0509456

NR

19MM8291 2404

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number

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

Juvenile

ADMINISTRATIVE

Agency ORI Number: FLO 500000
Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE
Agency Report Number (N T A 's only): 06- 19-093177

Charge Type (Check as many as apply): ☐ 1 Felony ☐ 2 Traffic Felony ☒ 3 Misdemeanor ☐ 4 Traffic Misdemeanor ☐ 5 Ordinance ☐ 6 Other

Weapon Seized / Type (1 Yes 2 No): 2

Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business): 8171 Grand Prix Ln, Boynton Beach FL, 33437

Location of Offense (Business Name, Address): ,

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
07/14/2019	1900					

DEFENDANT

Name (Last, First, Middle): Vazquez-Cuffe, Erika, Marie

Alias (Name, DOB, Soc Sec #, Etc.)

Race (W - White I - American Indian B - Black O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	10/29/1977	5'00	140	brn	brn	brn	slim

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)

Marital Status: Married
Religion: NONE
Indication of Alcohol Influence: N
Drug Influence: N

Local Address (Street, Apt. Number) (City) (State) (Zip): 9227 Grand Prix Ln, Boynton Beach FL, 33437
Phone: (9177) 526-0708
Residence Type (1 City 2 County 3 Florida 4 Out of State): 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip): ,
Phone: ( )
Address Source: FL DL

Business Address (Name, Street) (City) (State) (Zip)
Phone: ( )
Occupation: ER Nurse

D/L Number, State: V221213778890, FL
Soc Sec Number: [redacted]
INS Number
Place of Birth (City, State): Puerto Rico
Citizenship: USA

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth		
				☐ 1 Arrested ☐ 2 At Large	☐ 3 Felony ☐ 4 Misdemeanor ☐ 5 Juvenile
				☐ 1 Arrested ☐ 2 At Large	☐ 3 Felony ☐ 4 Misdemeanor ☐ 5 Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other — Name (Last) (First) (Middle) — Residence Phone ( )

Address (Street, Apt. Number) (City) (State) (Zip) — 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 — Time

The above address provided by ☐ defendant and / or ☐ 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. ☐ Yes, by (Name) ☐ No (Reason)

School Attended — Grade

Property Crime? ☐ Yes ☐ No — Description of Property — Value of Property

VO Bnd

CODE

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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Domestic Battery	1	☒ Y ☐ N	784.03 (1A1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
n	n		19-093177		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address)

Court Date and Time: Month Day Year Time AM PM

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: 07/14/2019

ADMIN

HOLD for other Agency — Name
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer: x
Name of Arresting Officer (Print): M. Alexander — ID #: 30589

Name Verification (Printed by Arrestee)
(PRINT)

JUL 14 PM 3:41

2019 JUL 15 5:52

Intake Deputy	ID #	Pouch #	Transporting Officer	ID #	Agency
D/S B. SHATARA		#7623	M. Alexander	30589	PBSO

Witness here if subject signed with an "X"

PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY, GREEN - STATE ATTORNEY, YELLOW - AGENCY, PINK - AGENCY, GOLD - DEFENDANT (N T A's ONLY)

PBSO #148 REV 8/97

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

Juvenile:

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 19-093177

Charge Type (Check as many as apply): 1 Felony; 2 Traffic Felony; [x] 3 Misdemeanor; 4 Traffic Misdemeanor; 5 Ordinance; 6 Other

Special Notes:

DEF

Name (Last, First, Middle)	Aliases	Race	Sex	Date of Birth
Vazquez-Cuffe, Erika, Marie		H	F	10/29/1977

CHARGES

Charge Description	Charge Description
Domestic Battery 784.03 (1A1)	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
Cuffe, Shaka, Kamahl	B	M	06/11/1977

Local Address (Street, Apt Number) (City) (State) (Zip)	Phone	Address Source
8171 Grand Prix Ln, Boynton Beach FL, 33437	( ) 347-268-7816	FL DL
Business Address (Name, Street) (City) (State) (Zip)	**Phone**	**Occupation**
	( )	N/a

PROBABLE CAUSE STATEMENT

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
- [ ] confessed to ____ admitting to the below facts
- [ ] was observed by ____ who told ____ that he/she saw the arrested person commit the below acts
- [x] was found to have commited the below acts resulting from my (described) investigation

On the 14 day of July 20 19 at 1800 [ ] A M [x] P M (Specifically include facts constituting cause for arrest)

On July 14, 2019 at approximately 1800 hours, I responded to 8171 Grand Prix Ln in unincorporated Boynton Beach, Palm Beach County in reference a domestic battery. Upon my arrival I spoke with Shaka Cuffe.

