

0492431

19mm 123013348

ARREST / NOTICE TO APPEAR

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5, 4 17-004806		3. Request for Warrant 2. N.T.A.	4. Request for Capias	1	JUVENILE	N			
D E F E N D A N T	Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	If Weapon Seized Enter Type: Hands, Feet, Fist, Teeth			Multiple Clearance Indicator							
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other												
C O D E F	Location of Arrest (Including Name of Business)						Location of Offense (Business Name, Address)								
	Date of Arrest 10/09/2017	Time of Arrest 01:32	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle								
	Name (Last, First, Middle) LOPEZ TUCUBAL, CAROLA R						Alias (Name, DOB, Soc. Sec. #, Etc.)								
	Race	Sex	Date of Birth 05/05/1993	Height 5'02	Weight 125	Eye Color BROWN	Hair Color BROWN	Complexion MEDIUM	Build Medium	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>					
	Local Address (Street, Apt. Number) (City) (State) (Zip) 17831 THELMA AVE C, JUPITER, FL 33458						Phone (561) 401-8517								
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 17831 THELMA AVE C, JUPITER, FL 33458						Phone (561) 401-8517								
	Business Address (Name, Street) (City) (State) (Zip) COUNTRY CORNER, 17443 CENTRAL BLVD, JUPITER, FL						Phone (561) 746-4951								
	D/L Number, State						Soc. Sec. Number N/A		INS Number		Place of Birth (City, State) GUATEMALA,		Citizenship GT		
	Co-Defendant Name (Last, First, Middle)						Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested	<input type="checkbox"/> 3. Felony	<input type="checkbox"/> 5. Juvenile		
	Co-Defendant Name (Last, First, Middle)						Race	Sex	Date of Birth		<input type="checkbox"/> 2. At Large	<input type="checkbox"/> 4. Misdemeanor	<input type="checkbox"/> 5. Juvenile		
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle) _____ <input type="checkbox"/> Legal Custodian _____ Address (Street, Apt. Number) (City) (State) (Zip) _____ Business Phone _____														
	Notified by: (Name)						Date			Time			JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated		
	Released To: (Name)						Date			Time			Grade		
	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.														
	<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 _____														
	Drug Activity: N. N/A, P. Possess, S. Sell, B. Buy, T. Traffic, R. Smuggle, D. Deliver, E. Use, K. Disperse/Distribute, M. Manufacture/Produce/Cultivate, Z. Other Drug Type: N. N/A, A. Amphetamine, B. Barbiturate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opium/Deriv., P. Paraphernalia/Equipment, S. Synthetic, U. Unknown, Z. Other														
	Charge Description BATTERY-SIMPLE (TOUCH OR STRIKE)						State Violation Number 784.03(1)(A)(1)			Violation of ORD #					
	Drug Activity: N , Drug Type: / , Amount / Unit: / , Offense #: 17-004806 , Counts: 1 , Domestic Violence: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N, Warrant / Capias Number: _____, Bond: _____														
	Charge Description						State Violation Number			Violation of ORD #					
	Drug Activity: _____, Drug Type: _____, Amount / Unit: _____, Offense #: _____, Counts: _____, Domestic Violence: <input type="checkbox"/> Y <input type="checkbox"/> N, Warrant / Capias Number: _____, Bond: _____														
Charge Description						State Violation Number			Violation of ORD #						
Drug Activity: _____, Drug Type: _____, Amount / Unit: _____, Offense #: _____, Counts: _____, Domestic Violence: <input type="checkbox"/> Y <input type="checkbox"/> N, Warrant / Capias Number: _____, Bond: _____															
I N T A K E	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 <input type="checkbox"/> PROPERTY - Received By _____ Released By _____ Released To _____														
	Transported By						Date Transported		Time Transported		Other				
N O T I C E T O A P P E A R	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court						Location (Court, Room)			Date and Time					
	<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.														
	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 Elizabeth Raleigh			Name Verification (Printed by Arrestee) OCT 9 AM 4:10						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other						Name of Arresting Officer (Print) RALEIGH, ELIZABETH			I.D. # 1022						
Title of Agency CPT HONKA / 72019						Transporting Officer E. Raleigh			I.D. # Agency 308 JPD						
Witness here if subject signed with an "X".															

2017 OCT -9 AM 5:26
No Photo Available
JUVENILE COURT CLERK'S OFFICE
BRAND

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 10/09/2017 01:32	Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 17-004806	
	Agency ORI Number FL 0501700				

D E F	Name (Last, First, Middle) LOPEZ TUCUBAL, CAROLA R	Alias	Race W	Sex F	Date of Birth 05/05/1993
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C H R G	Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)
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V I C T I M	Victim's Name (Last, First, Middle)	Race W	Sex F	Date of Birth 08/20/1995
	Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source VERBAL	
	Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation	

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

RELATIONSHIP BETWEEN VICTIM & SUSPECT
SISTERS

PHOTOGRAPHS:	Scene: <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	
	Victim: <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
911 CALL:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: VICTIM
WEAPON USED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TYPE:
WITNESSES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(If YES, attach witness list)
INJURIES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MEDICAL TREATMENT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
AT: Scene:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PARAMEDICS:
Hospital:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:
ACT COMMITTED IN PRESENCE OF MINOR(S):	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NAMES/AGES: [REDACTED]

H. R. S. NOTIFIED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
VICTIM PREGNANT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #:
PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
ALCOHOL OR DRUGS INVOLVED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

On 10-09-17 at 0006 I responded to [REDACTED] for a suspicious incident. A female called 911 and said she needed police via Language Line and hung up. Upon arrival, there was a female in the parking lot holding a small baby. The female was later identified as [REDACTED] (H/F 08-20-95) and her child is [REDACTED] (H/M 08-19-17). Lorena said she had been hit and pushed by her

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, E. Raleigh personally known to me, who, being first duty sworn, says that the facts above, based upon my investigation, are true.

