

0354929

776

ARREST / NOTICE TO APPEAR

OBTS Number	Agency ORI Number 0500800		Agency Name West Palm Beach Police Department		Agency Report Number (N.T.A.'s only) 9 4 2017-0023469		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
Charge Type: Check as many as apply.	<input checked="" type="checkbox"/> 1. Felony	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance	<input type="checkbox"/> 6. Other	If Weapon Seized Enter Type KNIFE		Multiple Clearance Indicator	01
Location of Arrest (Including Name of Business)					Location of Offense (Business Name, Address)					
Date of Arrest 12/21/2017	Time of Arrest 16:40	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				

Name (Last, First, Middle) GONZALEZ DEL VALLE, CARLY ANN										Alias (Name, DOB, Soc. Sec. #, Etc.)															
Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build	Indication of Alcohol Influence		Indication of Drug Influence		Residence Type		Address Source		Occupation								
W	F	11/11/1987	5'04	140	BROWN	BROWN	LIGHT	Small	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input checked="" type="checkbox"/>		1. City 3. Florida 2. County 4. Out of State		1		VERBAL								
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT LOW BACK / FLOWERS										Marital Status		Religion		Local Address (Street, Apt. Number) (City) (State) (Zip) 1973 BRANDYWINE RD 102, WEST PALM BEACH, FL 33409		Phone (561) 250-2716		Permanent Address (Street, Apt. Number) (City) (State) (Zip) 1973 BRANDYWINE RD 102, WEST PALM BEACH, FL 33409		Phone (561) 250-2716		Business Address (Name, Street) (City) (State) (Zip) TOO JAYS, PGA		Phone	
D/L Number, State G524101879110 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) WEST PALM BEACH, US				Citizenship US															

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested	<input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony	<input type="checkbox"/> 4. Misdemeanor	<input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested	<input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony	<input type="checkbox"/> 4. Misdemeanor	<input type="checkbox"/> 5. Juvenile

Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)										Residence Phone					
Legal Custodian <input type="checkbox"/>										Business Phone					
Address (Street, Apt. Number) (City) (State) (Zip)															
Notified by: (Name)			Date			Time			JUVENILE DISPOSITION						
Released To: (Name)			Relationship			Date			1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated						
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.										School Attended		Grade			
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____										Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property	

VICTIM NOTIFICATION REQUIRED

NONE

Drug Activity	S. Sell	R. Smuggle	K. Disperse/Distribute	M. Manufacture/Produce/Cultivate	Z. Other	Drug Type	B. Barbiturate	H. Hallucinogen	P. Paraphernalia/Equipment	U. Unknown
N. N/A	B. Buy	D. Deliver	E. Use			N. N/A	C. Cocaine	M. Marijuana	S. Synthetic	Z. Other
P. Possess	T. Traffic					A. Amphetamine	E. Heroin	O. Opium/Deriv.		

Charge Description AGGRAVATED BATTERY W/DEADLY WEAPON										Statute Violation Number 784.045(1A2)		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond						
N			2017-0023469	1	<input checked="" 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	Warrant / Capias Number	Bond						
					<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	Warrant / Capias Number	Bond						
					<input type="checkbox"/> Y <input type="checkbox"/> N								

Health / Apparent Physical Condition of Defendant										Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries					
Explain:															
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail										PROPERTY - Received By		Released By		Released To	
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health										Transported By		Date Transported		Time Transported	
Other															

<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court										Location (Court, Room)		No Photo Available			
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.										Court Date and Time					
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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.										Signature of Defendant (or Juvenile and Parent Custodian)		Date Signed		2017 DEC 22	

HOLD for Other Agency										Signature of Arresting Officer Eugene Jones 1770		Name Verification (Printed by Arresting Officer) DEC 21 PM 5:48			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest										Name of Arresting Officer (Print) JONES, EUGENE		I.D. # 01770		PAGE	
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other										Transporting Officer Jones		I.D. # 1770		Agency WPBPD	
D/S B. SHATARA #7623										Witness here if subject signed with an "X".		2017 DEC 22 5:38		1 OF 1	

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 12/21/2017 16:53	Agency OR# Number FL 0500800		Agency Name WEST PALM BEACH POLICE DEPARTMENT	Agency Report Number 9 4 2017-0023469		
	Name (Last, First, Middle) GONZALEZ DEL VALLE, CARLY ANN				Alias	Race W	Sex F

