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**ARREST / NOTICE TO APPEAR
Juvenile Referral Report**

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

1

Juvenile ☐

OBTS Number		Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 17092130	
Charge Type Check as many as apply <input 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		If Weapon Seized		Enter Type None		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) 3374 AMBERJACK RD LAKE WORTH FL 33462				Location of Offense (Including Name of Business) 3374 AMBERJACK RD LAKE WORTH FL 33462			
Date of Arrest Jun 19, 2017	Time of Arrest 12:56	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
Name (Last, First, Middle) CASTRILLO SANDRA JULIETTA				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White 1 - American Indian B - Black O - Oriental/Asian	Sex H F	Date of Birth 12/29/1991	Height 5'4	Weight 125	Eye Color GREEN	Hair Color BROWN	Complexion LIGHT
Build SMALL/SLIM							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) DESIGNS ON SHOULDERS, ARM (CROSS W/ROSE) AND "JALISSAH"				Marital Status SINGLE		Religion CATHOLIC	
Local Address (Street, Apt. Number) 53 VIA DE CASAS NORTE		City BOYNTON BEACH		State FL		Zip 33426	
Permanent Address (Street, Apt. Number)		City		State		Zip	
Business Address (Street, Apt. Number) 860 US HIGHWAY 1		City NORTH PALM BEACH		State FL		Zip 33408	
D/L Number, State FL DL C236-790-91-969-0		Social Security Number		INS Number		Place of Birth CAMDEN, NEW JERSEY	
Citizenship US							
Co-Defendant Name (Last, First, Middle)				Race		Sex	
Co-Defendant Name (Last, First, Middle)				Race		Sex	
Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other				Name (Last, First, Middle)			
Address (Street, Apt. No.)				City		State	
Zip				Business Phone			
Notified By (Name)				Date		Time	
Released To (Name)				Relationship		Date	
Time				Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS 3. Incarcerated			
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 561 355-2526) informed of any address change. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)				School Attended			
Grade							
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Description of Property			
Value of Property							
Drug Activity N. N/A P. Possess				S. Sell B. Buy 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				P. Paraphernalia/ Equipment			
U. Unknown Z. Other							
Charge Description DOMESTIC BATTERY				Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
Statute Violation Number 784.03(1)(a)(1)				Violation or ORD. #			
Drug Activity NA		Drug Type NA		Amount/Unit NA		Offense # 17092130	
Warrant/Capias Number				Bond NONE			
Charge Description				Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
Statute Violation Number				Violation or ORD. #			
Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number				Bond			
Charge Description				Counts		Domestic Violence	
Statute Violation Number				Violation or ORD. #			
Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number				Bond			
Charge Description				Counts		Domestic Violence	
Statute Violation Number				Violation or ORD. #			
Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number				Bond			
Location (Court, Address, Room Number)							
Court Date and Time Month Day Year Time 2017 JUN 20 AM 5:39							
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			
Signature of Arresting Officer				Name Verification (Printed by Arrestee)			
Name DS O'NEAL				ID # 6408			
Name of Arresting Officer DS O'NEAL				ID # 6408			
Intake Deputy D/S. C. GILYARD				ID # #7392			
Transporting Officer DS O'NEAL				Agency 6408			
Witness here if subject signed with an "X"						Page 1 of 1	

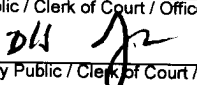
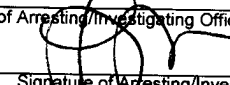
OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		1	Juvenile <input type="checkbox"/>
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		17092130	
Charge Type Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other _____		Special Notes					
Defendant Name (Last, First, Middle) <div style="display: flex; justify-content: space-between;"> CASTRILLO SANDRA JULIETTA </div>							
Charge DOMESTIC BATTERY		Charge		Race H		Sex F	
				Date of Birth 12/29/1991			
Victim Name (Last, First, Middle) <div style="display: flex; justify-content: space-between;"> CARRANZA LUPE J.R. </div>							
Local Address (Street, Apt. Number) 3374 AMBERJACK ROAD		City LAKE WORTH		State FL		Zip 33462	
Business Address (Street, Apt. Number)		City		State		Zip	
				Phone 561-929-2947		Address Source Verbal	
				Phone		Occupation	
The undersign 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...							
<input type="checkbox"/> committed the below acts in my presence.							
<input type="checkbox"/> confessed to admitting to the below facts.							
<input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.							
<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.							
On the 19 day of JUNE 20 17 at 12:56 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM							

CARRANZA ADVISED ME THAT EVERYTHING HAPPENED SO QUICKLY HE DID NOT REALIZE THAT CASTRILLO GOT STRUCK.

