

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1100 Juvenile		N	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06-17-098589					
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/>		3. Misdemeanor <input checked="" type="checkbox"/>		5. Ordinance <input type="checkbox"/>		Weapon Seized / Type 2. Yes 2. No		Multiple Clearance Indicator NA 01	
Location of Arrest (Including Name of Business) 22911 ROYAL CROWN TER BOCA RATON, FL 33433				Location of Offense (Business Name, Address) 22911 ROYAL CROWN TER BOCA RATON, FL 33428							
Date of Arrest 07/04/17		Time of Arrest 2245		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) DE AZEVEDO LIBORIO, CAROLINE,		Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex F		Date of Birth 1/22/1978		Height 5'6		Weight 125		Eye Color BRN	
Hair Color BRN		Complexion MED		Build SMALL		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE		Marital Status SGL		Religion CATHOLIC	
Indication of: Alcohol Influence Drug Influence		Y <input type="checkbox"/>		N <input type="checkbox"/>		Unk. <input type="checkbox"/>		Local Address (Street, Apt. Number) 22911 ROYAL CROWN TER, BOCA RATON, FL 33433		Phone (954) 729-8446	
Permanent Address (Street, Apt. Number) 22911 ROYAL CROWN TER, BOCA RATON, FL 33433		Phone ( ) SAME		Residence Type: 1. City 2. County 3. Florida 4. Out of State		2		Business Address (Name, Street) NA		Phone ( )	
D/L Number, State L160104789620		Soc. Sec. Number		INS Number		Place of Birth (City, State) BRAZIL		Citizenship USA			
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested <input type="checkbox"/>		3. Felony <input type="checkbox"/>	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		2. At Large <input type="checkbox"/>		4. Misdemeanor <input type="checkbox"/>	
Parent Legal Custodian Other:		Name (Last)		(First)		(Middle)		Residence Phone ( )		Business Phone ( )	
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Notified by: (Name)		Date	
Released To: (Name)		Relationship		Date		Time		Juvenile Disposition 1. Handled/ processed within Dept. and Released.		2. TOT HRS / DYS 3. Incarcerated	
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.		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	
Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other			
Charge Description SIMPLE BATTERY/DOMESTIC		Counts 01		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03 (1A1)		Violation of ORD #			
Drug Activity N		Drug Type N		Amount / Unit NA		Offense # 17-098589		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Location (Court, Room Number, Address)											
Court Date and Time Month Day Year Time AM PM		07/04/17									
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 Name:		Signature of Arresting Officer		Name Verification (Printed by Arrestee)							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) D/S MCDONOUGH 14976		I.D. # 14976		(PRINT) JUL 5 4 39:17		PAGE	
Inmate Deposit		Pouch #		Transporting Officer D/S MCDONOUGH 14976		ID # PBSO		Witness here if subject signed with an -X"		1 OF 1	

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PBSO #148 REV. 8/97

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N	
ADMIN	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06- 17-098589</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: <div style="text-align: right;">SM</div>				
DEF	Name (Last, First, Middle) <b>DE AZEVEDO LIBORIO, CAROLINE,</b>					Alias	Race <b>H</b>	Sex <b>F</b>	Date of Birth <b>4/22/1978</b>		
	Charge Description <b>SIMPLE BATTERY/DOMESTIC 784.03 (1A1)</b>					Charge Description					
CHARGES	Charge Description					Charge Description					
	Charge Description					Charge Description					
VICTIM	Victim's Name (Last, First, Middle) <b>DE BOLIVEIRA CAMPOS, ELIAS,</b>					Race <b>H</b>	Sex <b>M</b>	Date of Birth <b>03/29/1977</b>			
	Local Address (Street, Apt. Number) (City) (State) (zip) <b>22911 ROYAL CROWN TER, BOCA RATON, FL 33433</b>					Phone <b>(954) 696-3269</b>		Address Source <b>FL DL</b>			
	Business Address (Name, Street) (City) (State) (zip)					Phone ( )		Occupation <b>UNKNOWN</b>			
<p>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</p> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts.</div><div><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</div></div> <p>On the <b>4TH</b> day of <b>JULY</b> 20 <b>17</b> at <b>9:15</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><b>On 07/04/2017, at approximately 2117 hours, I was dispatched to 22911 Royal Crown Terrace, Unincorporated Palm Beach County/ Boca Raton, Florida, reference a Simple Battery/Domestic.</b></p> <p><b>Upon arrival, I made contact with the victim, Elias De Oliveira Campos, who provided me with a sworn taped statement, took a verbal oath to same, and stated, that his wife, with a child in common, Caroline De Azevedo Liborio, who drinks constantly. Elias was attempting to calm Caroline down in the garage, she then started to hit him with her hands, he grabbed her to try and restrain her, and in doing so she bit him in his left shoulder. I then observed on Elias left shoulder what appeared to be teeth marks that were red and purple in color.</b></p> <p><b>D/S Butterworth, ID # 16040, then took DART Photographs, and uploaded same to the PBSO Domestic Violence website as evidence in this case.</b></p> <p><b>I then made contact with Caroline, who was highly intoxicated, by an unknown alcoholic beverage, and only stated, "I'm a good person, I've been drinking, yes, I'm breathing, I love my husband, but whatever he said I'm good".</b></p> <p><b>I then placed Caroline under arrest for Simple Battery/Domestic, hand cuffed her behind her back, checked the cuffs for proper spacing per PBSO Policy.</b></p> <p><b>I then transported Caroline to West Boca Medical Facility, to have her medically cleared for incarceration. Upon Medical Clearance, Caroline was transported to Palm Beach County Jail, for booking and processing, without incident.</b></p> <p><b>Based upon my investigation, probable cause exists, for Caroline De Azevedo Liborio, for Simple Battery/Domestic, per FSS 784.03 (1A1), as Caroline did willfully and wantonly touch or strike Elias, by biting Elias in his left shoulder, leaving visible injuries. Therefore, this case is, cleared by arrest.</b></p>											
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH					D/S MCDONOUGH					
	(Signature of Arresting/Investigative Officer)										
	The foregoing instrument was sworn to or affirmed and subscribed before me this <b>4TH</b> day of <b>JULY</b> 20 <b>17</b> by <b>D/S MCDONOUGH</b>										
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____										
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)										PAGE <b>1</b> OF <b>1</b>	