: \_\_\_\_\_

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

SUSPECT/OFFENDER

(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),<br>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),<br>(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),<br>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"/>            | 415.107 (1)                             | Other: Elderly Abuse                                                                                                                                                       |                |
|                                                             | <input type="checkbox"/>            | 119.0712 (2)                            | Other: Personal Information Contained in a Motor Vehicle Record                                                                                                            |                |

**REVIEW COMPLETED BY**

|                            |                                    |
|----------------------------|------------------------------------|
| Booking Number: 2019033996 | Date: 10/19/2019                   |
|                            | Specialist Name/ID: M. Tooks #8557 |