

J\* 0398387

A-3203

ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.		3. Request For Warrant 4. Request For Capias		1		Juvenile	
OBTS Number		Agency ORI Number <b>FLO 500000</b>				Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>				Agency Report Number <b>06 17026037</b>	
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		If Weapon Seized Enter Type		Multiple Offenses Indicator <b>0 1</b>	
Location of Arrest (Including Name of Business) <b>50 ESSEX CT #D</b>				Location of Offense (Including Name of Business) <b>ROYAL PALM BEACH, FL 33411</b>				<b>SAME AS ARREST</b>			
Date of Arrest <b>Jan 13, 2017</b>		Time of Arrest <b>0942</b>		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) <b>ARELLANO CAROLINE</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W. White B. Black O. Oriental/Asian		Sex <b>F</b>		Date of Birth <b>02/26/1994</b>		Height <b>504</b>		Weight <b>115</b>		Eye Color <b>BR</b>	
Complexion <b>LGHT</b>		Build <b>THIN</b>		Marital Status <b>SINGLE</b>		Religion <b>NONE</b>		Indication of Alcohol Intoxication 1. Yes 2. No		Indication of Drug Intoxication 1. Yes 2. No	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TRIBAL TATOO RIGHT BCEP</b>				Local Address (Street, Apt. Number) <b>1589 STONEHAVEN ESTATES DR. WEST PALM BEACH FL 33411</b>				Phone <b>(561)507-6075</b>			
Permanent Address (Street, Apt. Number) <b>SAME AS LOCAL</b>				Business Address (Street, Apt. Number)				Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>			
Business Address (Street, Apt. Number)				Occupation <b>SERVICES</b>				Address Source <b>FL DL</b>			
D/L Number, State <b>A-645-107-94-566-0</b>		Social Security Number		INS Number		Place of Birth <b>WEST PALM BEACH, FL</b>		Citizenship <b>US</b>			
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other		Name (Last, First, Middle)		City		State		Zip		Phone	
Address (Street, Apt. No.)		City		State		Zip		Business Phone			
Notified By (Name)		Date		Time		Juvenile Disposition: 1. Handled/Processed within Dept. and Released 2. TOT HRs/DYS 3. Incommunicated					
Released To (Name)		Relationship		Date		Time					
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 561 255-2528) informed of any address change. <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. Struggle D. Deliver E. Use		K. Dispense/Deliver M. Manufacture/Produce C. Distribute		Z. Other N. N/A A. Amphetamine E. Heroin		B. Barbiturate C. Cocaine M. Marijuana P. Pharmaceutical/Equipment U. Unknown Z. Other	
Charge Description <b>BATTERY(D)</b>		Counts <b>01</b>		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>784.03(1)(a)(1)</b>		Violation or ORD. #			
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount/Unit <b>-----</b>		Offense # <b>17026037</b>		Warrant/Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation or ORD. #			
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation or ORD. #			
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation or ORD. #			
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond	
Location (Court, Address, Room) Number											
Court Date and Time Month _____ Day _____ Year _____ Time _____ AM <input type="checkbox"/> PM <input type="checkbox"/>											
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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 Name _____ <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other _____				Signature of Arresting Officer <b>D/S D. MALERBA</b> ID # <b>8481</b>				Name Verification (Printed by Arrestee) <b>SCANNED</b> Witness here (Printed and signed with an "X")			
Intake Deputy ID # _____ Pouch # _____				Transporting Officer ID # _____ Agency <b>PBSU</b> ID # <b>8481</b>				Page <b>1 of 1</b>			

OBT Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.		3. Request For Warrant 4. Request For Capias		Juvenile <input type="checkbox"/>			
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06</b>		<b>17026037</b>					
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		Special Notes									
Defendant Name (Last, First, Middle) <b>ARELLANO CAROLINE</b>						Race <b>W</b>		Sex <b>F</b>		Date of Birth <b>02/26/1994</b>	
Charge <b>BATTERY(D)</b>						Charge					
Charge						Charge					
Victim Name (Last, First, Middle)						Race		Sex		Date of Birth	
The undersign 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...											
<input type="checkbox"/> committed the below acts in my presence.						<input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.					
<input type="checkbox"/> confessed to admitting to the below facts.						<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.					
On the <b>13</b> day of <b>JANUARY</b> 20 <b>17</b> at <b>9:11</b>						<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM					

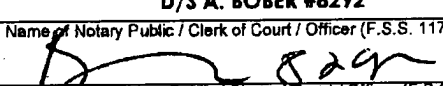
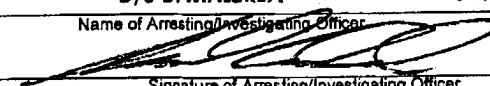
I responded to [REDACTED] in reference to a battery related call. The call was placed third party and upon attempted contact with complainant there was no answer. Upon arrival I came in contact with white male [REDACTED] and white female Caroline Arellano. Both parties were verbally arguing in the patio area of the residence. I separated the parties whom both have visible physical injuries. All parties refused medical attention.