Shaka stated he is going through a divorce with his wife of 8 years, Erika Vazquez-Cuffe. Shaka explained he lives at 8171 Grand Prix Ln and Erika lives at 9227 Grand Prix Ln. Shaka told me they have a mutual agreement with there daughter, Sloane Cuffe. Shaka explained Erika came over to his house to see Sloane. Shaka told me he has not been getting along with Erika and doesn't want her at the house. When Erika arrived she and Shaka began to get into a heated verbal argument. Shaka was very frustrated and told Erika he can has his girlfriends over and can have whoever he wants at his house with the exception of Erika. Erika was very frustrated and took her right hand, with a close fist and struck Shaka in the left side of his neck. Shaka then called police. Shaka told me his sister Georgia Elliot and his mothers father, Emmanuel Philippe witnessed the events validating Shaka's story. I then spoke with Erika.

Erika stated she came over to Shaka's residence which she stated she owns as well, to see her daughter. Erika let herself inside the house and was met with Shaka and his family in the house. Erika began to yell saying Shaka is lazy and doesn't do anything. Erika did not want Shaka to have his family over in the house. Erika began to get very upset when Shaka would not let her see her daughter. As Erika and Shaka argued Shaka made mention of having other women in the residence. Erika spontaneously uttered to me that she then punched Shaka in the face because he was being very disrespectful.

I find probable cause Erika Vazquez-Cuffe violated FSS 784.03 (1A1) Simple Domestic Battery.

Erika was placed in my PBSO issued handcuffs which were checked for proper fit and tightness. Erika was transported to the main detention facility at 3228 Gun Club rd without incident.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

M. Alexander
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14 day of July 20 19 by M. Alexander
(Print name of Arresting Investigative Officer) who is personally known to me and/or produced identification Type of identification produced Known LEO

D/s Rodriguez id# 13919
Notary Public, Clerk of Court, Officer (F S S 117.10)

PBSO 80004 REV 04/01 DISTRIBUTION WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Suspect: Vazquez-Cuffe, Erika, Marie DOB: 10/29/1977 Case #: 19-093177

Victim: Cuffe, Shaka, Kamahl DOB: 06/11/1977 Race: B Sex: M

Relationship between Victim and Defendant: husband and wife

Photographs: Scene ☒ Yes ☐ No Victim ☒ Yes ☐ No Defendant ☐ Yes ☒ No

911 Call: ☒ Yes ☐ No Caller: Cuffe, Shaka, Kamahl

Weapon Used: ☐ Yes ☒ No Type: _____

Witness: ☒ Yes ☐ No Name: Philippe, Emmanuel, Jacques

Victim Pregnant: ☐ Yes ☒ No If yes, ___ weeks _____ months

Injuries: ☐ Yes ☒ No Description: _____

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: Sloane Cuffe DOB: 7/16/13

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: _____

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

First words Victim said when you responded to scene: _____

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 _____

Victim Contact Information:

Local Address: 8171 Grand Prix Ln, Boynton Beach FL, 33437

Phone: Home (___) 347-268-7816 Work (___)___ -_____ Cell (___)___ -_____

Employer: _____

Name of Relative: _____ Phone (___)_____-_____

Address: _____

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been commited:

- **Homicide** (Ch. 782)
- **Sexual Offense** (Ch 794)
- **Attempted Murder**
- **Attempted Sexual Offense**
- **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.)

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

SUSPECT/OFFENDER: **Vazquez-Cuffe, Erika, Marie** COURT CASE/WARRANT# _____
(FOR WARRANTS USE ONLY)

1. Incident Report #: **19-093177** Agency: **PBSO**
   Offense: **Domestic Battery**
   Suspect/Offender: **Vazquez-Cuffe, Erika, Marie**
   D.O.B. **10/29/1977** Race. **H** Sex: **F**

2. Warrant # (s): _____

3.a. Victim's name: **Cuffe, Shaka, Kamahl** D.O.B. **06/11/1977** Race: **B** Sex: **M**
   Address: **8171 Grand Prix Ln**
   City: **Boynton Beach FL, 33437**
   Home #- **() 347-268-7816** Work #: **()** Other: _____

b. Victim's next of kin, friend or neighbor: _____
   Address: _____
   City: _____
   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: **Cuffe, Shaka, Kamahl**

Deputy's Name: **M. Alexander** I.D.# **30589** Date: **07/14/2019**

White Corrections or State Attorney (Warrant Application) Yellow Warrants Section Pink Central Records

PBSO 00029A REV 4199

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)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2019023005	**Date:** 07/15/2019
	Specialist Name/ID: AM/31562