

Rough Arrest Only

ARREST / NOTICE TO APPEAR Juvenile Referral Report

1. Arrest 3. Request for Warrant 1 Juvenile
2. N.T.A. 4. Request for Capias

ADMINISTRATION	OBTS Number		Agency ORI Number FL0500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06-17-022823						
	Charge Type: Check as many as apply. <input checked="" 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						
	Location of Arrest (Including Name of Business) WARRANT APPLICATION						Location of Offense (Business Name, Address) 742 NORTH LAKE BLVD. LK PK FL 33403 Tropical Auto Sales						
	Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle N/A

DEFENDANT	Name (Last, First, Middle) RIOS, ERMA RUBY												Alias (Name, DOB, Soc. Sec. #, Etc.)											
	Race W - White B - Black W		Sex F		Date of Birth 7-10-1991			Height 505		Weight 120		Eye Color BRO		Hair Color BRO		Complexion MED		Build SMALL						
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) UNK												Marital Status SIG		Religion UNK		Indication of: Alcohol Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>					
	Local Address (Street, Apt. Number) 758 PEEPLES DR.						(City) WEST PALM BCH. FL		(State) FL		(Zip) 33410		Phone (305) 815-4658		Residence Type 1. City 3. Florida 2. County 4. Out of State 2									
	Permanent Address (Street, Apt. Number)						(City)		(State)		(Zip)		Phone		Address Source FORMER EMPLOYER									
	Business Address (Street, Apt. Number)						(City)		(State)		(Zip)		Phone		Occupation UNK									
	D/L Number, State R200216917500				Soc. Sec. Number				INS Number N/A				Place of Birth MICH				Citizenship US							

CO-DEF	Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile	
	Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	

JUVENILE	<input type="checkbox"/> Parent		Name (Last)		(First)		(Middle)		Residence Phone			
	<input type="checkbox"/> Legal Custodian											
	<input type="checkbox"/> Other											
	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/CYF 3. Incarcerated				
Released To: (Name)				Relationship		FCIC/NCIC		Date		Time		
The above address was provided by defendant and/or defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)								School Attended		Grade		

CODE	Recovery Information 0. N/A 1. Voluntary 2. Located Not Returned 3. Hospitalized 4. HRS Custody 5. Law Enforcement Custody 6. Returned to Parent 7. Deceased 8. Other											
	Drug Activity S. Sell R. Smuggle K. Dispense/ M. Manufacture Z. Other N. N/A B. Buy D. Deliver Distribute Produce/ Cultivate P. Possess T. Traffic E. Use				Drug Type N. N/A A. Amphetamine B. Barbituate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other							

CHARGE	Charge Description PETIT THEFT				Counts 2		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number 812-014 (3)A		Violation of ORD #	
	Drug Activity N		Drug Type N		Amount/Unit N		Offense # 17-022823		Warrant/Capias Number		Bond	
CHARGE	Charge Description				Counts		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number		Violation of ORD #	
	Drug Activity N		Drug Type N		Amount/Unit N		Offense #		Warrant/Capias Number		Bond	
CHARGE	Charge Description				Counts		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number		Violation of ORD #	
	Drug Activity N		Drug Type N		Amount/Unit N		Offense #		Warrant/Capias Number		Bond	
CHARGE	Charge Description				Counts		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number		Violation of ORD #	
	Drug Activity N		Drug Type N		Amount/Unit N		Offense #		Warrant/Capias Number		Bond	

NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address)									
	<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must Comply with instructions on reverse side.		Court Date and Time Month Day Year Time									
	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.											

ADMIN	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 D/S JIM BROWN Name of Arresting Officer (Print) D/S JIM BROWN						Name Verification (Printed by Arrestee) (PRINT)					
	Intake Deputy I.D. #			Pouch #			Transporting Officer I.D. # PBSO			Agency PBSO			Witness here is subject signed with an "X".					
	PAGE 1 OF 1																	

Rough Arrest Only

ARREST / NOTICE TO APPEAR Juvenile Referral Report

1. Arrest 3. Request for Warrant 1 Juvenile
2. N.T.A. 4. Request for Capias

ADMINISTRATION	OBTS Number	Agency ORI Number FL0500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06-17-022823		
	Charge Type: Check as many as apply.	<input checked="" 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	Weapon Seized/Type 1. Yes 2. No 2		Multiple Clearance Indicator 1	
	Location of Arrest (Including Name of Business) AT LARGE / WARRANT APP.				Location of Offense (Business Name, Address) 742 NORTH LAKE BLVD. LK PK FL 33403 Tropical Auto Sales			
	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle N/A	

