

0492489

134

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 Juvenile N

| | | | | | | | |
|--|---|--|---|--|--|--|-----------------------------------|
| ADMINISTRATIVE | Agency ORI Number FLO 500000 | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | | Agency Report Number (N.J.A.'s only) 06-17-138125 | | |
| | Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony | | <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor | | <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other | | |
| | Location of Arrest (Including Name of Business) 7850 VILLA NOVA DRIVE | | | | Location of Offense (Business Name, Address) SAME | | |
| | Date of Arrest 10/11/17 | Time of Arrest 1622 | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle N/A |
| Name (Last, First, Middle) IGLESIAS, CAROLINA T. | | | | | | | |
| Race W - White 1 - American Indian B - Black 0 - Oriental/Asian | | | | | | | |
| Sex F | | Date of Birth 10/13/70 | | Height 5'11" | Weight 120 | Eye Color BROWN | |
| Hair Color BLACK | | Complexion MED | | Build SMALL | | | |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATTOO RT ANKLE | | | | Marital Status DIVORCED | | Religion CATHOLIC | |
| Local Address (Street, Apt. Number) 7850 VILLA NOVA DRIVE | | | | City Boca Raton, FL | | State 33433 | |
| Permanent Address (Street, Apt. Number) SAME | | | | Phone (561) 352-3551 | | Residence Type: <input type="checkbox"/> 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State 2 | |
| Business Address (Name, Street) | | | | Phone | | Occupation NONE | |
| D/L Number, State G-620-118-70-873-1 | | Soc. Sec. Number | | INS Number | | Place of Birth (City, State) MIAMI FLORIDA | |
| Co-Defendant Name (Last, First, Middle) | | | | Race | Sex | Date of Birth | |
| Co-Defendant Name (Last, First, Middle) | | | | Race | Sex | Date of Birth | |
| Name (Last, First, Middle) | | | | Relationship | | Residence Phone | |
| Address (Street, Apt. Number) | | | | City | | Business Phone | |
| Notified by: (Name) | | | | Date | Time | Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated | |
| Released To: (Name) | | | | Relationship | | Date | |
| The above address 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason) | | | | School Attended | | Grade | |
| Property Crime? <input type="checkbox"/> Yes <input 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. Dispense/ Distribute | M. Manufacture/ Produce/ Cultivate | Z. Other | |
| Charge Description SIMPLE BATTERY | | Counts 1 | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | Drug Type 784.03(1)A1 | | | |
| Drug Activity N/A | | Drug Type N/A | Amount / Unit | Offense # 17-138125 | | Warrant / Capias Number late | |
| Charge Description | | Counts | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | Statute Violation Number | | | |
| Drug Activity | | Drug Type | Amount / Unit | Offense # | | Warrant / Capias Number | |
| Charge Description | | Counts | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | Statute Violation Number | | | |
| Drug Activity | | Drug Type | Amount / Unit | Offense # | | Warrant / Capias Number | |
| Charge Description | | Counts | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | Statute Violation Number | | | |
| Drug Activity | | Drug Type | Amount / Unit | Offense # | | Warrant / Capias Number | |
| Location (Court, Room Number, Address) | | | | | | | |
| Court Date and Time Month OCTOBER Day 11TH Year 2017 Time 4:22 AM | | | | | | | |
| 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 SHOULD BE ISSUED 10/11/17 | | | | | | | |
| Signature of Defendant (or Juvenile and Parent /Custodian) | | | | | Date Signed | | |
| HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal Intake # 100 83-19 | | Signature of Arresting Officer L. GATTI | | Name Verification (Printed by Arrestee) DCT 11 PM 7:43 | | | |
| Resisted Arrest Other: ID # 8542 Agency PR50 | | Name of Arresting Officer (Print) L. GATTI | | I.D. # 9084 | | Witness here if Subject is M.F. SCANNED | |
| Pouch # | | Transporting Officer Rainey | | PAGE 1 OF 1 | | | |

2017 OCT 12 AM 9:26
PALM BEACH COUNTY
SHERIFF'S OFFICE

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile N

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|---------|----------------------------|--|------|----------------------|
| ADMIN | OBTS Number | Agency Name | | Agency Report Number |
| | FLO 500000 | PALM BEACH COUNTY SHERIFF'S OFFICE | | 06- 17-138125 |
| DEE | Charge Type: | Special Notes: | | |
| | Check as many as apply: | 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/> | | |
| CHARGES | Name (Last, First, Middle) | Alias | Race | Sex |
| | IGLESIAS, CAROLINA T. | | W | F |
| | Date of Birth | 10/13/70 | | |
| | Charge Description | 784.03(1)A1 | | |
| | Charge Description | | | |

| | | | | |
|--|---------------------|----------------|-----|---------------|
| | | Race | Sex | Date of Birth |
| | | W | M | 07/26/44 |
| | (State) (zip) | Address Source | | VICTIM |
| | (State) (zip) Phone | | | |

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the **11TH** day of **OCTOBER** 20**17** at **4:22** A.M. P.M. (Specifically include facts constituting cause for arrest.)

