

0495436/2676

18mm 1393

ARREST / NOTICE TO APPEAR

A D M I N I S T R A T I O N	OBTS Number		Agency ORI Number <b>0500800</b>		Agency Name <b>West Palm Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>9 4 2018-0001970</b>		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		81 JUVENILE			
	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized		Enter Type <b>BLUNT OBJECT</b>		Multiple Clearance Indicator									
Location of Arrest (Including Name of Business) <b>427 Northwood Rd Wpb</b>					Location of Offense (Business Name, Address) <b>427 NORTHWOOD RD, WEST PALM BEACH, FL 33407</b>											
Date of Arrest <b>2-2-18</b>		Time of Arrest <b>1558</b>		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle				
Name (Last, First, Middle) <b>VILLEGAS, ROBERTO</b>																
Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)																
Race W - White B - Black		Sex <b>M</b>		Date of Birth <b>10/29/1973</b>		Height <b>5'07</b>		Weight <b>180</b>		Eye Color <b>BROWN</b>		Hair Color <b>BROWN</b>		Complexion <b>LIGHT</b>		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status <b>M</b>		Religion		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		
Local Address (Street, Apt. Number) (City) (State) (Zip) Phone <b>427 NORTHWOOD RD, WEST PALM BEACH, FL 33401</b>																
Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone <b>427 NORTHWOOD RD, WEST PALM BEACH, FL 33401</b>																
Business Address (Name, Street) (City) (State) (Zip) Phone <b>TABLE 427, 427 NORTHWOOD RD (561) 506-8211</b>																
Occupation <b>Co-owner</b>																
D/L Number, State <b>V422720733890 / FL</b>		Soc. Sec. Number		DNS Number		Place of Birth (City, State)		Citizenship <b>US</b>								
Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor																
Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor																
Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle) Residence Phone																
Legal Custodian																
Address (Street, Apt. Number) (City) (State) (Zip) Business Phone																
Notified by: (Name) Date Time JUVENILE DISPOSITION 1. Handled/Processed by Department and Released 2. PENDING 3. Uncreated																
Released To: (Name) Relationship Date Time																
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.																
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Description of Property Value of Property																
Drug Activity: S Sell R Snaggle K Disperses M Manufacture Z Other N N/A B Buy D Deliver Distribute Produce Cultivate P Possess T Traffic F Use																
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 <b>BATTERY - BATTERY (SIMPLE)</b> Statute Violation Number <b>784.03(1) A-1</b> Violation of ORD # <b>NONE</b>																
Drug Activity Drug Type Amount Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond <b>N / 2018-0001970 1 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</b>																
Charge Description Statute Violation Number Violation of ORD #																
Drug Activity Drug Type Amount Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond																
Charge Description Statute Violation Number Violation of ORD #																
Drug Activity Drug Type Amount Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond																
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																
Check which applies: <input type="checkbox"/> Released w/R <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail PROPERTY - Received By Released By																
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.																
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT IF 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 Signature of Arresting Officer <b>2095</b> Name Verification (Printed by Arrestee) <b>SCANNED</b>																
Name of Arresting Officer (Print) ID # <b>TESTA, ANTHONY 02095</b>																
Transporting Officer ID # Agency <b>TESTA 2095 Wpb</b>																
Witness here if subject signed with an "X".																
PAGE 1 OF 1																

