

0485681

NH

2853

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

1 Juvenile

ADMINISTRATIVE	OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-17044887</b>				
	Charge Type: Check as many as apply: <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		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 01						
	Location of Arrest (Including Name of Business) <b>7 Hadley Court Greenacres, FL 33463</b>				Location of Offense (Business Name, Address) <b>7 Hadley Court</b>						
	Date of Arrest <b>02-26-17</b>	Time of Arrest <b>2125</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>N/A</b>				
DEFENDANT	Name (Last, First, Middle) <b>Ramirez, Maria, Christina</b>				Alias (Name, DOB, Soc. Sec. #, Etc.) <b>N/A</b>						
	Race W - White I - American Indian B - Black O - Oriental/Asian <b>W</b>	Sex <b>F</b>	Date of Birth <b>03-10-79</b>	Height <b>5'6</b>	Weight <b>135</b>	Eye Color <b>Brown</b>	Hair Color <b>Black</b>	Complexion <b>Tan</b>	Build <b>Medium</b>		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>Left Skull, Tattoo, Rose w/ skull</b>				Marital Status <b>Single</b>	Religion <b>CATHOLIC</b>	Indication of: Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input checked="" type="checkbox"/>				
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>4 Hadley Court Greenacres, FL 33463</b>				Phone <b>(908) 698-1252</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>1</b>				
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>4 Hadley Court</b>				Phone <b>( )</b>		Address Source <b>verbal-defendant</b>				
	Business Address (Name, Street) (City) (State) (Zip) <b>( )</b>				Phone <b>( )</b>		Occupation <b>( )</b>				
	D/L Number, State <b>R-562-543-79-590-0 FL</b>		Soc. Sec. Number <b>N/A</b>		INS Number <b>N/A</b>		Place of Birth (City, State) <b>Mexico</b>		Citizenship <b>Resident</b>		
	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			
	CO-DEF	<input type="checkbox"/> Parent Name (Last) (First) (Middle) <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:				Residence Phone <b>( )</b>					
Address (Street, Apt. Number) (City) (State) (Zip) <b>( )</b>				Business Phone <b>( )</b>							
Notified by: (Name)				Date <b>02-26-17</b>	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 <input checked="" 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. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)						School Attended		Grade			
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property			Value of Property						
Drug Activity N. N/A P. Possess		S. Sell 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 O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
Charge Description <b>Child Abuse w/o bodily injury</b>		Counts <b>01</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>827.03(2)(c)</b>		Violation of ORD # <b>N/A</b>					
Drug Activity <b>N</b>		Drug Type <b>N</b>	Amount / Unit <b>N/A</b>	Offense # <b>17044887</b>	Warrant / Capias Number <b>N/A</b>		Bond <b>N/A</b>				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" 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 <input type="checkbox"/> Y <input checked="" 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 <input type="checkbox"/> Y <input checked="" 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 Month Day Year Time AM PM <b>Month Day Year Time AM PM</b>											
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											
HOLD for other Agency Name:			Signature of Arresting Officer <b>D/S Fuentes Jr</b>			Name Verification (Printed by Arrestee) <b>(PRINT)</b>					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:			Name of Arresting Officer (Print) <b>D/S Fuentes Jr</b>			ID # <b>24989</b>					
Intake Deputy <b>D/S [Signature]</b>			Transporting Officer <b>[Signature]</b>			ID # <b>24989</b>					
Pouch #			Agency <b>PBSO</b>			Witness here if subject signed with an "X" <b>1 OF 1</b>					

DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile
ADMIN	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06- 17044887</b>				
	Charge Type: Check as many as apply: <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		Special Notes:						
DEF	Name (Last, First, Middle) <b>Ramirez, Maria, Christina</b>		Alias <b>N/A</b>		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>03-10-79</b>		
	Charge Description <b>Child Abuse w/o bodily injury 827.03(2)(c)</b>		Charge Description						
CHARGES	Charge Description		Charge Description						
	Charge Description		Charge Description						
VICTIM	Victim's Name (Last, First, Middle)				Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>08-21-01</b>		
	Local Address (Street, Apt. Number)		(City)	(State)	(zip)	Phone		Address Source <b>verbal</b>	
	Business Address (Name, Street)		(City)	(State)	(zip)	Phone ( )		Occupation <b>student</b>	

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 **Rosa Mencia** who told **D/S Fuentes**  
 that he/she saw the arrested person commit the below acts.  
☒ was found to have committed the below acts, resulting from my (described) investigation.

On the **26th** day of **February** 20 **17** at **2125** ☐ A.M. ☐ P.M. (Specifically include facts constituting cause for arrest.)

On Sunday, 02-26-17, I responded to \_\_\_\_\_ at approximately 2034hrs, in reference to the report of a battery that just occurred. Upon arrival, Deputies and I made contact with the victim, W/F \_\_\_\_\_ DOB: 08-21-01, who advised the following:

\_\_\_\_\_ stated that she was "attacked" by a white Hispanic woman, who was later identified as W/F Maria Christina Ramirez DOB: 03-10-79 (defendant). \_\_\_\_\_ advised she was attending a birthday party located at 7 Hadley Court (Greenacres, FL) when she was attacked by Ramirez. \_\_\_\_\_ advised she does not know why she was attacked, however advised that the woman who attacked her was an adult female (Maria C. Ramirez). \_\_\_\_\_ advised she slightly recalled having a can of beer thrown at her, as well as having her hair pulled. I observed \_\_\_\_\_ in a state of panic and spontaneously uttered that she could not breathe. I also observed \_\_\_\_\_ with various cuts and scrapes to her knees and arms. \_\_\_\_\_ also had a bite mark between her index finger and thumb located on her right hand. \_\_\_\_\_ hair appeared as if it was yanked/pulled and also had dry blood on her left ear. \_\_\_\_\_ was treated on scene by Greenacres Fire Rescue and was essentially transported to Wellington Hospital.

I interviewed Maria Ramirez in regards to the injuries I observed on \_\_\_\_\_. Ramirez advised that she became angry with \_\_\_\_\_ due to the fact that she was giving her "dirty looks" at the birthday party. Ramirez advised she confronted \_\_\_\_\_ about the dirty looks and asked her "what are you looking at"? Ramirez advised that a verbal altercation ensued and was "lunged" at by \_\_\_\_\_. According to Ramirez, the assault on \_\_\_\_\_ was an act of self-defense.

Based on my investigation (witness testimony) and observations made on scene, \_\_\_\_\_ injuries on scene were consistent with the statements provided to me by all parties. Probable cause exists at this time (totality of the circumstances) to arrest and charge Maria C. Ramirez with Child Abuse w/o great bodily harm (battery on a juvenile 15 YOA), pursuant to FS 827.03(2)(c). Ramirez was transported to the Palm Beach County Jail without incident.

ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		<b>D/S Fuentes Jr</b>	
	(Signature of Arresting/Investigative Officer)			
	The foregoing instrument was sworn to or affirmed and subscribed before me this <b>26th</b> day of <b>February</b> 20 <b>17</b> by <b>D/S Fuentes Jr 24989</b>			
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <b>Personally Known</b>			
		<b>29969</b>		
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)				

**SCANNED**  
**FEB 27 2017**

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