

16-A340

ARREST / NOTICE TO APPEAR

A D M I N I S T R A T I O N	OBTS Number		Agency ORI Number *0500800		Agency Name West Palm Beach Police Department		Agency Report Number (N.T.A.'s only) 9 4 2018-0005725		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		3		JUVENILE									
	Charge Type: Check as many as apply		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 <input type="checkbox"/>		If Weapon Seized		Multiple Clearance Indicator N							
	Location of Arrest (Including Name of Business)		[REDACTED]																					
D E F E N D A N T	Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle											
	Name (Last, First, Middle) MARTIN, LENIN																Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)					
	Race		W - White B - Black		1 - American Indian O - Oriental/Asian		Sex M		Date of Birth 02/03/1965		Height 5'09		Weight 170		Eye Color HAZEL		Hair Color BROWN		Complexion LIGHT		Build M			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) UNKNOWN																Marital Status S		Religion NONE		Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
	Local Address (Street, Apt. Number) 3825 GEORGIA AVE 1, WEST PALM BEACH, FL 33405				(City)		(State)		(Zip)		Phone (954) 846-4340				Residence Type: 1. City 3. Florida 2. County 4. Out of State 1									
	Permanent Address (Street, Apt. Number) 3825 GEORGIA AVE 1, WEST PALM BEACH, FL 33405				(City)		(State)		(Zip)		Phone (954) 846-4340				Address Source FL DL									
	Business Address (Name, Street) 1819 NW STREET 701				(City)		(State)		(Zip)		Phone				Occupation None									
	D/L Number, State M635520650430 / FL		INS Number		Place of Birth (City, State)				Citizenship															
	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"/> Other: _____ Name (Last, First, Middle) <input type="checkbox"/> Legal Custodian Address (Street, Apt. Number) (City) (State) (Zip) Residence Phone Business Phone Notified by: (Name) Date Time Relationship Date Time JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated 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 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____ Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Description of Property Value of Property Drug Activity S Sell R Smuggle K Disperses/ Distribute M Manufacture/ Produce/ Cultivate Z Other N N/A B Buy D Deliver E Use P Possess T Traffic Drug 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 Description LEWD/LASCIVIOUS ACT-MOLEST 12-16 YOA OFFENDER OVER 18 Statute Violation Number 800.04(5C2) Violation of ORD #																								
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Health / Apparent Physical Condition of Defendant Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain: Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health PROPERTY - Received By Released By Released To Transported By Date Transported Time Transported Other																								
INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2. Location (Court, Room) Court Date and 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 COMTEMPT 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 <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other Signature of Arresting Officer Name of Arresting Officer (Print) VERTEFEUILLE, MARK I.D. # 01788 Name Verification (Printed by Arrestee) (PRINT) Intake Deputy I.D. # Pouch # Transporting Officer I.D. # Agency N/A PAGE 1 OF 1 Witness here if subject signed with an "X".																								

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS P.I.G. DEFENDANT



City of West Palm Beach
 Police Department
PROBABLE CAUSE AFFIDAVIT



OBTS #
 FL0500800

CASE #2018-0005725

DEFENDANT: Lenin Martin

Race: W Sex: M DOB: 02/03/1965

VICTIM: [REDACTED]

Local Address: [REDACTED]

Phone: [REDACTED]

Between the dates of August 8, 2014, and August 7, 2017, the crime of Lewd or Lascivious Molestation occurred at [REDACTED]

During a Child Protection Team forensic interview, the 15-year-old victim disclosed the following: [REDACTED] Lenin Martin (DEFENDANT), sexually abused her between the ages of 12 and 14. She said Martin molested her breasts over and under her clothing with his hands. He told her not to tell her [REDACTED]. He molested her vagina and breasts over and under her bathing suit while at the pool at [REDACTED]. He touched her exposed vagina with his exposed penis. Her vagina hurt after he touched it with his penis. He touched her vagina with his mouth on several occasions. He made her touch his penis with her hands and attempted to have her touch it with her mouth. She witnessed him touch his own penis until he ejaculated.

During a controlled telephone call, Lenin initially denied the allegations but then apologized for what he did. He said he was alone with the victim and had a weak moment. Lenin said he touched the victim's vagina three times. He said he masturbated in front of her once. He denied having, or attempting to have, sexual intercourse with her.

Based on the aforementioned information, I find probable cause exists to arrest Lenin Martin and charge him in violation of F.S.S. 800.04(5C2) Lewd or Lascivious Molestation.

SWORN AND SUBSCRIBED before me

[Signature]
 OFFICER (F.S.S. 117.10)

[Signature]
 SIGNATURE OF ARRESTING OFC

Detective C. Tomas #1808

Detective M. Vertefeuille #1788

May 7, 2018

May 7, 2018