SUBJECT PROFILE

Name:	Karla L. Torres
Race:	Hispanic
Sex:	Female
Date of Birth:	November 28, 1977
Social Security Number:	[redacted]
Place of Birth:	El Salvador
Address:	1022 North D Street, Lake Worth, FL 33460-2055
Height:	5'2"
Hair:	Blonde
Eyes:	Brown
Florida Driver License:	T620-512-77-928-0

ARREST/NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

OBTS NUMBER	Agency ORI Number	Agency Name	Agency Report Number
	F L 0 371700	Department of Financial Services	19-910

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

Weapons Seized/Type: 1. Yes 2. No | 2 | N/A

Location of Arrest (Including Name of Business).	Location of Offense	Date of Offense
	3358 South Military Trail, Lake Worth, FL 33463	07/10/2018

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Fingerprinted By: ☐ Identification ☐ AFIS ☐ Criminal

Location of Vehicle	Other Local Number	FDLE Number	DOC Number	FBI Number
NA				

Name (Last, First, Middle)	Alias (Name, DOB, Soc. Sec. #, Etc.)
Torres, Karla L	None

Race (W – White, B – Black, I – American Indian, O – Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	11/28/1977	5'02"	Unk	Brown	Bld/Bro	Med	Sml

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)	Marital Status	Religion -	Indication of:	Y	N	Un.
Unknown	Unknown	Unknown	Alcohol Influence	☐	☐	☒
			Drug Influence	☐	☐	☒

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
1022 North D Street	Lake Worth	FL	33460	(561) 909-9570	1

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
1022 North D Street	Lake Worth	FL	33460	(561) 909-9570	FL Driver's License

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
N/A					

D/L Number	D/L State	Soc. Sec. Number	INS Number	Place of Birth	Citizenship
T620-512-77-928-0	FL	[redacted]	A094407014	El Salvador	El Salvador

CO-DEF.

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

JUVENILE

☐ 1. Parent ☐ 2. Legal Custodian ☐ 3. 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/DCF 3. Incarcerated

Released To: (Name)	Relationship	Date	Time

The above address was provided by the defendant and/or defendant's parent/guardian. The child and/or parent/guardian was told to keep the Juvenile Division Office (Phone 561-355-7200) informed of any change of address: Yes, by: (Name) No: (Reason)	School Attended	Grade

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

CO

Activity: N. N/A, P. Possess, S. Sell, B. Buy, T. Traffic, R. Smuggle, D. Deliver, E. Use, K. Dispense/Distribute Distribute, M. Manufacture Produce/ Cultivate, Z. Other

Type: N. N/A, A. Amphetamine, B. Barbiturate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opium/Deriv., P. Paraphernalia/ Equipment, S. Synthetic, U. Unknown, Z. Other

CHARGE

Charge Description	Counts	FSS / ORD	Statute Violation Number	Violation of ORD #
False/Fraudulent MV Insurance Application	1	☒ FSS ☐ ORD	817.234(1)(a)(3)	

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

CHARGE

Charge Description	Counts	FSS / ORD	Statute Violation Number	Violation of ORD #
		☒ FSS ☐ ORD		

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

CHARGE

Charge Description	Counts	FSS / ORD	Statute Violation Number	Violation of ORD #
		☐ FSS ☐ ORD		

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

CHARGE

Charge Description	Counts	FSS / ORD	Statute Violation Number	Violation of ORD #
		☐ FSS ☐ ORD		

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

NOTICE TO APPEAR

☐ Instruction No. 1 Mandatory Appearance in Court

Location (Court, Room Number, Address)

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.

Signature of Defendant (or Juvenile and Parent/Custodian) — Date Signed

ADMIN

HOLD for other Agency Name:	Signature of Arresting Officer X	Name Verification (Printed by Prisoner) (PRINT)
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:	Name of Arresting Officer (Print) Det. Anthony Merva S-452 I.D.# DIFS	
Intake Deputy I.D.# Pouch #	Transporting Officer I.D.# Agency	Witness here if subject signed with an "X"

PAGE 1 OF 2

DISTRIBUTION: COURT – 1 COPY STATE ATTORNEY – 1 COPY AGENCY – 2 COPIES DEFENDANT – 1 COPY

ADMIN

OBTS Number	PROBABLE CAUSE AFFIDAVIT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	4	Juvenile	N

Agency ORI Number	Agency Name	Agency Report Number
F L 0 371700	DEPARTMENT OF FINANCIAL SERVICES	19-910

Charge Type: Check as many as apply. X 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias
Torres, Karla L	None

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
Pearl Holding Group/Equity Insurance Company			

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
				( )	Claim File

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
PO Box 451119	Sunrise	FL	33345	( )	Insurance Company

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe 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 committed the below acts, resulting from my (described) investigation.

On the 10th day of July, 2018 (Specifically include facts constituting cause for arrest)

On July 10, 2018 at approximately 3:05pm, Karla L. Torres went to Arana Auto Insurance and Multi Service, located at 3358 S. Military Trail, Lake Worth, Palm Beach County, FL 33463 to renew her automobile insurance policy that had lapsed for non-payment on June 11, 2018 at 12:01am. At which time, Karla L. Torres gave false pretense information about being involved in an accident. Karla L. Torres signed a No-loss Statement, stating that neither she or any of her vehicles were involved in any type of losses, potential losses, or accidents from June 11, 2018 to July 10, 2018 at 3:05pm.

Based on official police records (Palm Beach County Sheriff's Office case number 18-095586 and HSMV Crash Report Number 81512514), Karla L. Torres was involved in a traffic accident on July 10, 2018 at 1:02pm at the intersection of Atlantic Avenue and Cumberland Drive in unincorporated Palm Beach County.

Arana Auto Insurance Agent Josselin Casarrubias stated that she fully explained the No-Loss Statement to Karla L. Torres on July 10, 2018 when she signed it. Josselin Casarrubias also stated that she renewed the policy based on Karla L. Torres's statement that she had no losses during the period of the lapse. Josselin Casarrubias stated, had she known that Karla L. Torres, or one of her vehicles was involved in a traffic crash or other loss, she would have not been able to renew the policy, and would have provided other options to Karla L.Torres.

Arana Auto Insurance and Multi Service's Office Manager and Licensed Insurance Agent Myra Alejandra Garcia confirm, and state that based on her fourteen years of experience in processing automobile policy renewals and re-instatement's, along with company business records confirm that Ms. Karla Torres signed the No-Loss Statement after she was involved in the traffic crash.

Based on the above facts, there is probable cause to believe that on July 10, 2018, in Palm Beach County Florida, the defendant Karla L. Torres violated Florida Statute 817.234(1)(a)(3) when she, with the intent to injure, defraud, or deceive Pearl Holding Group/Equity Insurance Company, a motor vehicle insurer, signed a No- Loss Statement, and stated she was not involved in any accidents or losses between the period of June 11, 2018 and July 10, 2018 at 3:05pm, when in fact, she was involved in an accident on July 10, 2018 at 1:02pm, which constitutes material misrepresentations to an insurance company.

ADMIN.

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC/CLERK OF THE COURT/POLICE OFFICER

9/12/2019
DATE

SIGNATURE OF THE ARRESTING/INVESTIGATING OFFICER

Det. Anthony R. Merva S-452
NAME OF OFFICER (PLEASE PRINT)

9/12/19
DATE

DISTRIBUTION: COURT – 1 COPY STATE ATTORNEY – 1 COPY AGENCY – 3 COPIES