DEFENDANT	Name (Last, First, Middle) RIOS, ERMA RUBY								Alias (Name, DOB, Soc. Sec. #, Etc.)									
	Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex W	Date of Birth 7-10-1991	Height 505	Weight 120	Eye Color BRO	Hair Color BRO	Complexion MED	Build SMALL								
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) UNK								Marital Status		Religion UNK		Indication of: Alcohol Influence <input type="checkbox"/> <input checked="" type="checkbox"/> Drug Influence <input type="checkbox"/> <input checked="" type="checkbox"/>		Y N Unk			
	Local Address (Street, Apt. Number) 758 PEEPLES DR.				(City) WEST PALM BCH.	(State) FL	(Zip) 33410	Phone (305) 815-4658		Residence Type 1. City 3. Florida 2. County 4. Out of State 2								
	Permanent Address (Street, Apt. Number)				(City)	(State)	(Zip)	Phone		Address Source FORMER EMPLOYER								
	Business Address (Street, Apt. Number)				(City)	(State)	(Zip)	Phone		Occupation UNK								
	D/L Number, State R200216917500				Soc. Sec. Number		INS Number N/A		Place of Birth MICH		Citizenship US							

CO-DEF	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

JUVENILE	<input type="checkbox"/> Parent Name (Last) (First) (Middle)	Residence Phone			
	<input type="checkbox"/> Legal Custodian				
	<input type="checkbox"/> Other				
	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/CYF 3. Incarcerated	
Released To: (Name)	Relationship	FCIC/NCIC	Date	Time	
The above address was provided by defendant and/or defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office informed of any change of address: <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended	Grade

CODE	Recovery Information 0. N/A 1. Voluntary 2. Located Not Returned 3. Hospitalized 4. HRS Custody 5. Law Enforcement Custody 6. Returned to Parent 7. Deceased 8. Other									
	Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture Product/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbituate C. Cocaine O. Opium/deriv.	H. Hallucinogen M. Marijuana S. Synthetic	P. Paraphernalia/ Equipment

CHARGE	Charge Description GRAND THEFT over \$5000			Counts 1	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number 812-014 (2)c(3)	Violation of ORD #
	Drug Activity N	Drug Type N	Amount/Unit N	Offense # 17-022823	Warrant/Capias Number		Bond
CHARGE	Charge Description GRAND THEFT over \$20,000			Counts 1	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number 812-014 (2)B	Violation of ORD #
	Drug Activity N	Drug Type N	Amount/Unit N	Offense # 17-022823	Warrant/Capias Number		Bond
CHARGE	Charge Description UTTERING FORGED INSTRUMENT			Counts 2	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number 831.02	Violation of ORD #
	Drug Activity	Drug Type	Amount/Unit N	Offense # 17-022823	Warrant/Capias Number		Bond
CHARGE	Charge Description FORGERY			Counts 2	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number 831.01	Violation of ORD #
	Drug Activity N	Drug Type N	Amount/Unit N	Offense # 17-022823	Warrant/Capias Number		Bond

NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court	Location (Court, Room Number, Address)					
	<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must Comply with instructions on reverse side.	Court Date and Time Month Day Year Time A.M. P.M.					
	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.						

ADMIN.	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 J. Jim Brown Name of Arresting Officer (Print) DES JIM BROWN	
	Intake Deputy I.D. #	Pouch #	Agency I.D. # PBSO	Witness here is subject signed with an "X".

PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	12345 Juvenile
ADMIN	OBTS Number	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06- 17-022823
CHARGES	Charge Type: Check as many as apply.		Special Notes:	
	<input checked="" type="checkbox"/> 1. Felony	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 4. Traffic Misdemeanor
	<input type="checkbox"/> 5. Ordinance	<input type="checkbox"/> 6. Other		
DEF	Name (Last, First, Middle) RIOS, ERMA RUBY	Alias	Race W	Sex F
	Date of Birth 07-10-1991			
VICTIM	Charge Description GRANDTHEFT \$5000to \$10000	Charge Description GRAND THEFT over \$20,000		
	Charge Description FORGERY / PETIT THEFT 2CTS	Charge Description UTTERING FORGED INSTRUMENT		
	Victim's Name (Last, First, Middle) ZATREPALEK, CHARLES	Race W	Sex M	Date of Birth 06-04-1948
	Local Address (Street, Apt. Number) 145 MONTEREY POINT DR.	(City) PALM BEACH GARDENS FL	(State) 33410	(zip) (561) 718-5331
	Business Address (Name, Street) SAME AS ABOVE	(City)	(State)	(zip)
	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			
	<input type="checkbox"/> committed the below acts in my presence.	<input checked="" type="checkbox"/> was observed by ANTHONY LAURIA who told D/S JIM BROWN		
	<input type="checkbox"/> confessed to _____	<input type="checkbox"/> that he/she saw the arrested person commit the below acts.		
	<input type="checkbox"/> admitting to the below facts.	<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.		
	On the 9 day of JANUARY 20 16 at 2 45 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)			
PROBABLE CAUSE STATEMENT	<p>ON THURSDAY AFTERNOON, JANUARY 5, 2017, I MET WITH CHARLES ZATREPALEK, OWNER OF ARCH ENTERPRISES OF PALM BEACH GARDENS. MR. ZALREPALEK TOLD ME HE HAD DISCOVERED TWO COMPANY CHECKS THAT WERE STOLEN FROM HIS BUSINESS IN THE CITY OF PALM BEACH GARDENS.PB&PD CASE #17-000052. THE CHECKS WERE ISSUED WITHOUT HIS PERMISSION OR KNOWLEDGE. THE STOLEN CHECKS CAME FROM ACCOUNT ██████████ DRAWN FROM CENTER STATE BANK.</p> <p>CHECK NUMBER 5103 WAS WRITTEN OUT BY HIS BOOKKEEPER ERMA RIOS ON DECEMBER 16, 2016 IN THE AMOUNT OF \$10,000.00 TO TROPICAL AUTO SALES FOR THE PURCHASE AND DOWN PAYMENT OF A BLACK 2011 LAND ROVER. THE V.I.N. ON THE VEHICLE IS SALMF1D4XBA349188 .ON DECEMBER 21, 2016 ERMA RIOS PRESENTS THE SECOND STOLEN CHECK NUMBER 9999 TO TROPICAL AUTO SALES FOR THE FINAL PAYMENT OF THE VEHICLE IN THE AMOUNT OF \$26,727.21.</p> <p>I OBTAINED A SWORN STATEMENT FROM TROPICAL AUTOSALES EMPLOYEE ANTHONY LAURIA. HE SOLD THE VEHICLE TO ERMA RIOS. IN HIS STATEMENT HE TELLS ME SHE FILLS OUT THE CHECKS, SIGNS THE CHECKS, AND PRESENTS THE TWO CHECKS TO HIM FOR THE PURCHASE OF THE LAND ROVER. THE DOWN DEPOSIT CHECK (# 5103) FOR \$10,000 ALLOWED ERMA RIOS TO TAKE POSSESSION OF THE VEHICLE ON DECEMBER 16, 2016 .SHE APPLIED FOR CREDIT ON THE REMAINING AMOUNT. HER CREDIT WAS DENIED AND SUBSEQUENTLY THE SECOND CHECK (9999) WAS STOLEN AND MADE OUT FOR THE BALANCE (\$26,727.21) OF THE LAND ROVER. TO PURCHASE THE VEHICLE ERMA RIOS ALSO HAD TO PRESENT HER DRIVERS LICENSE AS FORMAL IDENTIFICATION .THE SIGNATURES ON THE CHECKS ARE UNREADABLE AND ARE NOT PRESIGNED BY MR. ZATREPALEK</p> <p>ON JANUARY 4, 2017, OFFICER BUNCH OF THE PALM BEACH GARDENS POLICE DEPARTMENT MET MR, ZATREPALEK AT TROPICAL AUTO SALES. A POLICE REPORT HAD BEEN PREVIOUSLY FILLED OUT FOR THE STOLEN CHECKS AND DOCUMENTED UNDER PB&PD CASE NUMBER 2017-000052. THE USED CAR BUSINESS IS LOCATED AT 742 NORTH LAKE BLVD IN THE TOWN OF LAKE PARK. ERMA RIOS WAS CALLED BY THE POLICE TO RESPOND TO TROPICAL AUTO SALES AND RETURN THE VEHICLE. SHE RETURNED THE VEHICLE AND TURNED IT OVER TO MR. ZATREPALEK. TROPICAL AUTO SALES REFUSED TO TAKE THE CAR BACK AND WOULD NOT REFUND MR. ZATREPALEK HIS MONEY. TROPICAL AUTO SALES MADE NO ATTEMPT TO VERIFY THE PURCHASE OF THE USED 2011 LAND ROVER, RANGE ROVER WITH ARCH ENTERPRISES.</p> <p>BASED ON THE FACTS AND EVIDENCE, I HAVE PROBABLE CAUSE TO ARREST ERMA RIOS FOR TWO COUNTS OF PETIT THEFT, ONE COUNT OF GRAND THEFT OVER \$5000 AND ONE COUNT OF GRAND THEFT OVER \$20,000, TWO COUNTS OF FORGERY AND TWO COUNTS OF UTTERING A FORGED INSTRUMENT.</p>			
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH Signature of Arresting/Investigative Officer: DS JIM BROWN <i>6878</i>			
	The foregoing instrument was sworn to or affirmed and subscribed before me this 9 day of JANUARY 20 16 by DS JIM BROWN 6878			
	Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced Known			
	Signature of Notary Public: <i>DS Jim Brown 8390</i>			
	Notary Public, Clerk of Court, Officer (F.S.S. 117.10)			
				PAGE 1 OF 1