0496011   18MIN 2257 P-3628

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1   Juvenile

ADMINISTRATIVE

OBTS Number		

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 18042307

Charge Type: Check as many as apply.		Weapon Seized / Type	Multiple Clearance Indicator
☐ 1. Felony ☐ 2. Traffic Felony	☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor	☐ 5. Ordinance ☐ 6. Other	2 1. Yes 2. No	01

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
SAME AS OFFENSE	1072 MADISON CHASE #4, WEST PALM BEACH, FL 33411

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
02/23/2018	1108 HRS					

DEFENDANT

Name (Last, First, Middle)	Alias (Name, DOB, Soc. Sec. #, Etc.)
Espinoza Berrios, Marcela, Alejandra	

Race W - White I - American Indian B - Black O - Oriental/Asian	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	01/05/1994	5'01	100	BROWN	BROWN	MEDIUM	SMALL

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description)	Marital Status	Religion	Indication of:	Y	N	Unk.
NONE	SINGLE	NONE	Alcohol Influence Drug Influence	☐ ☐	☒ ☒	☐ ☐

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type	
1072 Maddison Chase Apt 4, West Palm Beach, FL 33411				(305) 916-1389	1. City 2. County 3. Florida 4. Out of State	2

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
,				( )	VERBAL/ RECORDS

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

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
E215541945050, FL	▮▮▮		MANAGUH, NICARAGUA	UNK

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

☐ Parent
☐ Legal Custodian
☐ Other:

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 / DYS 3. Incarcerated

Released To: (Name)	Relationship	Date	Time

The above address provided by ☐ defendant and / or ☐ 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.
☐ Yes, by: (Name)   ☐ No: (Reason)

School Attended	Grade

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

CODE

Drug Activity					Drug Type				
N. N/A	S. Sell	R. Smuggle	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	N. N/A	B. Barbiturate	H. Hallucinogen	P. Paraphernalia/ Equipment	U. Unknown
P. Possess	B. Buy T. Traffic	D. Deliver E. Use		Z. Other	A. Amphetamine	C. Cocaine E. Heroin	M. Marijuana O. Opium/Deriv.	S. Synthetics	Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
SIMPLE BATTERY-DOMESTIC	1	☒Y ☐N	784.03(1A1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond
N	N	N/A	18042307		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

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

VICTIM NOTIFICATION REQUIRED

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

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

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

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

NOTICE TO APPEAR

Location (Court, Room Number, Address)

Court Date and Time				
Month	Day	Year	Time	AM

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

02/23/2018

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 Arrestee)
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other	Name of Arresting Officer (Print) ID # D/S K. TAYLOR 31314	(PRINT)

Intake Deputy	ID #	Pouch #	Transporting Officer ID # Agency D/S K. TAYLOR 31314 PBSP	Witness here if subject signed with an -X-	PAGE 1 OF 1

DISTRIBUTION   WHITE - COURT COPY   GREEN - STATE ATTORNEY   YELLOW - AGENCY   PINK - ARRESTING AGENCY / DEFENDANT (N.T.A.'s ONLY)

PBSO #148 REV

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 18042307

ChargeType: Check as many as apply.
- [ ] 1. Felony
- [ ] 2. Traffic Felony
- [X] 3. Misdemeanor
- [ ] 4. Traffic Misdemeanor
- [ ] 5. Ordinance
- [ ] 6. Other

Special Notes:

DEF

Name (Last, First, Middle)
Espinoza Berrios, Marcela, Alejandra
Alias | Race AN | Sex F | Date of Birth 01/05/1994

CHARGES

Charge Description		Charge Description
SIMPLE BATTERY-DOMESTIC	784.03(1A1)	
Charge Description		Charge Description

VICTIM

Victim's Name (Last, First, Middle)
HERRERA, KARLOS, E
Race W | Sex M | Date of Birth 02/12/1994

Local Address (Street, Apt. Number)	(City)	(State) (zip)	Phone	Address Source
1072 MADISON CHASE APT 4, WEST PALM BEACH, FL 33411			( ) 786-906-4517	

Business Address (Name, Street)	(City)	(State) (zip)	Phone	Occupation
			( )	

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. 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 commited the below acts, resulting from my (described) investigation.

On the _____ day of _____ 20 ___ at _____ ☐ A. M. ☐ P.M. (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

On 02/23/2018 at approximately 1015Hrs I was dispatched to 1072 Madison Chase Apt. 4 in West Palm Beach, FL, Palm Beach County, in reference to a domestic disturbance.