D E F E N D A N T	Charge Description 784.045(1A2) BATTERY AGGRAVATED BATTERY W/DEADLY WEAPON					
	[Redacted]				Race W	Sex M

V I C T I M	Business Address (Name, Street) [Redacted]				(City)	(State)	(Zip)	Phone [Redacted]	Address Source DL
	Occupation								

DEFENDANT'S STATEMENTS:	Written <input type="checkbox"/>	Taped <input checked="" type="checkbox"/>	Oral <input type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): SEVERE STABBING
VICTIM'S STATEMENTS:	Written <input type="checkbox"/>	Taped <input checked="" type="checkbox"/>	Oral <input type="checkbox"/>	

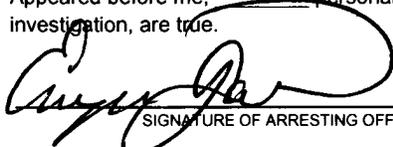
RELATIONSHIP BETWEEN VICTIM & SUSPECT
[Redacted]

PHOTOGRAPHS:	Scene:	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
	Victim:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
911 CALL:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: CARLY DE VALLE
WEAPON USED:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	TYPE: LARGE KNIFE
WITNESSES:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If YES, attach witness list)
INJURIES:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MEDICAL TREATMENT:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
AT: Scene:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	PARAMEDICS: WPBFR
Hospital:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	PHYSICIAN(S) / HOSPITAL: DR. HRISTOB
ACT COMMITTED IN PRESENCE OF MINOR(S):		<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES/AGES:
H. R. S. NOTIFIED:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
VICTIM PREGNANT:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
VIOLATION OF RESTRAINING ORDER:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #: N/A
PRIOR HISTORY OF DOMESTIC VIOLENCE:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
ALCOHOL OR DRUGS INVOLVED:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

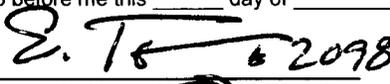
On Thursday 12/21/2017 at approximately 1455 hours I responded to [Redacted] in reference to a possible suicide attempt. Upon arrival on-scene I observed the following:
There was a trail of blood and a smashed cell phone near the exterior front door. When I entered the

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.


SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this _____ day of _____, _____.


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

SCANNED

DEC 22 2017

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N N A R R A T I V E	Date / Time 12/21/2017 16:53
	Agency ORI Number FL 0500800
Agency Name WEST PALM BEACH POLICE DEPARTMENT	Agency Report Number 9 4 2017-0023469

apartment I noticed blood in the kitchen, two smashed flat screen tv's, items thrown around, large amounts of blood all over the living room floor, and a large puddle of blood on the rear patio. There were obvious signs that a violent struggle occurred inside of the apartment.

WPBFR was on-scene administering first aid to a white male lying on the living room floor who was screaming in pain from a stab wound to the abdomen. That male was later identified as w/m [REDACTED] 09/02/1982. WPBFR immediately transported [REDACTED] to St. Marys Hospital as trauma patient.

I made contact with a female inside of the apartment who identified herself as w/f Carly Gonzalez Del Valle 11/11/1987. Del Valle said that she and [REDACTED] have been [REDACTED] for the past 6 months and [REDACTED]

It should be noted that Del Valle was the 911 caller and stated that [REDACTED] stabbed himself in the stomach with a knife. While obtaining Del Valle contact information she stated that she actually had the knife in her hands and while in the kitchen and [REDACTED] happen to run into the knife. At that point I exited the apartment and advised Sgt. Golden and Det. Hardimon(via landline) of what Del Valle spontaneously uttered. I re-entered the apartment and read Del Valle her Miranda rights from a standard WPBPD miranda card which she understood and signed for.

Post Miranda Del Valle said that she had been drinking wine and [REDACTED] had a few beers today. Del Valle later admitted that she and [REDACTED] were involved in a heated verbal argument over [REDACTED] 'shit'. During the course of the argument Del Valle said that she walked away from [REDACTED] and went into the kitchen to retrieve a large 9 inch silver butcher knife with red handle to start cooking. According to Del Valle she only had the knife in her right hand for a second after removing it from the drawer, turned around with the knife pointing forward, and [REDACTED] happen to walk into it stabbing himself in the stomach. Del Valle stated that [REDACTED] never had possession of the knife and she maintained control of the knife before and after the stabbing. It should be noted that there no pots, pans, or food to indicate Del Valle was actually about to cook.