Arellano completed a sworn written statement advising that she came over to [REDACTED] house, they used to be in a long term physical relationship. Caroline advised that she threw a small rock at his window to wake him up. When [REDACTED] met her at the door the two began to argue and fight. Arellano advised that she slapped [REDACTED] and he then hit her in the stomach. After that the two continued to hit each other. Arellano had grab marks on her left arm as well as what appeared to possibly be a bite mark. Arellano had marks consistent with a battery.

[REDACTED] completed a sworn recorded statement. He said that he was asleep in his bedroom with a girl that he is seeing identified as Kristin Sellers. [REDACTED] said he heard banging on the door and rocks being thrown at the window. [REDACTED] said he went downstairs, opened the door and told Arellano to leave his house. [REDACTED] advised that he and Caroline were in a long term sexual relationship. [REDACTED] said she attempted to get inside at which time he pushed her back. [REDACTED] said that Arellano began to slap and hit him and the two began fighting. [REDACTED] said that Caroline was not invited and is jealous because he is in a new relationship. [REDACTED] has marks on his face, arms and chest consistent with a battery. [REDACTED] also had a bite mark on his left shoulder. Sellers advised that she did not see the fight but heard the banging on the front door, Arellano yelling and rocks hitting the window.

I determined Caroline Arellano was the primary aggressor showing up at [REDACTED] residence, throwing multiple rocks at his window, banging on his door and attempting to enter his residence and slapping him after he attempted to prevent her from entering.

Based on the previously described and in good faith in the State of Florida in preventing further violence I have probable cause the defendant did actually and intentionally touch or strike [REDACTED] against the will of [REDACTED] and did intentionally cause bodily harm to [REDACTED] contrary to Florida Statute 784.03(1)(a)(1).

The foregoing instrument was sworn to and affirmed before me this <b>13</b> day of <b>January</b> 20 <b>17</b> , by:		<b>SCANNED</b> <b>JAN 14 2017</b>	
<b>D/S A. BOBER #8292</b>		<b>D/S D. MALERBA 8481</b>	
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)		Name of Arresting/Investigating Officer	
			
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)		Signature of Arresting/Investigating Officer	
		Page <b>1</b> of <b>1</b>	

## VICTIM NOTIFICATION FORM

- 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 #: 17026037 Agency: Palm Beach County Sheriff's Office  
Offense: BATTERY(D)  
Suspect/Offender: ARELLANO CAROLINE  
DOB: 02/26/1994 Race: W Sex: F

2. Warrant #(s): \_\_\_\_\_

3.a.



b.

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY 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: D/S D. MALERBA ID #: 8481 Date: \_\_\_\_\_

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

SCANNED

JAN 14 2017

SUSPECT/OFFENDER

ARELLANO

CAROLINE

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #

**PALM BEACH COUNTY SHERIFF'S OFFICE**  
**DOMESTIC VIOLENCE PROBABLE CAUSE SUPPLEMENTAL FORM**  
(SUBMIT WITH STATE ATTORNEY'S COPY OF PROBABLE CAUSE AFFIDAVIT)

CASE NUMBER: 17-626037

DEFENDANT'S NAME: Caroline Arellano

DEFENDANT'S STATEMENT: ☒ YES ☐ NO (IF YES: ☒ WRITTEN ☐ TAPED ☐ ORAL)

SYNOPSIS: Advised showed up at victim's house, threw rocks and struck victim has visible injury

VICTIM'S STATEMENTS: ☒ YES ☐ NO (IF YES: ☐ WRITTEN ☒ TAPED ☐ ORAL)

OBSERVATIONS OF VICTIM: (PHYSICAL & EMOTIONAL) Multiple visible injuries, does not want to press charges, does not want defendant to come to his house or contact.

RELATIONSHIP BETWEEN VICTIM AND SUSPECT: Ex boyfriend/Girlfriend Long term.

PHOTOGRAPHS: SCENE: ☒ YES ☐ NO VICTIM(S): ☒ YES ☐ NO

911 CALL: ☒ YES ☐ NO WHO CALLED: Natasha Munny (561) 684-9199 - no contact made

WEAPON USED: ☐ YES ☒ NO TYPE: \_\_\_\_\_

MEDICAL TREATMENT: ☐ YES ☒ NO

AT SCENE: ☐ YES ☒ NO PARAMEDICS: \_\_\_\_\_

AT HOSPITAL: ☐ YES ☒ NO HOSPITAL: \_\_\_\_\_ PHYSICIAN: \_\_\_\_\_

ARE CHILDREN LIVING IN HOME: ☐ YES ☒ NO

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

WAS ACT(S) COMMITTED IN PRESENCE OF MINOR(S): ☐ YES ☒ NO (IF YES ☐ SAME AS ABOVE OR SPECIFY)

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

DCF NOTIFIED: (IF CHILD ABUSE) ☐ YES ☒ NO

PRIOR HISTORY OF DOMESTIC VIOLENCE: ☐ YES ☒ NO

VIOLATION OF RESTRAINING ORDER: ☐ YES ☒ NO CASE #: \_\_\_\_\_

VICTIM PREGNANT: ☐ YES ☒ NO

ALCOHOL OR DRUGS INVOLVED: ☐ YES ☒ NO

SCANNED

IAN 1 4 2017