05002346 RMM10047 2167

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number | 1. Arrest 2. N.T.A. 3. Request For Warrant 4. Request For Capias | 1 | Juvenile N

Agency ORI Number: FLO 5 0 0 0 0 0 | Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number: 06 18116087

Charge Type (Check as many as apply): 1 Felony; 2 Traffic Felony; 3 Misdemeanor; 4 Traffic Misdemeanor; 5 Ordinance; 6 Other _____ | If Weapon Seized, Enter Type | Multiple Charges Indicator: 0 1

Location of Arrest (Including Name of Business): 1025 S K ST APT 4 LAKE WORTH, FL, 33460 | Location of Offense (Including Name of Business): 1025 S K ST APT 4 LAKE WORTH, FL, 33460

Date of Arrest: Sep 2, 2018 | Time of Arrest: 1322 | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle

Name (Last, First, Middle): REYES MALAQUIAS L | Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White, I - American Indian, B - Black, O - Oriental/Asian): W | Sex: M | Date of Birth: 08/22/1994 | Height: 5'07 | Weight: 160 | Eye Color: BROW | Hair Color: BROWN | Complexion: TAN | Build: SMALL

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): NONE | Marital Status: MARRIED | Religion: CHRISTIAN | Indication of Alcohol Influence: Y | Drug Influence: Y | N | Unk

Local Address (Street, Apt. Number): 1025 S K ST APT 4 | City: LAKE WORTH, FL, 33460 | State | Zip | Phone: 305-785-7559 | Residence Type (1 City, 2 County, 3 Florida, 4 Out of State): 1

Permanent Address (Street, Apt. Number): 1025 S K ST APT 4 | City: LAKE WORTH, FL, 33460 | State | Zip | Phone | Address Source: VERBAL

Business Address (Street, Apt. Number) | City | State | Zip | Phone | Occupation: LANDSCAPER

D.L. Number, State: R-200-552-94-222-0 | Social Security Number | INS Number | Place of Birth: EL SALVADOR | Citizenship: EL SALVADOR

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

Parent / Legal Guardian / 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: defendant and/or defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561 355-3526) informed of any address change: Yes, by (Name) / No (Reason) | School Attended | Grade

Property Crime? Yes / No | Description of Property | Value of Property

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

Drug Type: N, NA; A, Amphetamine; B, Barbiturate; C, Cocaine; E, Heroin; H, Hallucinogen; M, Marijuana; P, Paraphernalia/Equipment; U, Unknown; Z, Other

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation or ORD. #	Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
SIMPLE BATTERY-DOMESTIC RELATED	1	Y	784.03(1)(a)(1)		N	N		18116087		
		Y N								
		Y N								
		Y N								
		Y N								

Location (Court, Address, Room Number)

Court Date and Time: Month / Day / Year / Time / AM / PM

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 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 | Dangerous | Suicidal | Resisted Arrest | Other

Signature of Arresting Officer | Name of Arresting Officer: D/S J. JOSEF | ID #: 25445

Intake Deputy | ID # | Pouch #

Transporting Officer: D/S J. JOSEF #25445 | ID # | Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X"

Page 1 of ___

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RECEIVED SEP 2 PM 3:29 CLERK OF CIRCUIT COURT CRIMINAL DIVISION
FILED SEP 5 AM 5:21 CLERK OF CIRCUIT COURT CRIMINAL DIVISION

OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

1 | Juvenile: N

Agency ORI Number	Agency Name	Agency Report Number	
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	06	18116087

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

Special Notes

Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth
REYES	MALAQUIAS	L	W	M	06/22/1994

Charge	Charge
SIMPLE BATTERY-DOMESTIC RELATED	
Charge	Charge

Victim Name (Last, First, Middle)			Race	Sex	Date of Birth
MANUEL	MARIA	TOMAS	W	F	07/06/1997

Local Address (Street, Apt. Number)	City	State	Zip	Phone	Address Source
1025 S K ST APT 4	LAKE WORTH, FL, 33460			561-628-4045	VERBAL
Business Address (Street, Apt. Number)	City	State	Zip	Phone	Occupation
					STUDENT

The undersign 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...

☐ committed the below acts in my presence.

☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

☐ confessed to admitting to the below facts.

☒ was found to have committed the below acts, resulting from (described) investigation.

