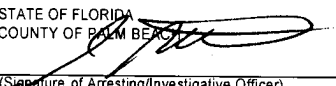
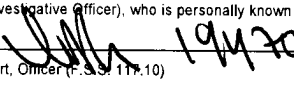


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OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06- 17111378							
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		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator							
Location of Arrest (Including Name of Business) 3565 Forest Hill Blvd Apt#87, WPB FL 33406				Location of Offense (Business Name, Address) 3873 VICTORIA DR, WPB FL 33406							
Date of Arrest 08/06/2017		Time of Arrest 0050		Booking Date		Booking Time		Jail Date		Jail Time	
Location of Vehicle											
Name (Last, First, Middle) Lopes, Isabel, L											
Alias (Name, DOB, Soc. Sec. #, Etc.)											
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex F		Date of Birth 11/10/1972		Height 5'02		Weight 135		Eye Color BROWN	
								Hair Color BROWN		Complexion MED	
										Build MED	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status Divorced		Religion CHRISTIAN		Indication of: Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) 3565 Forest Hill Blvd Apt#87, WPB FL 33406				(City) (State) (Zip)		Phone (561) 713-5643		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2			
Permanent Address (Street, Apt. Number)				(City) (State) (Zip)		Phone		Address Source			
Business Address (Name, Street)				(City) (State) (Zip)		Phone		Occupation			
D/L Number, State L-120-412-72-910-0 FL DL				Soc. Sec. Number		INS Number		Place of Birth (City, State) PORTUGAL		Citizenship USA	
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	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> 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 <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. <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 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 LEAVING THE SCENE OF ACCIDENT-W/ PROPERTY DAMAGE		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.061 (1)		Violation of ORD #			
Drug Activity N		Drug Type N		Amount / Unit		Offense # 17111378		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" 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 checked="" 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 checked="" 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) Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600											
Court Date and Time Month SEPTEMBER Day 6 Year 2017 Time 01:30 AM PM X											
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 08/06/2017											
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 MIRANDA				I.D. # 19477			
Inmate Deputy Cpt Norber/1220p		I.D. #		Pouch #		Transporting Officer D/S MIRANDA				ID # 19477	
						Agency PBSO				Witness (if subject signed with an "X") 08/06/2017	
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)											

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	
ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 1711378					
	Charge Type: Check as many as apply: <input 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		Special Notes:			
DEF	Name (Last, First, Middle) Lopes, Isabel, L				Alias		Race W	Sex F	Date of Birth 11/10/1972	
	Charge Description LEAVING THE SCENE OF ACCIDENT-W/ PROPERTY DAMAGE 316.061 (1)				Charge Description					
CHARGES	Charge Description				Charge Description					
	Charge Description				Charge Description					
VICTIM	Victim's Name (Last, First, Middle) STATE OF FLORIDA, ,						Race	Sex	Date of Birth	
	Local Address (Street, Apt. Number) (City) (State) (zip) Phone						Address Source			
	Business Address (Name, Street) (City) (State) (zip) Phone						Occupation			
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 type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.										
On the <u>6</u> day of <u>AUGUST</u> 20 <u>17</u> at <u>0050</u> <input checked="" type="checkbox"/> A. M. <input type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)										
<p>On August 6, 2017 at approximately 0015 hours I responded to 3873 Victoria Drive in unincorporated Palm Beach County, West Palm Beach FL in reference to a hit and run accident.</p> <p>Upon arrival I met with Elisha Hanes who advised that he heard a vehicle screech and then heard what sounded like a vehicle just crashed. Hanes then looked outside and seen a Silver Ford Fusion had crashed into a white 4 door vehicle that hit into 2 other vehicles. As Hanes was going to check on the driver in the Silver Ford Fusion the driver put the vehicle in reverse and drove away south on Victoria Drive. Hanes then called 911 to report the crash.</p> <p>I then followed what appeared to be fluid leaking from a vehicle South on Victoria Drive. When I got to the intersection of Davis Road I found some debris from a vehicle and then the fluid appeared to go South on Davis Rd. I then followed the fluid trail to a development called Rosemont. Once I got inside the development I found followed the fluid trail to a silver Ford Fusion with heavy front end damage. A records check of the vehicle revealed the owner to be Isabel Lopes located at 3565 Forest Hill Blvd apt 87. I then met with security who advised that the female who owns this vehicle just arrived home recently. The hood of the car was still very warm as if it was recently parked.</p> <p>I then went over to the apartment to meet with the owner of the vehicle. Isabel came to the door crying saying that she is sorry she didn't know what to do so she left. I then asked her what she was referring to and she advised that she was driving and hit into another car and then drove away because she was scared since she has been drinking. I then asked Isabel if she was injured and needed medical attention since she was involved in an accident and she said no. I then advised Isabel that she was under arrest for leaving the scene of an accident with property damage. Isabel was placed in handcuffs checked for tightness and double locked. Isabel was then transported to Wellington Regional hospital for medical clearance. While driving to the hospital Isabel kept saying sorry for what she has done and that she will be calling the insurance company to have it all fixed. Once Isabel was cleared by the doctors she was transported to Palm Beach County Jail to be booked for her charges.</p> <p>This case is cleared by arrest.</p>										
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH  (Signature of Arresting/Investigative Officer)						D/S MIRANDA			
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>6</u> day of <u>AUGUST</u> 20 <u>17</u> by <u>D/S MIRANDA</u>									
	(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. 117.10) 									

SCANNED
AUG - 7 2017

PAGE
OF 1

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



☒ WITNESS ☐ VICTIM ☐ OTHER

CASE #:	17111378	ZONE:	1-12	SUSPECT:	ISABELA LOPEZ	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	08/04/2017 2337
EVENT TYPE:	LEAVING SCENE OF AN ACCIDENT PROPERTY DAMAGE			DEPUTY:	D/S E. MIRANDA	ID#:	19477

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	Planes	FIRST NAME:	Elisha	MIDDLE INITIAL:	J	RACE:		SEX:	M	
DATE OF BIRTH:	(MM/DD/YYYY) 02-01-1996	YOUR HEIGHT:	6'0	YOUR WEIGHT:	197	YOUR HAIR COLOR:	Brown	YOUR EYE COLOR:	Hazel	
YOUR HOME ADDRESS:	3846 Victoria Dr			<input type="checkbox"/> CHECK IF HOMELESS	CITY:	W.P.B	STATE:	FL	ZIP:	33406
YOUR WORK NAME & ADDRESS:				<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY:		STATE:		ZIP:	
WORK PHONE:	<input type="checkbox"/> CHECK IF NONE	CELL PHONE:	<input type="checkbox"/> CHECK IF NONE	HOME PHONE:	<input type="checkbox"/> CHECK IF NONE	EMAIL:	<input type="checkbox"/> CHECK IF NONE			
()		(786) 717-2704	()	()						

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME:	Elisha Planes	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>I was getting ready for bed when I heard tires screech & heard a loud bang, I rushed to my bedroom window to see a silver Ford Fusion crashed into a white car. Within 1-2 minutes, the Ford then reversed and fled the scene, there was a lot of damage on the Ford's front bumper.</p>		
PAGE 1 OF 1		

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: X

☒ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10
 SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
 DATE: 08/06/2017 TIME: 0050
 SIGNATURE: [Signature] ID: 24091

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.

☐ DO NOT WISH TO PROSECUTE (INITIAL) [Initials]

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY