

0474663

170F10346 P-3133

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

Juvenile  N

|   |   |  |  |  |  |                     |
|---|---|--|--|--|--|---------------------|
| OBTS Number   | Agency ORI Number<br><b>FLO 500000</b>  |  | Agency Name<br><b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>                   |  | Agency Report Number (N.T.A.'s only)<br><b>06-17143255</b> |                     |
| Charge Type:<br>Check as many as apply  | <input checked="" type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony | <input type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 4. Traffic Misdemeanor | <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other | Weapon Seized / Type<br>2<br>1. Yes<br>2. No | Multiple Clearance Indicator                               |                     |
| Location of Arrest (Including Name of Business)<br><b>7685 S. Military Trl Lake Worth, FL 33463</b> |   |  |  | Location of Offense (Business Name, Address) |  |                     |
| Date of Arrest<br><b>10/24/2017</b>   | Time of Arrest<br><b>1915</b>   | Booking Date<br><b>10/24/2017</b>  | Booking Time   | Jail Date                                    | Jail Time  | Location of Vehicle |

|   |                 |                                    |                       |                      |                           |   |                                |   |  |  |  |
|---|-----------------|------------------------------------|-----------------------|----------------------|---------------------------|---|--------------------------------|---|--|--|--|
| Name (Last, First, Middle)<br><b>Cruz, Krystal, Marie</b>   |                 |                                    |                       |                      |                           | Alias (Name, DOB, Soc. Sec. #, Etc.)                |                                |   |  |  |  |
| Race<br>W - White I - American Indian<br>B - Black O - Oriental/Asian   | Sex<br><b>F</b> | Date of Birth<br><b>05/12/1991</b> | Height<br><b>5'05</b> | Weight<br><b>135</b> | Eye Color<br><b>Brown</b> | Hair Color<br><b>Black</b>                          | Complexion<br><b>Fair</b>      | Build<br><b>Med</b>   |  |  |  |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)<br><b>Back: heart &amp; music notes</b> |                 |                                    |                       |                      |                           | Marital Status<br><b>Single</b>                     | Religion<br><b>CHRISTIAN</b>   | Indication of:<br>Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/><br>Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/> |  |  |  |
| Local Address (Street, Apt. Number)<br><b>4824 Via Bari, Lake Worth, FL 33463</b>                                     |                 |                                    |                       | (City)               | (State)                   | (Zip)   | Phone<br><b>(561) 222-6264</b> | Residence Type:<br>1. City <input type="checkbox"/> 3. Florida <input type="checkbox"/><br>2. County <input type="checkbox"/> 4. Out of State <input checked="" type="checkbox"/> 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<br><b>C620513916720, FL</b>   |                 | Soc. Sec. Number                   |                       | INS Number           |                           | Place of Birth (City, State)<br><b>Lakewood, CA</b> |                                | Citizenship<br><b>US</b>  |  |  |  |

|   |  |  |  |                 |         |               |   |
|---|--|--|--|-----------------|---------|---------------|---|
| Co-Defendant Name (Last, First, Middle) |  |  |  | Race            | Sex     | Date of Birth | <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |
| Co-Defendant Name (Last, First, Middle) |  |  |  | Race            | Sex     | Date of Birth | <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |
| Parent<br>Legal Custodian<br>Other:     |  |  |  | Residence Phone |         |               |   |
| Address (Street, Apt. Number)           |  |  |  | (City)          | (State) | (Zip)         | Business Phone  |

|  |  |                         |  |              |      |   |       |
|--|--|-------------------------|--|--------------|------|---|-------|
| Notified by: (Name)  |  |                         |  | Date         | Time | Juvenile Disposition<br>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.<br><input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason) |  |                         |  |              |      | School Attended   | Grade |
| Property Crime?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  | Description of Property |  |              |      | Value of Property   |       |

|  |                                 |                                    |  |   |          |                                       |   |  |   |                        |
|--|---------------------------------|------------------------------------|--|---|----------|---------------------------------------|---|--|---|------------------------|
| Drug Activity<br>N. N/A<br>P. Possess    | S. Sell<br>B. Buy<br>T. Traffic | R. Smuggle<br>D. Deliver<br>E. Use | K. Dispense/<br>Distribute   | M. Manufacture/<br>Produce/<br>Cultivate          | Z. Other | Drug Type<br>N. N/A<br>A. Amphetamine | B. Barbiturate<br>C. Cocaine<br>E. Heroin | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv. | P. Paraphernalia/<br>Equipment<br>S. Synthetics | U. Unknown<br>Z. Other |
| Charge Description<br><b>Child Abuse</b> |                                 | Counts<br><b>1</b>                 | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N | Statute Violation Number<br><b>827.03 (4b) 2C</b> |          | Violation of ORD #                    |   |  |   |                        |
| Drug Activity<br><b>N</b>                | Drug Type<br><b>N</b>           | Amount / Unit                      | Offense #<br><b>17143255</b>   | Warrant / Capias Number                           |          | Bond                                  |   |  |   |                        |
| Charge Description                       |                                 | Counts                             | Domestic Violence<br><input type="checkbox"/> Y <input 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<br><input type="checkbox"/> Y <input 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<br><input type="checkbox"/> Y <input 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)   |  |  |  |  |  |                                  |  |
| Court Date and Time<br>Month <b>10</b> Day <b>24</b> Year <b>2017</b> Time <b>AM</b> <b>8:27</b> 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<br><b>10/24/2017</b> |  |