DANIEL IRAOLA WAS ON THE OUTSIDE OF THE RESIDENCE SMOKING A CIGARETTE WHEN HE HEARD THE ALTERCATION BEGINNING. IRAOLA STATED THAT HE CAME INTO THE RESIDENCE TO CALM CASTRILLO AND CARRANZA DOWN. IRAOLA OBSERVED THE TWO PARTIES IN THIS CASE KICKING AND SCREAMING. IRAOLA STATED THAT HE DOES NOT KNOW HOW THE ALTERCATION BEGAN, BUT HE CAME IN DURING THE TIME FRAME THAT THE REMOTE CONTROL IMPACTED CASTRILLO'S FACE. LUPE CARRANZA SR ADVISED STATED THAT HE HEARD HIS SON INSTRUCTING CASTRILLO TO LEAVE SEVERAL TIMES BEFORE HE LEFT THE RESIDENCE.

DURING MY INVESTIGATION, I HAD TO INSTRUCT CASTRILLO TO CALM DOWN MULTIPLE TIMES. CASTRILLO WAS VERY AGGITATED AND OVERLY AGGRESSIVE. CASTRILLO WAS ARGUMENTATIVE WITH EVERYONE THAT WAS ON SCENE. AT ONE POINT I SEPERATED CASTRILLO AND ASKED HER TO WAIT BY THE ROADSIDE UNTIL I COULD OBTAIN STATEMENTS FROM THE OTHER PARTIES AT THE RESIDENCE, CASTRILLO THEN RAN TOWARDS CARRANZA AND HIS FATHER AS I WAS SPEAKING WITH THEM AND ENGAGED IN A SHOUTING MATCH. CASTRILLO THEN WALKED TOWARDS CARRANZA'S MOTHER AND CONTINED THE SAME TYPE OF BEHAVIOR. I ESCORTED CASTRILLO AWAY FROM THE AREA DURING WHICH TIME SHE STATED I VIDEO TAPED THE WHOLE EVENT. I MADE OBSERVATION OF THE RECORDING, CASTRILLO COULD BE SEEN AND HEARD AS SHE YELLED AND SCREAMED AT CARRANZA, CASTRILLO APPEARED TO BE THE AGGRESSOR THROUGHOUT THE VIDEO EVEN THOUGH THE TWO ENGAGED IN VERBAL CONFRONTATION. I DID NOT OBSERVE ANY PHYSICAL CONTACT BUT CASTRILLO DID ADMIT TO TOUCHING AND STRIKING CARRANZA STATING THAT SHE FELT SHE HAD TO DEFEND HERSELF BECAUSE NO ONE WOULD LISTEN TO HER. CASTRILLO WAS PLACED IN HANDCUFFS AND ESCORTED TO MY PATROL VEHICLE.

I HAVE PROBALE CAUSE TO ARREST CASTRILLO FOR THE CHARGE OF DOMESTIC BATTERY (FLORIDA STATE STATUTE 784.03(1)(a)(1) FOR INTENTIONALLY TOUCHING AND STRIKING CARRANZA AGAINST HIS WILL CAUSING BODILY HARM. CARRANZA SUSTAINED A BITE TO HIS NOSE, A BUSTED LIP, AND SCRATCHES.SCRAPS TO HIS ARMS. CARRANZA DID NOT WISH TO BE ASSESSED BY EMS. I UTILIZED MY DIGITAL CAMERA TO CAPTURE IMAGES OF THE INJURIES SUSTAINED BY BOTH PARTIES IN THIS CASE.

The foregoing instrument was sworn to and affirmed before me this 19 day of JUNE 20 17 , by:	
DS J. COOKE 9209 Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00) 	DS O'NEAL 6408 Name of Arresting/Investigating Officer 
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer

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

Defendant: CASTRILLO SANDRA JULIETTA DOB: 12/29/1991 Case #: 17092130

Victim: CARRANZA LUPE J.R. DOB: 03/26/1995 Race: H Sex: M

Relationship between Victim and Defendant: _____

Photographs: Scene ☐ Yes ☐ No Victim ☐ 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: _____

Medical Treatment: ☐ Yes ☐ No

At Scene: ☐ Yes ☐ No Paramedics: _____

At Hospital: ☐ Yes ☐ No Hospital: _____ Physician: _____

Are children living in the home? ☐ Yes ☐ No DCF Notified? ☐ Yes ☐ 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: _____

Victim's statements ☐ Yes ☐ No If yes, ☐ written ☐ recorded ☐ oral

First words Victim said when you responded to scene: _____

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

☐ Yes ☐ 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: 3374 AMBERJACK ROAD

LAKE WORTH FL 33462

Phone: Home: 561-929-2947 Work: _____ Cell: _____

Employer: _____

Name of Relative: _____ Phone: _____