On the 02 day of SEPTEMBER 20 18 at 1240 ☒AM ☒PM

On September 02, 2018 at approximately 1240 hours I responded to a report of a domestic battery at 1125 South K St Apartment 4, Lake Worth, FL, 33460.

Upon arrival I made contact with the complainant, later Maria Manuel, and she advised me that her husband had kicked and slapped her with an open hand. Due to Maria speaking limited English, D/S A. Pagan #21428 responded to the scene in order to translate. While awaiting D/S Pagan, I was able to clearly see the initial bruising and redness to the left side of Maria's face(possibly scratch marks as well) and a red mark along the hairline of Maria's face(above her right eye).

Maria advised that she and her husband, later identified as Malaquias Reyes, were arguing because she had stated that she wanted to leave their apartment and go to her mother's residence with their two children. At this time, Maria advised that she and Malaquias were in the bedroom of their apartment. Maria stated that after Malaquias began arguing with her, she attempted to leave the room and gather the children to leave the residence. Maria advised me that Malaquias grabbed Maria by the hair on her head and pulled her hair (moving her in a backwards motion) with such force that Maria lost her footing and fell onto their bed. Maria stated that she got up from their bed immediately in order to once again exit the bedroom and Malaquias grabbed her by the hair a second time.

Maria stated that when Malaquias grabbed her hair the second time, he had pulled her hair and she was forced to the floor. Maria stated that at this time, Malaquias stepped on her hair, and kicked her in the head (unknown which foot was used).

I spoke to Malaquias and asked him what took place prior to my arrival and if he had any explanation for the injuries on Maria's face. Malaquias explained to D/S Pagan that he and Maria had been arguing and that they both were grabbing and pushing each other. Malaquias began explaining that at no point was the struggle containing punches or kicks. Malaquias stated that Maria sustained the injuries by falling and hitting her head on the corner of the box spring, which was sticking out from underneath the mattress partially at the foot of the bed.

CONTINUE TO PAGE 2 OF 2

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The foregoing instrument was sworn to and affirmed before me this 02 day of SEPTEMBER 20 18, by:

D/S A. PAGAN #21428
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

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

D/S J. JOSEF 25445
Name of Arresting/Investigating Officer

Signature of Arresting/Investigating Officer

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

Agency OR Number	Agency Name	Agency Report Number	
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	06	18116087

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

Special Notes

Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth
REYES	MALAQUIAS	W	M	06/22/1994

Charge	Charge
SIMPLE BATTERY-DOMESTIC RELATED	
Charge	Charge

Victim Name (Last, First, Middle)			Race	Sex	Date of Birth
MANUEL	MARIA	TOMAS	W	F	07/06/1997

Local Address (Street, Apt. Number)	City	State	Zip	Phone	Address Source
1025 S K ST APT 4	LAKE WORTH	FL	33460	561-628-4045	VERBAL
Business Address (Street, Apt. Number)	**City**	**State**	**Zip**	**Phone**	**Occupation**
	LAKE WORTH	FL	33460		STUDENT

The undersign 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...

☐ committed the below acts in my presence.

☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

☐ confessed to admitting to the below facts.

☒ was found to have committed the below acts, resulting from (described) investigation.

On the 02 day of SEPTEMBER 20 18 at 1240 ☐ AM ☒ PM

The information provided by Malaquias, during my fact finding of this incident, failed to support the injuries that Maria had sustained.

At this time, Malaquias was placed into handcuffs, which were double locked, and checked for proper fit, and placed in the rear seat of my patrol vehicle.

A records check via NCIC/FCIC and PALMS revealed [redacted]

Maria provided a sworn written statement (written in Spanish/D/S Pagan advised me of the content).

D/S Pagan photographed the injuries that Maria sustained.

It should be noted that Malaquias did not have any injuries.

Although there were not any independent witnesses, the information provided by Maria and the physical evidence/injuries she sustained supporting the allegations have led me to charge Malaquias.

Based on the above findings of my investigation Probable Cause exists to charge Malaquias Reyes with Simple Battery- Domestic Related FSS 784.03(1)(a)(1). Malaquias was transported to the Palm Beach County Sheriff's Office Main Detention Center for booking.

