

CHI # 0481400

ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest 3. Request For Warrant
2. N.T.A. 4. Request For Capias

1 Juvenile

PCH 235
NH

OBTS Number			PALM BEACH COUNTY SHERIFF'S OFFICE						Agency Report Number 06 16131597			
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name						Multiple Clearance Indicator 01				
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						
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										Alias (Name, DOB, Soc. Sec. #, Etc.) N/A		
Race W - White B - Black	Sex M - Male O - Oriental/Asian	Date of Birth 08/04/1970	Height 5'07	Weight 200	Eye Color BRN		Hair Color BRN		Complexion MED	Build MED		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) N/A					Marital Status SINGLE		Religion N/A		Indication of: Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/>			
Local Address (Street, Apt. Number) 2201 W 52 ST APT 112			City HIALEAH		State FL		Zip 33016		Phone 986-312-5037	Residence Type: 1. City 2. County 3. Florida 4. Out of State 1		
Permanent Address (Street, Apt. Number)			City		State		Zip		Phone	Address Source FLORIDA DL		
Business Address (Street, Apt. Number)			City		State		Zip		Phone	Occupation S FLORIDA TISSUE		
DL Number, State D451720702840		Social Security Num [REDACTED]		INS Number		Place of Birth HAVANA CUBA		Citizenship NO				
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				
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	Name (Last, First, Middle) <i>Not Guilty</i>					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)										Date	Time	
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parent. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561 355-2526) informed of any address change <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No: (Reason)										School Attended		
VICTIM NOTIFICATION REQUIRED										Grade		
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property								Value of Property		
Drug Activity N. NA P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce Cultivate	Z. Other N. N/A A. Amphetamine	Drug type B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana	P. Paraphenale Equipment	U. Unknown Z. Other		
Charge Description SIMPLE BATTERY DOMESTC			Offense # 16131597		Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03 1A1			Violation or ORD. #		
Drug Activity N	Drug Type N	Amount/Unit N/A	Offense # 16131597		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant/Capias Number			Bond		
Charge Description					Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number			Violation or ORD. #		
Drug Activity	Drug Type	Amount/Unit	Offense #		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant/Capias Number			Bond		
Charge Description					Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number			Violation or ORD. #		
Drug Activity	Drug Type	Amount/Unit	Offense #		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant/Capias Number			Bond		
Charge Description					Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number			Violation or ORD. #		
Drug Activity	Drug Type	Amount/Unit	Offense #		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant/Capias Number			Bond		
Location (Court, Address, Room Number)					Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number			Violation or ORD. #		
Court Date and Time					Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant/Capias Number			Bond		
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			Signature of Arresting Officer		Name Verification (Printed by Arrestee) D/S CISSON J.							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			Name of Arresting Officer D/S CISSON J.		ID # 24091 (PRINT)							
Intake Deputy			ID #	Pouch #	Transporting Officer	ID #	Agency	24091				Page 1 of 1
Witness here if subject signed with an 'X'												

SET 2016

SCANNED

SEP 26 2016



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 #:	ZONE:	SUSPECT:	DATE & TIME OF ORIGINAL EVENT/OFFENSE:
116131597	1-21	Ruben DeLa Noval Martinez	09/25/14 0020
EVENT TYPE:	DEPUTY:	ID#:	
Domestic Battery	Cisson J.	24091	

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: <u>Fresno - JAZO - Fresno</u>		FIRST NAME: <u>Neida</u>		MIDDLE INITIAL: <u>F</u>	RACE: <u>W</u>	SEX: <u>F</u>
DATE OF BIRTH: <u>(MM/DD/YYYY)</u> <u>10/31/13</u>		YOUR HEIGHT: <u>5'04</u>	YOUR WEIGHT: <u>130</u>	YOUR HAIR COLOR: <u>BK</u>	YOUR EYE COLOR: <u>Brn</u>	
YOUR HOME ADDRESS: <u>861 Sarazen Dr</u>		<input type="checkbox"/> CHECK IF HOMELESS		CITY: <u>West Palm Beach FL</u>	STATE: <u>33413</u>	ZIP: <u></u>
YOUR WORK NAME & ADDRESS: <u></u>		<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY: <u></u>	STATE: <u></u>	ZIP: <u></u>
WORK PHONE: <input type="checkbox"/> CHECK IF NONE <u>()</u>	CELL PHONE: <input type="checkbox"/> CHECK IF NONE <u>()</u>	HOME PHONE: <input type="checkbox"/> CHECK IF NONE <u>(561) 932-9523</u>		EMAIL: <u></u>	<input type="checkbox"/> CHECK IF NONE	

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

YOUR NAME: Neida Lazo Fresno	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>Me llamo al caro y me dio empujones, me cogio por el cuello y torrobo los dedos y golpes me aranac la cadena haciendome daños en el cuello delante de mi hija y un bebe de 10a y medio, me lleva mi telefono y lo rompio y mi hija al salir la golpeo con el carro y golpeo un carro q habia en mi parqueo y un golpe en el ojo izquierdo q estaba bajo los efectos del olio.</p>	

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READ AND SIGN

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

DEPUTY SHERIFF NOTARY PUBLIC FSS: 117.10

FSS: 117.10

NOTARY PUBLIC

YOUR SIGNATURE: X

DATE: 11/11/01

100

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

PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING CHILDREN

WHITE - RECORDS COPY CANARY - STATE ATTORNEY OFFICE Page 11