109 FEB -3 AM 5:54  
HATTON R BOOK FIELD  
WEST PALM BEACH COUNTY FL  
SUN CLUB BRANCH

No Photo Available

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>02/02/2018 17:59</b>		Agency ORI Number <b>FL 0500800</b>			Agency Name <b>WEST PALM BEACH POLICE</b>			Agency Report Number <b>9   4   2018-0001970</b>		
	Name (Last, First, Middle) <b>VILLEGAS, ROBERTO</b>					Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>10/29/1973</b>			
Charge Description <b>784.03(1) BATTERY - BATTERY (SIMPLE)</b>											
V I C T I M	Victim's Name (Last, First, Middle) <b>MACKIN, MARIA</b>					Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>09/26/1975</b>			
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>384 GOLFVIEW RD, JUNO BEACH, FL 33408</b>					Phone <b>(561) 568-8553</b>			Address Source		
	Business Address (Name, Street) (City) (State) (Zip) <b>TABLE 427, 427 NORTHWOOD RD</b>					Phone <b>(561) 506-8211</b>			Occupation <b>CO-OWNER</b>		
DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral					OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):						
VICTIM'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral					<b>UPSET</b>						
RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>SPOUSE</b>											
A D D I T I O N A L  I N F O R M A T I O N	PHOTOGRAPHS: Scene:		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>							
	Victim:		<input checked="" type="checkbox"/>	<input type="checkbox"/>							
	911 CALL:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: <b>MARIA MACKIN</b>						
	WEAPON USED:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	TYPE: <b>WINE GLASS</b>						
	WITNESSES:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	(If YES, attach witness list)						
	INJURIES:		<input type="checkbox"/>	<input checked="" type="checkbox"/>							
	MEDICAL TREATMENT:		<input type="checkbox"/>	<input checked="" type="checkbox"/>							
	AT: Scene:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	PARAMEDICS:						
	Hospital:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:						
	ACT COMMITTED IN PRESENCE OF MINOR(S):		<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES/AGES:						
	H. R. S. NOTIFIED:		<input type="checkbox"/>	<input checked="" type="checkbox"/>							
	VICTIM PREGNANT:		<input type="checkbox"/>	<input checked="" type="checkbox"/>							
VIOLATION OF RESTRAINING ORDER:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #:							
PRIOR HISTORY OF DOMESTIC VIOLENCE:		<input type="checkbox"/>	<input checked="" type="checkbox"/>								
ALCOHOL OR DRUGS INVOLVED:		<input type="checkbox"/>	<input checked="" type="checkbox"/>								
N A R R	On Friday, February 02, 2018 at approximately 1715 hours while on patrol, working in a uniformed capacity, I was dispatched to 427 Northwood Road (Table 427) in reference to an assault call.										
	Upon arrival, contact was made with the victim, Maria Mackin (W/F 09/26/75). Mackin is the co-owner of Table										
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.   SIGNATURE OF ARRESTING OFFICER											
Sworn to and subscribed to before me this <u>2</u> day of <u>February</u> , <u>2018</u>											
<b>CHASE, CHRISTOPHER</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)											

CERTIFIED COPY

SCANNED  
FEB 03 2018

DOMESTIC VIOLENCE PROBABLE CAUSE  
AFFIDAVIT

Palm Beach County  
Narrative Continuation

A D M I N  N A R R A T I V E	Date / Time <b>02/02/2018 17:59</b>	Agency ORI Number <b>FL 0500800</b>	Agency Name <b>WEST PALM BEACH POLICE</b>	Agency Report Number <b>9   4   2018-0001970</b>
--	--	--	--	---

427 along with her estranged husband, Roberto Villegas (W/M 10/29/73). Mackin said that there was a verbal altercation at the restaurant between her and Villegas because Villegas did not want Mackin at the restaurant. Mackin told Villegas that she is the co-owner and she is staying.

Mackin stated in a taped sworn statement, that Villegas became angry and started smashing dishes on the ground. Mackin advised that Villegas picked up an empty wine glass from the bar and threw it at Mackin. The glass struck Mackin on the upper left thigh. It should be noted that Mackin stated she did not need medical attention and that the glass left no marks on her thigh. Photos were taken of Mackin to document where the wine glass struck her. After throwing the wine glass, Villegas left the restaurant.

Contact was made with Stephanie Pedroza (W/F 04/02/96). Pedroza is a waitress at Table 427. Pedroza said in a taped sworn statement that she heard an altercation inside the restaurant. Pedroza said that she then saw Villegas throw the wine glass at Mackin, which struck Mackin in the upper left thigh.

Due to the above facts, there is sufficient probable cause to charge Roberto Villegas (W/M 10/29/73) with Simple Battery-Domestic per F.S.S. 784.1(A1).

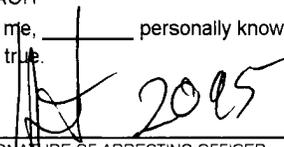
Prior to submitting this report, dispatch relayed information that Villegas was waiting in the alley behind Table 427 and wanted to tell his side of the story. Contact was made with Villegas. upon contact, Villegas was patted down for my safety. Villegas began making spontaneous utterances that he did throw plates but did not touch or hit Mackin. Villegas stated that he was living out of the restaurant and Mackin was verbally taunting him by making statements that she could be here whenever she wants.

Villegas continued saying that he smashed plates on the ground but did not strike Mackin. It should be noted that I did not ask Villegas any questions prior to Villegas speaking to me.

Villegas was placed under arrest. Villegas was handcuffed behind his back. The handcuffs were checked for proper fit and double locked per policy. Villegas was placed into our marked vehicle and seat belted per policy. Villegas was transported to Palm Beach County Jail without incident. My BWC was active.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Appeared before me, \_\_\_\_\_ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 2 day of February, 2018

CHASE, CHRISTOPHER  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)

SCANNED  
FEB 03 2018

**VICTIM NOTIFICATION FORM**

This form must be filled out in a case involving one of the following crimes.

- Homicide (Ch 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (S. 784.048)
- Domestic Violence - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. 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.