Del Valle said that [REDACTED] walked into the living room and collapsed on the floor. According to Del Valle she and [REDACTED] did not own cell phones to call the police so she ran to the leasing office . When I asked Del Valle who did the two smashed cell phones belong to she paused for a moment and replied the phone outside near the door is [REDACTED] and my phone is here pointing to the living room floor was a phone also smashed.

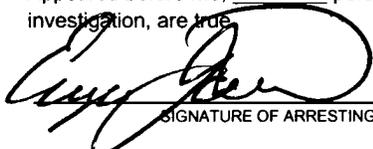
I asked Del Valle if she had any history of domestic violence and she stated ``well not really, well maybe once when I was younger I slapped my mother and the cops took me to jail``. Del Valle later admitted to assaulting previous [REDACTED] in several other domestic related incidents. A check in NCIC/FCIC revealed that Del Valle has an extensive criminal history for domestic battery, battery on law enforcement officer, resist arrest, and disorderly intoxication.

At no time during the interview did Del Valle claim [REDACTED] assaulted her. I asked Del Valle has [REDACTED] been violent with her today or in the past and she stated no. Del Valle did not have any visible injuries and refused medical attention while on-scene.

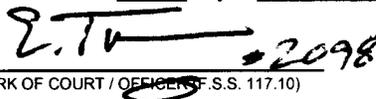
Ofc. McGuire made contact with [REDACTED] at St. Marys Hospital who was initially uncooperative and would not provide his name or any other information. [REDACTED] later stated that he stabbed himself and Del Valle had

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


SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this _____ day of _____.


NOTARY PUBLIC / CLERK OF COURT / OFFICER S.S. 117.10)

SCANNED
DEC 22 2017

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

Narrative Continuation

A D M I N N A R R A T I V E	Date / Time 12/21/2017 16:53	Agency ORI Number FL 0500800	Agency Name WEST PALM BEACH POLICE DEPARTMENT	Agency Report Number 9 4 2017-0023469
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nothing to do with it.

██████████ is currently being treated at St. Marys Hospital by Dr. Hristob. Hristob said that ██████████ sustained a severe stab wound to the left lower abdomen and was being rushed into emergency surgery for possible internal injuries. The stab wound was approximately 3-4 inches deep. ██████████ condition is unknown at this time.

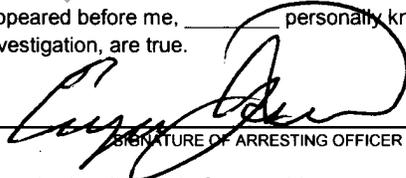
Due to the inconsistent statements provided by Del Valle and ██████████ stating that he stabbed himself when Del Valle admitted to holding the knife when ██████████ was stabbed Del Valle was placed under arrest.

Based on the above stated facts I find probable cause to charge Carly Gonzalez Del Valle with Fss. 784.045(1A2) Aggravated battery w/ deadly weapon(domestic).

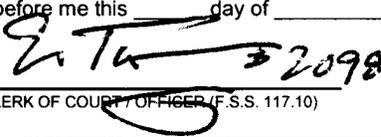
NOT A CERTIFIED COPY

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.


SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this _____ day of _____.


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

SCANNED
DEC 22 2017

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes.

- Homicide (Ch 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (S. 784.048)

Domestic Violence - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. 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 #. 17-23469 Agency: WPBPD
 Offense: Agg battery deadly weapon
 Suspect/Offender: Carly Gonzalez Del Valle
 D.O.B. 11/11/87 Race: W Sex: F

2. Warrant #(s) _____

3. Complete one (1) of the following:
 a. Victim's name: _____
 Address: _____
 City: _____
 Home #: _____

b. Victim's next of kin: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work#: _____ Other: _____

c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work#: _____ Other: _____

4. Relevant identification or case numbers assigned to the case (please specify).

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: _____
 Printed name of person waiving notification: _____

Officer's Name: JONES I.D.: 1770 Date: 11/21/1987

SUSPECT/OFFENDER:

COURT CASE/WARRANT#
(FOR WARRANTS USE ONLY)

SCANNED
DEC 22 2017