

J-0490543

ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest 3. Request For Warrant
2. N.T.A. 4. Request For Capias

1 Juvenile

P-8

OBTS Number		PALM BEACH COUNTY SHERIFF'S OFFICE								Agency Report Number 06 17113803									
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name																	
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 _____				If Weapon Seized Enter Type _____		Multiple Clearance Indicator 0 1											
Location of Arrest (Including Name of Business) 215 B SILVER BEACH RD LAKE PARK, FL 33403										Location of Offense (Including Name of Business) 215 B SILVER BEACH LAKE PARK, FL 33403									
Date of Arrest Aug 12, 2017		Time of Arrest 0930		Booking Date		Booking Time		Jail Date		Jail Time									
Location of Vehicle																			
Name (Last, First, Middle) MORALES AGUDELO KEYKOLL																			
Alias (Name, DOB, Soc. Sec. #. Etc.)																			
Race W-White B-Black		Sex W F		Date of Birth 1/7/83		Height 5'4		Weight 150		Eye Color BROWN		Hair Color BLACK		Complexion LIGHT		Build SMALL			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATOOS ON HANDS AND FOREARMS										Marital Status SINGLE		Religion NONE		Indication of Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk					
Local Address (Street, Apt. Number) 215 B SILVER BEACH		City LAKE PARK		State FL		Zip 33403		Phone 541 4229		Residence Type: 1. City 2. County		3. Florida 4. Out of State		1					
Permanent Address (Street, Apt. Number) 215 B SILVER BEACH		City LAKE PARK		State FL		Zip 33403		Phone		Address Source		VERBAL							
Business Address (Street, Apt. Number) NONE		City		State		Zip		Phone		Occupation									
D/L Number, State NONE		Social Security Number NONE		INS Number		Place of Birth		COLUMBIA		Citizenship		COLUMBIAN							
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 Guardian <input type="checkbox"/> Other		Name (Last, First, Middle)										Phone							
Address (Street, Apt. No.)		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 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 561 355-2526) informed of any address change <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)												School Attended							
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property										Value of Property							
Drug Activity S. Sell B. Buy P. Possess 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		P. Paraphernalia/ Equipment		U. Unknown Z. Other	
Charge Description SIMPLE BATTERY (DOMESTIC)												Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03(1)(a)(1)		Violation or ORD. #	
Drug Activity N		Drug Type N		Amount/Unit N/A		Offense # 17113803		Counts		Warrant/Capias Number		Bond		No Bond					
Charge Description												Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation or ORD. #	
Drug Activity		Drug Type		Amount/Unit		Offense #		Counts		Warrant/Capias Number		Bond							
Charge Description												Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation or ORD. #	
Drug Activity		Drug Type		Amount/Unit		Offense #		Counts		Warrant/Capias Number		Bond							
Charge Description												Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation or ORD. #	
Drug Activity		Drug Type		Amount/Unit		Offense #		Counts		Warrant/Capias Number		Bond							
Location (Court, Address, Room Number)												Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation or ORD. #	
Court Date and Time												Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant/Capias Number		Bond	
Month		Day		Year		Time		AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>											
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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							
HOLD for Other Agency Name				Signature of Arresting Officer <i>M. Simpson</i>				Name Verification (Printed or Stamped) <i>CONFIRMED</i>											
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				Resisted Arrest <input type="checkbox"/> Other _____				Name of Arresting Officer M. SIMPSON ID # 9372											
Intake Deputy Sgt Santos B289				Transporting Officer ID # M. SIMPSON 9372				Agency PBSO											
Witness here if subject signed with an "X"																			

Aug 12 4:10:44

OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

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Agency ORI Number FLO 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06	17113803		
Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other _____			Special Notes		
Defendant Name (Last, First, Middle) MORALES AGUDELO			Race W	Sex F	Date of Birth 1/7/83
Charge SIMPLE BATTERY (DOMESTIC)		Charge			
Charge		Charge			
Victim Name (Last, First, Middle) AGUIRRE			Race W	Sex M	Date of Birth 9/1/66
Local Address (Street, Apt. Number) 215 B SILVER BEACH		City LAKE PARK	State FL	Zip 33403	Phone 561-644-4328
Business Address (Street, Apt. Number) NONE		City	State	Zip	Phone
					Occupation
The undersigned 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 checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to admitting to the below facts.			<input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.		
On the <u>12TH</u> day of <u>AUGUST</u> 20 <u>17</u> at <u>0903</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM					

On 8/12/17 at 0833 hours, I responded to the area of 215 Silver Beach Rd in Lake Park, Fl 33403 in reference to a 911 call from a spanish speaking female.

Upon arrival to the area PBSO dispatch asked the female later identified as Keykoll Morales Agudelo to step out to road so deputies could find her. I made contact with her and she advised that lived in the apartment which is a separate building on the property of the above stated address. She advised that her boyfriend Luis Aguirre was threatening to call and have her deported. Keykoll was extremely intoxicated, had blood shot eyes, was slurring her words and had the scent of an alcoholic beverage coming from her breath. At this time, I spoke with Luis and he advised that Keykoll did not come until 630 in the morning and was out all night drinking. While speaking with Luis, Keykoll began extremely agitated and got in Luis's face and began screaming at him. I asked to her to step away from him and as she was stepping away she took her right hand and open slapped Luis on the the left arm. Luis also advised when she first came home she struck him several times, but he didn't call 911 because he didn't want her to get in trouble.

Due to the above stated facts, I have probable cause to arrest Keykoll Morales Agudelo for violation of F.S.S. 784.03(1)(a)(1) simple battery (domestic).

The foregoing instrument was sworn to and affirmed before me this 12th day of August 20 17, by:

D/S Wilder 14999

Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

M. SIMPSON **9372**

Name of Arresting/Investigating Officer

M. Simpson

Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

Signature of Arresting/Investigating Officer

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