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

1. Incident Report # 18-1970 Agency: Wpb  
 Offense: Simple Battery - DOMESTIC  
 Suspect/Offender: Leberto Villegas  
 D.O.B. 10-29-73 Race: W Sex: M

2. Warrant #(s) \_\_\_\_\_

3. Complete one (1) of the following:

a. Victim's name: Maria Mackin  
 Address: 384 Golfview Rd  
 City: North Palm Beach State: FL Zip: 33408  
 Home #: 561-368-8933 Work#: 561-5068211 Other: \_\_\_\_\_

b. Victim's next of kin: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home #: \_\_\_\_\_ Work#: \_\_\_\_\_ Other: \_\_\_\_\_

c. Victim's designated contact other than next of kin (for example: a friend or neighbor):  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home #: \_\_\_\_\_ Work#: \_\_\_\_\_ Other: \_\_\_\_\_

4. Relevant identification or case numbers assigned to the case (please specify).  
\_\_\_\_\_

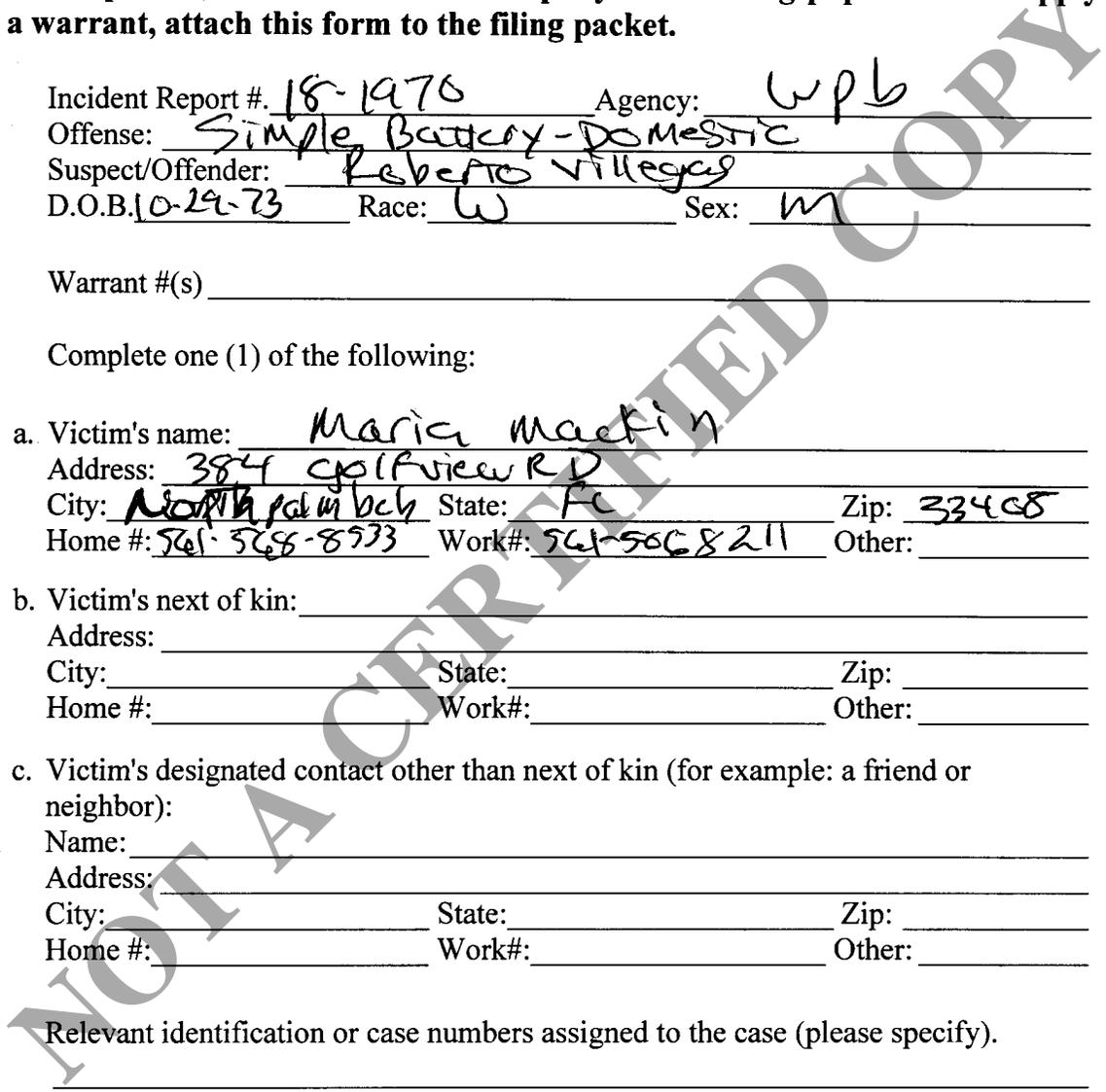
**WAIVER:** I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: \_\_\_\_\_  
 Printed name of person waiving notification: \_\_\_\_\_

Officer's Name: \_\_\_\_\_ I.D.: \_\_\_\_\_ Date: \_\_\_\_\_

SUSPECT/OFFENDER:

COURT CASE/WARRANT#  
(FOR WARRANTS USE ONLY)



SCANNED  
FEB 03 2018