E. Raleigh
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 9 day of October, 2017.

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

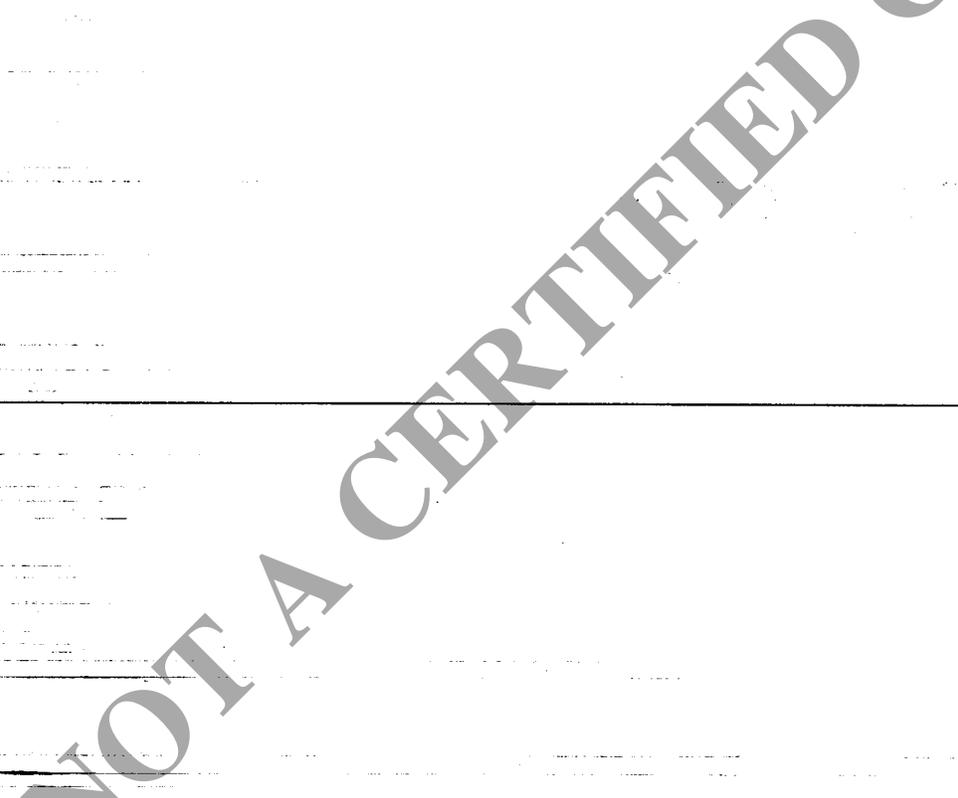
DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

-Palm Beach County
Narrative Continuation

A D M I N	Date / Time 10/09/2017 01:32	
	Agency ORI Number FL 0501700	Agency Name JUPITER POLICE DEPARTMENT
	Agency Report Number 5 4 17-004806	

N [REDACTED] Carola R. Lopez Tucubal (H/F 05-05-93). Ofc. Rocha #327 responded and assisted with translation.
 A [REDACTED] said she and he [REDACTED] had friends over tonight and her [REDACTED] was drinking. [REDACTED] said she
 R didn't drink because she has the baby. [REDACTED] left for a short time and when she returned she found her phone
 A outside. When she asked Carola why her phone was outside, she became mad and they started arguing. [REDACTED]
 T said Carola hit her on the right arm and grabbed her by the front of her shirt tearing it. [REDACTED] said Carola
 I went crazy and was throwing things and yelling at her to her out. [REDACTED] walked outside and called 911.
 V We then spoke to Carola who stated they had friends over, including her ex-boyfriend/father of her child,
 E Roni M. Lopez (H/M 09-08-89), for a party. She said [REDACTED] left for a short time and a friend had been
 watching baby. When [REDACTED] returned, Carola said to [REDACTED], "Your baby has been crying, you need to take care
 of him". Carola said this irritated [REDACTED] and they argued. Carola said she didn't remember exactly what
 happened, but she grabbed [REDACTED] by the front of her shirt and then Roni Lopez pulled her away and into the
 kitchen. Carola said a bunch of stuff got knocked over when he dragged her into the kitchen. When he let go,
 she said she wasn't fighting with them anymore and she went to take a shower.
 Based upon my above described investigation, I find Probable Cause does exist to charge Carola R. Lopez
 Tucubal with Simple Battery Domestic against [REDACTED]. Digital photos were taken.
 [REDACTED] completed a written statement and was given a Domestic Violence packet.



STATE OF FLORIDA
COUNTY OF PALM BEACH

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

[Signature]
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 9 day of October, 2017.

SCANNED
[Signature]
SCHMADERBECK, AUSTIN
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)
- Attempted Murder
- Stalking (F.S. 784.048)
- Domestic Violence - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense
- Dating Violence

Upon completion, this form must accompany the booking paperwork.
If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 17-004806 Agency: Jupiter Police Department
Offense: Simple battery
Suspect/Offender: Lopez - Tucubal, Carola R.
D.O.B. 5/5/93 Race: White Sex: female

2. Warrant #(s): _____

3a. Victim
Address: _____
City: _____
Home: _____

3b. 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: _____

Officer's Name: E. Raleigh I.D. # 708/1027 Date: 10-09-17

1 copy = Corrections or State Attorney (Warrant Application)

1 Copy = Warrants Section

1 copy = Central Records

SUSPECT/OFFENDER: _____

COURT CASE/WARRANT #:
(FOR WARRANT USE ONLY)