Upon arrival, I made contact with Karlos Herrera in front of the residence. I observed that Karlos had a black/blue knot on his right cheek bone and was bleeding from his mouth. Karlos also had visible scratches to his neck. Karlos advised that he was involved in a physical altercation with his girlfriend, Marcela Espinoza, with whom he lives with at the residence. Karlos stated that the two were involved in an argument at which point Marcela began to open their bedroom window located on the second floor and throw his personal items out of the window. Karlos stated that he attempted to grab onto a box that she was going to throw out to which he was able to take out of her grip. According to Karlos, Marcel became enraged and physically attacked him by punching him in the face with a closed fist. The physical altercation continued and Marcel began to scratch his lower face to chest area leaving visible and fresh scratch marks.

I made contact with Marcela Espinoza in her bedroom. Marcela stated that they were indeed arguing and began to throw his items out of the window. She stated that he tried to stop her by grabbing her neck and then smacking her in the face. Marcela stated she called 911 and that Karlos hit himself causing the marks. Marcela pointed out that she had a scratch mark on her neck and a mark on her face where Karlos allegedly smacked her.

Photos were taken of the injuries to both Karlos and Marcela. There were no independent witnesses to this incident.

Based on the totality of the circumstances there is probable cause to effect an arrest on Marcel Espinoza for domestic battery (FSS 784.03 1a1) as all indications led me to believe she was the primary aggressor. Marcel was placed into handcuffs (to include double locked and checked for tightness) and placed in the rear of a Palm Beach Sheriff's Office marked vehicle. Marcela was transported to Palm Beach County Main Jail without incident where she was turned over to correction personal for processing.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

D/S K. TAYLOR

The foregoing instrument was sworn to or affirmed and subscribed before me this 23 day of 02 20 18 by DS K Taylor

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known

DS R Woods 6267

Notary Public, Clerk of Court, Officer (F.S.S 117.10)

SCANNED
FEB 24 2018

PAGE 1 OF 1

PBSO #0004 REV. 04/01

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VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been commited:

- **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**

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

1. Incident Report #: **18042307**   Agency: **PBSO**

    Offense: **SIMPLE BATTERY-DOMESTIC**

    Suspect/Offender: **Espinoza Berrios, Marcela, Alejandra**

    D.O.B. **01/05/1994**   Race: **H**   Sex: **F**

2. Warrant # (s): _____

3.a. Victim's name: **HERRERA, KARLOS, E** D.O.B. **02/12/1994** Race: **W** Sex: **M**

    Address: **1072 MADISON CHASE APT 4**

    City: **WEST PALM BEACH, FL 33411**

    Home #- **() 786-906-4517**   Work #: **()**   Other: _____

b. Victim's next of kin, friend or neighbor: _____

    Address: _____

    City: _____

    Home #: _____   Work #: _____   Other: _____

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE 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: **HERRERA, KARLOS, E**

SCANNED

Deputy's Name: **DS K Taylor**   I.D.# **31314**   Date: **02/23/2018** FEB 2 4 2018

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

PBSO 00029A REV. 4199

SUSPECT/OFFENDER: **Espinoza Berrios, Marcela, Alejandra** COURT CASE/WARRANT#. (FOR WARRANTS USE ONLY)

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM
(Submit this form with the original Probable Cause affidavit)

Suspect: **Espinoza Berrios, Marcela, Alejandra**   DOB: 01/05/1994   Case #: 18042307

Victim: **HERRERA, KARLOS, E**   DOB: 02/12/1994   Race: W   Sex: M

Relationship between Victim and Defendant: _____

Photographs: Scene × Yes   No   Victim x̄ Yes ⌐ No   Defendant ×Yes   No

911 Call: × Yes   No   Caller: _

Weapon Used: Yes × No   Type: _____

Witness: Yes × No   Name: _

Victim Pregnant: Yes × No   If yes, ___ weeks _____ months

Injuries: × Yes   No   Description: Lacerations, swelling and scratches _____

Medical Treatment: × Yes   No

At Scene: × Yes   No   Paramedics: Palm Beach County Fire Rescue _____

At Hospital: Yes × No   Hospital: _____ Physician: _____

Are Children Living in Home?   Yes x̄ No   DCF Notified?   ⌐ Yes x̄ No

Name: _   DOB: ___/___/_____

Name: _   DOB: ___/___/_____

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: That she was battered _____

_____

Victim's Statements   ×⌐Yes   No   If yes, ×written   ⌐ recorded   ×oral

First words Victim said when you responded to scene: That he was battered. _____

_____

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

⌐ Yes x̄ 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: 1072 MADISON CHASE APT 4, WEST PALM BEACH, FL 33411 _____

Phone: Home (___) 786-906-4517   Work (___)___ -_____   Cell (___)___ -_____

Employer: _____

Name of Relative: _____ Phone (___)___ *SCANNED*

Address: _____ ~~FEB 2 4 2018~~

PBSO #0004A REV. 05/11