

18MM773

ARREST / NOTICE TO APPEAR

1 Arrest 3 Request for Warrant
2 NTA 4 Request for Capias

1 JUVENILE

ADVISORY	OBTS Number	Agency ORI Number 0500800		Agency Name West Palm Beach Police Department		Agency Report Number (NTA only) 9 4 2018-0011387	
CHARGE	Charge Type	Check all that apply		If Weapon Seized		Multiple Clearance Indicator	
	Location of Arrest (Including Name of Bureau)		Location of Offense (Bureau Name, Address)		Basic Type		
DEFENDANT	1505 BELVEDERE RD #135 WPB, FL, 33405		1505 BELVEDERE RD 135, WEST PALM BEACH, FL 33405		Date of Arrest		Time of Arrest
	07/07/2018		04:06		Booking Date		Booking Time
JUVENILE	Name (Last, First, Middle) MATEO, DENIS		Alias:		Date of Birth		Sex
	Race		Height		Weight		Eye Color
CO-DEFENDANT	W - White		I - American Indian		M - Black		O - Oriental/Asian
	S - Scar, Mark, Tattoo, Unscar Physical Features (Location, Type, Description)		Marital Status		Religion		Indication of Alcohol Influence
CHARGE	TATT LFT SHOULDER / YAMILI WITH A WHITE FLOWER AROUND IT		S		CATHOLIC		Drug Influence
	Local Address (Street, Apt. Number)		City		State		Zip
CHARGE	1353 SUMMIT PINES BLVD 5313, WEST PALM BCH, FL 33415		Phone		Residence Type		
	(561) 574-4093		1 City		3 Florida		2 County
CHARGE	Permanent Address (Street, Apt. Number)		City		State		Zip
	1353 SUMMIT PINES BLVD 5313, WEST PALM BCH, FL 33415		Phone		Address Source		
CHARGE	(561) 574-4093		Occupation		DL Number, State		Soc. Sec. Number
	Unemployed		INS Number		Place of Birth (City, State)		Citizenship
CHARGE	M300160793840 / FL		Place of Birth (City, State)		Citizenship		
	CAMAGUEY, Cuba		US		Co-Defendant Name (Last, First, Middle)		Race
CHARGE	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth
CHARGE	Name (Last, First, Middle)		Residence Phone		Business Phone		
	Address (Street, Apt. Number)		City		State		Zip
CHARGE	Notified by (Name)		Date		Time		JUVENILE DISPOSITION
	Received To (Name)		Relationship		Date		Time
CHARGE	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.		School Attended		Grade		
	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property		
CHARGE	Drug Activity		S Sell		R Smuggle		K Dispense/Distribute
	M Manufacturer/Producer/Cultivate		Z Other		Drug Type		B Barbiturate
CHARGE	BATTERY - BATTERY (SIMPLE)		Statute Violation Number		Violation of ORD #		
	784.03(1A)1 M		Bond		NONE		
CHARGE	Charge Description		Statute Violation Number		Violation of ORD #		
	Drug Activity		Drug Type		Amount / Unit		Offense #
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	Drug Activity		Drug Type		Amount / Unit		Offense #
CHARGE	Health / Apparent Physical Condition of Defendant		Any knowledge of the following		Mental		Ex. eq. Risk
	Check which applies		Referred to OR		Referred to Parent/Guardian		TOT County Jail
CHARGE	Transported By		Date Transported		Time Transported		Other
	INSTRUCTION NO. 1 - Mandatory appearance in court		INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room)		Court Date and Time
CHARGE	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		No Photo Available
	HOLD for Other Agency		Signature of Arresting Officer		Name (Printed by Arrestor)		
CHARGE	Name of Arresting Officer (Print)		ID #		Date Signed		
	MYRTHIL, RICHARSON		02123		2123		JUL 7 AM 7:01
CHARGE	Including Deputy		ID #		Name		
	De. Glynn		2011 WPB30		De. Glynn		SCANNED
COURT		STATS ATTORNEY		AGENCY		CENTRAL RECORDS	
JAIL		CRIME ANALYSIS		DEFENDANT		JUL 8 2018	

