

W1 # 0481400

PCH 236 NH

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		1 <input type="checkbox"/> Juvenile <input type="checkbox"/>	
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 16131597			
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		Multiple Clearance Indicator 01	
Location of Arrest (Including Name of Business) 861 SARAZEN DR WPB, FL 33413		Location of Offense (Including Name of Business) 861 SARAZEN DR WPB, FL 33413					
Date of Arrest Sep 26, 2016	Time of Arrest 01:03	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
Name (Last, First, Middle) DE LA NOVAL MARTINEZ RUBEN		N/A		N/A		Alias (Name, DOB, Soc. Sec. #, Etc.) N/A	
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex M	Date of Birth 08/04/1970	Height 5'07	Weight 200	Eye Color BRN	Hair Color BRN	Complexion MED
Build MED		Marital Status SINGLE		Religion N/A		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) N/A		Residence Type 1. City 2. County 3. Florida 4. Out of State		Phone 986-312-5037		Address Source FLORIDA DL	
Local Address (Street, Apt. Number) 2201 W 52 ST APT 112		City HIALEAH		State FL		Zip 33016	
Permanent Address (Street, Apt. Number)		City		State		Zip	
Business Address (Street, Apt. Number)		City		State		Zip	
D/L Number, State D451720702840		Social Security Number		INS Number		Place of Birth HAVANA CUBA	
Citizenship NO		Co-Defendant Name (Last, First, Middle)		Race		Sex	
Parent Legal Guardian Other		Name (Last, First, Middle)		State		Zip	
Address (Street, Apt. No.)		City		State		Zip	
Notified By (Name)		Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/DAYS 3. Incarcerated	
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 561 355-2528) informed of any address change. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)		School Attended		Grade		Value of Property	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property					
Drug Activity N. N/A P. Possession		S. Sell B. Buy T. Traffic		K. Smuggle D. Deliver E. Use		M. Manufacture Produce Cultivate	
Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana	
P. Paraphernalia Equipment		U. Unknown Z. Other					
Charge Description SIMPLE BATTERY DOMESTIC		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03 1A1	
Drug Activity N		Drug Type N		Amount/Unit N/A		Offense # 16131597	
Warrant/Capias Number		Bond					
Charge Description		Counts		Domestic Violence		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Bond					
Charge Description		Counts		Domestic Violence		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Bond					
Charge Description		Counts		Domestic Violence		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Bond					
Location (Court, Address, Room Number)							
Court Date and Time Month _____ Day _____ Year _____ Time _____ AM <input type="checkbox"/> PM <input type="checkbox"/>							
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 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 <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Signature of Arresting Officer D/S CISSON J. ID # 24091		Name Verification (Printed by Arrestee) (PRINT)		Page 1 of 1	
Intake Deputy S ID # _____ Pouch # _____		Transporting Officer D/S CISSON J. ID # _____ Agency 24091		Witness here if subject signed with an "X"			

SEP 26 2016
SCANNED
SEP 26 2016

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.


☐ WITNESS ☒ VICTIM ☐ OTHER

CASE #:	116131597	ZONE:	1-21	SUSPECT:	Roben DeLa Noval Martinez	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	09/25/16 0020
EVENT TYPE:	Domestic Battery			DEPUTY:	Cisson J.	ID#:	24091

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	Jazo - Fresno	FIRST NAME:	Neida	MIDDLE INITIAL:	FRESNO	RACE:	W	SEX:	F
DATE OF BIRTH:	(MM/DD/YYYY) 10/31/73	YOUR HEIGHT:	5'04	YOUR WEIGHT:	130	YOUR HAIR COLOR:	Blk	YOUR EYE COLOR:	Bm
YOUR HOME ADDRESS:	861 Sarazen Dr			CITY:	West Palm Beach FL	STATE:	FL	ZIP:	33413
YOUR WORK NAME & ADDRESS:				CITY:		STATE:		ZIP:	
WORK PHONE:	<input type="checkbox"/> CHECK IF NONE	CELL PHONE:	<input type="checkbox"/> CHECK IF NONE	HOME PHONE:	<input type="checkbox"/> CHECK IF NONE	EMAIL:	<input type="checkbox"/> CHECK IF NONE		
()	()	()	()	1561 932-9523	()				

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME:	Neida Jazo Fresno	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>Me llamo al cuarto y me dio empujones, me cogio por el cuello y joroba los dedos y golpes me aranco la cadena haciendome danos en el cuello delante de mi hija y un bebe de 1 año y medio, me llevo mi telefono y lo rompio y mi hija al salir la golpio con el carro y golpeo un carro q habia en mi parqueo y un golpe en el ojo izquierdo y estaba bajo los efectos del alcohol.</p>		
<p>PAGE <u>1</u> OF <u>1</u></p>		

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: **X** *[Signature]*

☐ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 09/25/16 TIME: 0020

SIGNATURE: *[Signature]* ID# 24091

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW. I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT MY CASE MAY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. ☐ DO NOT WISH TO PROSECUTE (INITIAL _____)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY

CANARY - STATE ATTORNEY COPY

PINK - OFFICER'S COPY

GOLD - WITNESS / VICTIM COPY

SEP 26 2016