NOT A CERTIFIED COPY

The foregoing instrument was sworn to and affirmed before me this 02 day of SEPTEMBER 20 18, by:

D/S A. PAGAN #21428
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

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

J. JOSEF 25445
Name of Arresting/Investigating Officer

Signature of Arresting/Investigating Officer

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause Affidavit)

Defendant: REYES MALAQUIAS L DOB: 06/22/1994 Case #: 18116087

Victim: MANUEL MARIA TOMAS DOB: 07/06/1997 Race: W Sex: F

Relationship between Victim and Defendant: _____

Photographs: Scene ☐Yes ☑No Victim ☑Yes ☐No Defendant ☐Yes ☑No

911 Call: ☑Yes ☐No Caller: MARIA MANUEL

Weapon Used: ☐Yes ☑No Type: _____

Witness: ☐Yes ☑No Name: _____

Victim Pregnant: ☐Yes ☑No If yes, _____Weeks _____Months

Injuries: ☑Yes ☐No Description: ABRASION AND CONTUSION TO THE FACE/HEAD

Medical Treatment: ☐Yes ☑No

At Scene: ☐Yes ☑No Paramedics: _____

At Hospital: ☐Yes ☑No Hospital: _____ Physician: _____

Are children living in the home? ☑Yes ☐No DCF Notified? ☑Yes ☐No

Name: AZUCENA REYES TOMAS DOB 01/06/2017

Name: ASHLEY REYES TOMAS DOB 06/06/2018

Name: _____ DOB _____

Injunction: ☐Yes ☑No Case #: _____

No Contact Order: ☐Yes ☑No Case #: _____

Alcohol or Drugs: ☑Yes ☐No ☐Unknown

Prior history of Domestic/Dating Violence ☐Yes ☑No

Defendant's statements ☑Yes ☐No If yes, ☐written ☐recorded ☑oral

First words Defendant said when you responded to scene: HE WAS STATING THAT NOTHING HAPPENED

Vicitm's statements ☑Yes ☐No If yes, ☑written ☐recorded ☑oral

First words Victim said when you responded to scene: SHE BEGAN EXPLAINING THAT SHE WAS BATTERED AND BEGAN SHOWING HER INJURIES

Did the Victim contact anyone other than the police within an hour of the incident regarding the incident?

☐Yes ☑No If yes, name: _____ phone _____

Observations of Victim (Physical & Emotional): _____

☑Upset ☑Crying ☐Fearful ☐Hysterical ☐Afraid ☑Calm ☐Nervous

☐Complained of pain ☐Other _____

Victim contact information:

Local Address: 1025 S K ST APT 4

LAKE WORTH, FL, 33460

Phone: Home: 561-628-4045 Work: _____ Cell: _____

Employer: NONE

Name of Relative: _____ Phone: _____

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VICTIM NOTIFICATION FORM

- **Homicide** (Ch.782)
- **Attempted Murder**
- **Stalking** (F.S. 784.048)
- **Domestic Violence** - **(This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.**
- **Sexual Offense** (Ch.794)
- **Attempted Sexual Offense**
- **Dating Violence**

Upon completion, this form must accompany the booking paperwork.
If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 18116087 Agency: Palm Beach County Sheriff's Office
   Offense: SIMPLE BATTERY-DOMESTIC RELATED
   Suspect/Offender: REYES MALAQUIAS L
   DOB: 06/22/1994 Race: W Sex: M

2. Warrant #(s):

3.a. Victim's Name: MANUEL MARIA TOMAS DOB: 07/06/1997 Race: W Sex: F
   Address: 1025 S K ST APT 4
   City: State: Zip:
   Home #: 561-628-4045 Work #: Other #:

   b. Victim's next of kin, friend or neighbor:
   Address:
   City: State: Zip:
   Home #: Work #: Other #:

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY SUBJECT TO CONFIDENTIALITY.

Victim/Relation Notification Waiver and Confidential Information Request

(Check applicable boxes)

☐ **Waiver:** **I choose not to be notified when the arrestee is released from custody.**

☐ **Confidential:** **I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).**

Signature of person waiving notification:

Printed name of person waiving notification:

Deputy's Name: D/S J. JOSEF ID #: 25445 Date: Sep 2, 2018

White = Corrections or State Attorney (Warrant Application) Yellow = Warrants Section Pink = Central Records

PBSO #0029A REV. 05/11

SUSPECT/OFFENDER REYES MALAQUIAS L COURT CASE/WARRANT #

(FOR WARRANTS USE ONLY)

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Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☒	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	4
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	☐	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2018029486	**Date:** 09/03/2018
	Specialist Name/ID: AM/31562