ON 10/11/17, AT APPROXIMATELY 1549 HOURS, I WAS DISPATCHED TO [REDACTED] PALM BEACH COUNTY REGARDING A DOMESTIC DISTURBANCE BETWEEN [REDACTED] UPON MY ARRIVAL, I ENCOUNTERED THE DEFENDANT AND VICTIM OUTSIDE YELLING AND SCREAMING. I SEPARATED BOTH OF THEM AND OBSERVED BLOOD ON THE VICTIM'S SHIRT. THE VICTIM ADVISED THAT HE GOT INTO A VERBAL ARGUMENT WITH [REDACTED] (DEFENDANT), BECAUSE OF HER EXCESSIVE DRINKING AND THAT SHE MISTREATS [REDACTED] THE ARGUMENT ENSUED AND THE DEFENDANT GRABBED THE VICTIM'S FACE, KNOCKING HIS GLASSES OFF. THE VICTIM TRIED TO DEFEND HIMSELF BY GRABBING THE DEFENDANT'S ARMS TO STOP HER FROM STRIKING HIM. AT THAT POINT, THE DEFENDANT BIT THE VICTIM IN THE STOMACH AND RAN OUTSIDE. (SEE VICTIM STATEMENT). I INTERVIEWED WITNESS, [REDACTED] DOB:3/20/03) [REDACTED] THE WITNESS STATED THAT [REDACTED] (VICTIM), CAME TO HER DEFENSE WHEN [REDACTED] (DEFENDANT), KEPT YELLING AT HER. THE VICTIM ENTERED HER ROOM AND THE DEFENDANT LUNGED AT HIM AND RIPPED THE GLASSES OFF HIS FACE. THE DEFENDANT THEN GRABBED HER AND ATTEMPTED TO FORCE HER TO LEAVE. AT THIS TIME, THE VICTIM TRIED TO PROTECT [REDACTED] AND THE DEFENDANT STRUCK THE VICTIM AND BIT HIM ON THE STOMACH. THE DEFENDANT WAS DRUNK AND INCOHERENT. THE DEFENDANT WAS PLACED UNDER ARREST AND THE HANDCUFFS WERE DOUBLE-LOCKED AND CHECKED FOR TIGHTNESS. THE DEFENDANT WAS TOT'D THE PALM BEACH COUNTY JAIL. DUE TO THE AFORMENTIONED FACTS, I BELIEVE PROBABLE CAUSE EXISTS TO CHARGE THE DEFENDANT WITH SIMPLE BATTERY DOMESTIC, A VIOLATION OF F.S.S. 784.03(1)a1.

STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature] L. GATTI

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this **11TH** day of **OCTOBER** 20**17** by **L. GATTI**

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

[Signature] #8239

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

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
 (Submit this form with the original Probable Cause affidavit)

Suspect: IGLESIAS, CAROLINA T. FLORIDA DOB: 10 / 13 / 70 Case #: 17-138125

Victim: [REDACTED] DOB: 7 / 26 / 44 Race: W Sex: M

Relationship between Victim and Defendant: [REDACTED]

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: _____

Weapon Used: Yes No Type: _____

Witness: Yes No Name: _____

Victim Pregnant: Yes No If yes, _____ weeks _____ months

Injuries: Yes No Description: BITE MARK ON STOMACH

Medical Treatment: Yes No

At Scene: Yes No Paramedics: _____

At Hospital: Yes No Hospital: _____ Physician: _____

Are Children Living in Home? Yes No DCF Notified? Yes No

Name: [REDACTED] DOB: 03 / 20 / 03

Name: _____ DOB: / /

Name: _____ DOB: / /

Injunction Yes No Case #: _____

No Contact Order Yes No Case #: _____

Alcohol or Drugs Yes No Unknown

Prior History of Domestic/Dating Violence Yes No

Defendant's Statements Yes No If yes, written _____ recorded oral

First words Defendant said when you responded to scene: [REDACTED] S CRAZY AND HE'S TRYING TO CONTROL ME

Victim's Statements Yes No If yes, written _____ recorded _____ oral

First words Victim said when you responded to scene: [REDACTED] HIT ME AND BIT ME

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

Yes No If yes, name: _____ phone () - _____

Observations of Victim (Physical & Emotional):

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other BITE MARK

Victim Contact Information: _____

Local Address: [REDACTED]

Phone: [REDACTED] Work () - _____ Cell () - _____

Employer: [REDACTED]

Name of Relative: _____ Phone () - _____

Address: _____

SCANNED
 OCT 12 2017

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)

- Sexual Offense (Ch. 794)
- Attempted Sexual Offense

- **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 #: 17-138125 Agency: PBSO
Offense: SIMPLE BATTERY
Suspect/Offender: IGLESIAS, CAROLINA T.FLORIDA
D.O.B. 10/13/70 Race: W Sex: F

2. Warrant # (s): _____

3.a. Victim's name: [REDACTED] D.O.B. 07/26/44 Race: W Sex: M

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: L. GATTI QGT.# 1302017 Date: 10/11/17

SUSPECT/OFFENDER:

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#:

SCANNED