

J# 0398381

Page 3203

OBTS Number

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report1. Arrest  3. Request For Warrant   
2. N.T.A.  4. Request For Capias 1 Juvenile 

Agency ORI Number <b>FLO 5 0 0 0 0 0</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 checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <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 Royal Palm Beach, FL 33411</b>						Location of Offense (Including Name of Business) <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	Location of Vehicle											
Name (Last, First, Middle) <b>ARELLANO CAROLINE</b>						Alias (Name, DOB, Soc. Sec. #, Etc.)															
Race W- White I- American Indian B- Black O- Oriental/Asian		Sex <b>W F</b>		Date of Birth <b>02/26/1994</b>		Height <b>504</b>		Weight <b>115</b>		Eye Color <b>BR</b>		Hair Color <b>BR</b>		Complexion <b>LHT</b>		Build <b>THIN</b>					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TRIBAL TATOO RIGHT BCEP</b>						Marital Status <b>SINGLE</b>		Religion <b>NONE</b>		Indication of Abolish Influence Drug Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Residence Type: 1. City <input type="checkbox"/> 3. Florida 2. County <input type="checkbox"/> 4. Out of State		Address Source <b>FL DL</b>							
Local Address (Street, Apt. Number) <b>1589 STONEHAVEN ESTATES DR.</b>						City <b>WEST PALM BEACH</b>		State <b>FL</b>		Zip <b>33411</b>		Phone <b>(561)507-6075</b>									
Permanent Address (Street, Apt. Number) <b>SAME AS LOCAL</b>						City		State		Zip		Phone									
Business Address (Street, Apt. Number) <b>SAME AS LOCAL</b>						City		State		Zip		Phone									
												Occupation <b>SERVICES</b>									
D/L Number, State <b>A-645-107-94-566-0</b>			Social Security Number [REDACTED]			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		<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"/> Legal Guardian <input type="checkbox"/> Other						Name (Last, First, Middle)						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 HR/DYS		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. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561-355-2528) 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 B. Buy P. Possess		S. Sell D. Deliver T. Traffic		R. Snuffle E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturates C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana		P.徘徊物 Equipment		U. Unknown Z. Other	
Charge Description <b>BATTERY(D)</b>						Counts <b>01</b>		Domestic <input checked="" type="checkbox"/> Violence <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 -----		Offense # <b>17026037</b>				Warrant/Capias Number		Bond											
Charge Description						Counts	Domestic <input type="checkbox"/> Violence <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 <input type="checkbox"/> Violence <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 <input type="checkbox"/> Violence <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)												S1									
Court Date and Time												S2									
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)						Signature of Arresting Officer						Date Signed									
HOLD for Other Agency						Signature of Arresting Officer						Name Verification (Printed by Arrestee)									
Name						Name of Arresting Officer <b>D/S. D. MALERBA</b>						ID # <b>8481</b>									
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicide <input type="checkbox"/> Other _____												(PRINT)									
Intake Deputy						ID #		Pouch #		Transporting Officer		ID #		Agency		SCANNED		Page			
																<b>JAN 14 2017</b>		1 of 1			
														Witness hereby signs and signs with an X							

OBTS Number

## PROBABLE CAUSE AFFIDAVIT

1. Arrest    3. Request For Warrant  
2. N.T.A.    4. Request For CapiasJuvenile  

1

Agency ORI Number <b>FLO 5 0 0 0 0 0</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 checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor		Special Notes
Defendant Name (Last, First, Middle) <b>ARELLANO CAROLINE</b>		Race    W    Sex    F    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
Loc		
Bus		
<p>The undersigned 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.</p> <p>The person taken into custody...</p> <p><input type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to admitting to the below facts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.</p>		
<p>On the <u>13</u> day of <u>JANUARY</u> 20 <u>17</u> at <u>9:11</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</p>		

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).

SCANNED

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

**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

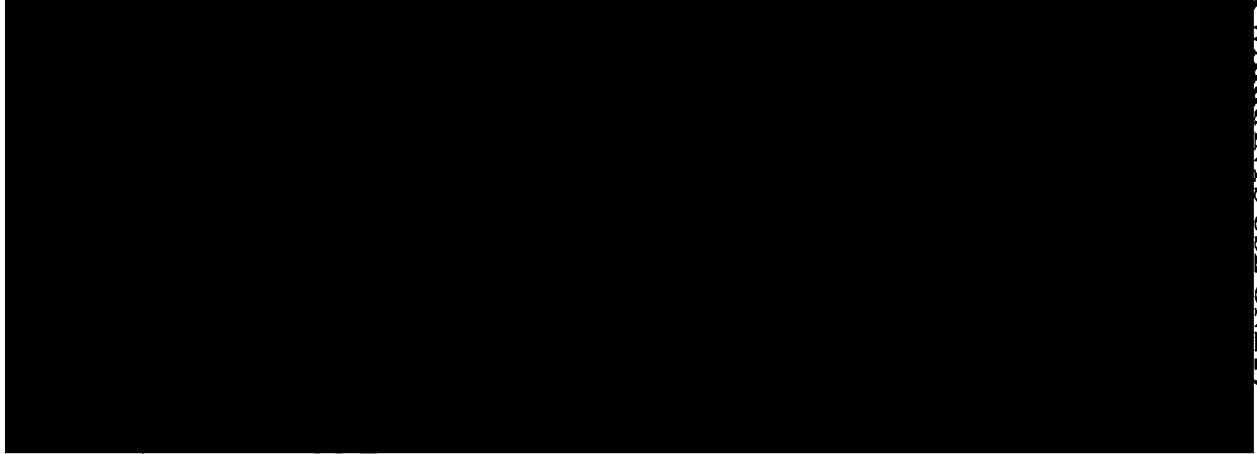
Upon completion, this form must accompany the booking paperwork.

If applying for a warrant, attach this form to the filing packet.

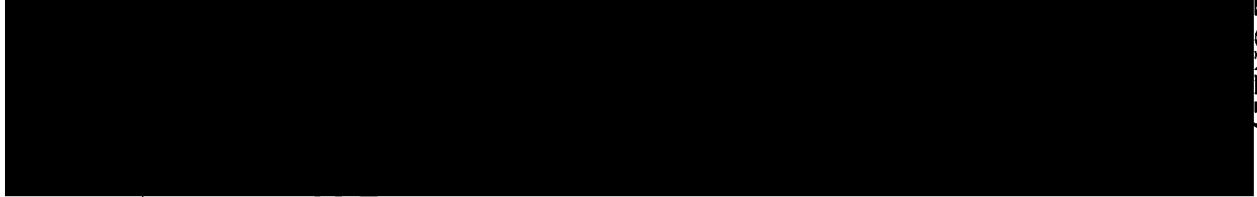
1. Incident Report #: 17026037 Agency: Palm Beach County Sheriff's Office  
 Offense: BATTERY(D)  
 Suspect/Offender: ARELLANO CAROLINE  
 DOB: 02/26/1994 Race: W Sex: F

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: \_\_\_\_\_

**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: Curvine 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) My house 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: Neftaly Murray (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

1AN 14 2017