0258028

Glynn

2674

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

ADMIN	Date / Time 07/07/2018 04:06	Agency Name WEST PALM BEACH POLICE DEPARTMENT		Agency Report Number 9 4 2018-0011387															
	Agency ORI Number FL 0500800																		
DEF	Name (Last, First, Middle) MATEO, DENIS			Race W	Sex M	Date of Birth 10/24/1979													
	Charge Description 784.03(1) BATTERY - BATTERY (SIMPLE)																		
VICTIM	Victim's Name (Last, First, Middle) FLORES TIRADO, JOHANNA			Race W	Sex F	Date of Birth 11/06/1974													
	Local Address (Street, Apt Number) (City) (State) (Zip) 2767 S MILITARY TRL LOT 16 N, WEST PALM BEACH, FL 33415			Phone (561) 201-9061		Address Source													
	Business Address (Name, Street) (City) (State) (Zip)			Phone		Occupation													
	<table border="0"> <tr> <td>DEFENDANT'S STATEMENTS:</td> <td>Written <input type="checkbox"/></td> <td>Taped <input checked="" type="checkbox"/></td> <td>Oral <input type="checkbox"/></td> <td colspan="3">OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):</td> </tr> <tr> <td>VICTIM'S STATEMENTS:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">VICTIM HAD A BLOODY NOSE</td> </tr> </table>						DEFENDANT'S STATEMENTS:	Written <input type="checkbox"/>	Taped <input checked="" type="checkbox"/>	Oral <input type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):			VICTIM'S STATEMENTS:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VICTIM HAD A BLOODY NOSE	
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VICTIM'S STATEMENTS:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VICTIM HAD A BLOODY NOSE															
RELATIONSHIP BETWEEN VICTIM & SUSPECT ENGAGED																			
ADDITIONAL INFORMATION	PHOTOGRAPHS:		Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																
			Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																
	911 CALL:		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CALLER: JOHANNA FLORES															
	WEAPON USED:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TYPE:															
	WITNESSES:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	(If YES, attach witness list)															
	INJURIES:		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																
	MEDICAL TREATMENT:		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																
	AT: Scene:		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PARAMEDICS: WPS FR															
	Hospital:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PHYSICIAN(S) / HOSPITAL:															
	ACT COMMITTED IN PRESENCE OF MINOR(S):		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	NAMES/AGES:															
H. R. S. NOTIFIED:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																	
VICTIM PREGNANT:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																	
VIOLATION OF RESTRAINING ORDER:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CASE #:																
PRIOR HISTORY OF DOMESTIC VIOLENCE:		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																	
ALCOHOL OR DRUGS INVOLVED:		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																	
NARR	On Saturday July 7, 2018 at 0335 hours, PTO Annese and I were dispatched to 1505 Belvedere Rd in regards to domestic trouble. Upon arrival, I made contact with Johanna Flores Tirado (W/F, 11/06/1974) in the lobby of the Quality Inn. Flores Tirado was bleeding from her nose. Medics were on scene and Flores Tirado did not want to go to the hospital.																		
	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, <u> R </u> personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p><u> R M # 2123 </u> SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u> 7th </u> day of <u> July </u>, <u> 2018 </u>.</p> <p><u> PJO #1418 </u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (S.S. 117.10)</p>																		

CERTIFIED COPY

SCANNED
JUL 08 2018

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N I S T R A T I V E	Date / Time 07/07/2018 04:06	Agency Name WEST PALM BEACH POLICE DEPARTMENT	
	Agency ORI Number FL 0500800	Agency Report Number 9 4 2018-0011387	

Flores Tirado stated that her finance, Denis Mateo (W/M, 10/24/2018) rented a room at the Quality Inn together. Flores Tirado and Mateo have been in a on and off relationship for three years. She stated that the couple has been living together for a year. Mateo went out with a friend and Flores Tirado noticed that some of her prescription Xanax pills were missing from her belonging. When Mateo returned, Flores Tirado confronted Mateo about her missing pills. Mateo became upset and struck Flores Tirado twice in the face with a closed fist. Flores Tirado had swelling on the right side of her face and a bloody nose. Flores Tirado stated that Mateo said that "she deserved it". Flores Tirado called police and went to the Quality Inn lobby.

While talking to Flores Tirado, Mateo arrives outside of the Quality Inn. I then made contact with Mateo who began explaining his side of the story. Mateo stated that he went out with friend to have drinks. Mateo returned and Flores Tirado was upset that he went out. Mateo said Flores Tirado throw a plate of food in his face. After Flores Tirado threw the food at Mateo's face, Mateo admitted that he struck Flores Tirado once in the face with a closed fist. Mateo did have food stains on his shirt, but no food stains on his face.

A sworn statement was taken from Flores Tirado of the incident. Digital photos were taken of Flores Tirado's injuries, the Quality Inn room# 135, and Mateo. Photos were taken of Mateo to show that he did not have any food on his face. The photos were uploaded to evidence.com.

BWC was active.

Based on the above facts, there is probable cause to charge Mateo with simple battery/ domestic violence. Mateo was booked into PBCJ.

STATE OF FLORIDA
COUNTY OF PALM BEACH

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

Rm # 2123

SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 7th day of July, 2018.

ETD 1418
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S 117 10)

SCANNED
JUL 08 2018

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes.

- Homicide (Ch 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (S. 784.048)
- Domestic Violence - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. 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 # 18-11387 Agency: WPBPID
Offense: Simple Battery/Domestic Violence
Suspect/Offender: Denis Mateo
D.O.B. 10/24/79 Race: W Sex: M
2. Warrant #(s) _____
3. Complete one (1) of the following:
 - a. Victim's name: Johanna Flores Tirado
Address: 2767 South Military Trail Lot 16N
City: West Palm Beach State: FL Zip: 33415
Home #: 561-261-9061 Work#: _____ Other: _____
 - b. Victim's next of kin: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work#: _____ Other: _____
 - c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work#: _____ Other: _____
4. Relevant identification or case numbers assigned to the case (please specify).

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

SCANNED
JUL 08 2018

Signature of person waiving notification: _____
Printed name of person waiving notification: _____

Officer's Name: OFC. R. Myrthil I.D.: 2123 Date: 7/7/18

SUSPECT/OFFENDER: Denis Mateo

COURT CASE/WARRANT #
(FOR WARRANTS USE ONLY)



PALM BEACH COUNTY SHERIFF'S OFFICE

Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
I/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018022549	Date: 07/08/2018
	Specialist Name/ID: WATSON/6665

SCANNED
JUL 08 2018