|   |   |   |                      |  |                       |
|---|---|---|----------------------|--|-----------------------|
| HOLD for other Agency Name:   |   | Signature of Arresting Officer<br><b>P. Campbell</b>    |                      | Name Verification (Printed by Arrestee)<br><b>OCT 24 PM 8:25</b> |                       |
| <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suicidal | <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Other: | Name of Arresting Officer (Print)<br><b>P. Campbell</b> |                      | (PRINT)  |                       |
| Intake Deputy<br><b>D/S B. SHATARA</b>                                  | ID #<br><b>#7623</b>  | Transporting Officer<br><b>P. Campbell</b>              | ID #<br><b>28980</b> | Agency<br><b>PBSO</b>  | PAGE<br><b>1 OF 1</b> |

|   |  |  |   |   |   |                                   |                   |                              |
|---|--|--|---|---|---|-----------------------------------|-------------------|------------------------------|
| OBTs Number   |  | <b>PROBABLE CAUSE AFFIDAVIT</b>            |   | 1. Arrest<br>2. N.T.A.                          | 3. Request for Warrant<br>4. Request for Capias | 1                                 | Juvenile          | N                            |
| ADMIN   | Agency ORI Number                              | Agency Name                                | Agency Report Number                    |   |   |                                   |                   |                              |
|   | <b>FLO 500000</b>                              | <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>  | <b>06- 17143255</b>                     |   |   |                                   |                   |                              |
| 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)                     |  | Alias                                   |   | Race  | Sex                               | Date of Birth     |                              |
|   | <b>Cruz, Krystal, Marie</b>                    |  |   |   | <b>W</b>  | <b>F</b>                          | <b>05/12/1991</b> |                              |
| CHARGES   | Charge Description                             |  | Charge Description                      |   |   |                                   |                   |                              |
|   | <b>Child Abuse</b>                             |  | <b>827.03 (1b)</b>                      |   |   |                                   |                   |                              |
| VICTIM  | Business Address (Name, Street)                |  | (City)                                  | (State)   | (zip)   | Phone                             | Occupation        |                              |
|   |  |  |   |   |   |                                   |                   |                              |
| <p>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.</p> <p>The Person taken into custody</p> <p><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.</p> <p><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.</p> <p>On the <b>23</b> day of <b>October</b> 20<b>17</b> at <b>6:00</b> <input type="checkbox"/> A. M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><b>The Defendant, Krystal Cruz, used a clothes hanger to strike _____ (Victim), _____ several times in the lower extremities (legs) due to her being suspended from after school care at her school. The above act resulted in several lacerations on _____ in the following locations: lower left leg, lower right leg, and under her buttocks on her left leg.</b></p> <p><b>Based on the above I determined the Defendant did intentionally inflict physical injury as described above upon the Victim, who is a child that resulted in the above indicated injuries, contrary to F.S.S. 827.03 (1b) and F.S.S. 827.03 (2c). The Defendant was arrested at the above location and transported to the Palm Beach County Jail without incident.</b></p> |  |  |   |   |   |                                   |                   |                              |
| NOT A CERTIFIED COPY  |  |  |   |   |   |                                   |                   |                              |
| ADMINISTRATIVE  | STATE OF FLORIDA<br>COUNTY OF PALM BEACH       |  | <b>P. Campbell</b>                      |   |   |                                   |                   |                              |
|   | (Signature of Arresting/Investigative Officer) |  |   |   |   |                                   |                   |                              |
| The foregoing instrument was sworn to or affirmed and subscribed before me this <b>24</b> day of <b>October</b> 20 <b>17</b> by <b>D/S P. Campbell</b>  |  |  |   |   |   |                                   |                   |                              |
| (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <b>LEO</b>   |  |  |   |   |   |                                   |                   |                              |
| Notary Public, Clerk of Court, Officer (F.S.S. 117.10)  |  |  |   |   |   |                                   |                   |                              |
|   |  |  |   |   |   |                                   |                   | PAGE<br><b>1</b> OF <b>1</b> |