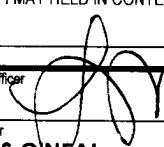


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ARREST / NOTICE TO APPEAR  
Juvenile Referral Report1. Arrest 3. Request For Warrant  
2. N.T.A. 4. Request For Capias

1 Juvenile

OBTS Number			ARREST / NOTICE TO APPEAR Juvenile Referral Report								
Agency ORI Number <b>FLO 5 0 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>				Agency Report Number <b>06</b>		17092130			
Charge Type: Check as many as apply 1. Felony 3. Misdemeanor 5. Ordinance 2. Traffic Felony 4. Traffic Misdemeanor 6. Other						If Weapon Seized Enter Type None		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) <b>3374 AMBERJACK RD LAKE WORTH FL 33462</b>											
Date of Arrest <b>Jun 19, 2017</b>	Time of Arrest <b>12:56</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
Name (Last, First, Middle) <b>CASTRILLO SANDRA JULIETTA</b>						Alias (Name, DOB, Soc. Sec. # Etc.)					
Race W- White H- Asian B- Black O- Oriental/Asian		Sex <b>H F</b>	Date of Birth <b>12/29/1991</b>	Height <b>5'4</b>	Weight <b>125</b>	Eye Color <b>GREEN</b>	Hair Color <b>BROWN</b>	Complexion <b>LIGHT</b>	Build <b>SMALL/SLIM</b>		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>DESIGNS ON SHOULDERS, ARM (CROSS W/ROSE) AND "JALISSAH"</b>						Marital Status <b>SINGLE</b>	Religion <b>CATHOLIC</b>	Indication of Alcohol Influence Drug Influence Y N □ □			
Local Address (Street, Apt. Number) <b>53 VIA DE CASAS NORTE</b>			City <b>BOYNTON BEACH</b>	State <b>FL</b>	Zip <b>33426</b>	Phone <b>561-774-1813</b>	Residence Type 1. City 2. County 3. Florida 4. Out of State 2				
Permanent Address (Street, Apt. Number)			City	State	Zip	Phone <b>561-526-5962</b>	Address Source <b>FLORIDA DRIVER'S LICENSE</b>				
Business Address (Street, Apt. Number) <b>860 US HIGHWAY 1</b>			City <b>NORTH PALM BEACH</b>	State <b>FL</b>	Zip <b>33408</b>	Phone <b>561-465-8217</b>	Occupation <b>OFFICE MANAGER</b>				
DL Number, State <b>FL DL C236-790-91-969-0</b>		Social Security Number		INS Number		Place of Birth <b>CAMDEN, NEW JERSEY</b>	Citizenship <b>US</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		
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	Name (Last, First, Middle)								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)			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 561 355-2526) 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. NA P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute Produce Cultivate	M. Manufacture/ Produce	Z. Other	Drug Type N. NA A. Amphetamine	B. Barbiturates C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana	P. Paraphernalia/ Equipment	U. Unknown Z. Other	
Charge Description <b>DOMESTIC BATTERY</b>			Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>784.03(1)(a)(1)</b>			Violation or ORD. #			
Drug Activity <b>NA</b>	Drug Type <b>NA</b>	Amount/Unit <b>NA</b>	Offense # <b>17092130</b>	Warrant/Capias Number			Bond			<b>NONE</b>	
Charge Description			Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" 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 <input type="checkbox"/> Y <input checked="" 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 <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number			Violation or ORD. #			
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number			Bond				
Location (Court, Address, Room Number)			JUN 19 PM 4:13								
Court Date and Time			Month <b>JUN</b>	Day <b>19</b>	Year <b>2017</b>	Time <b>4:13 PM</b>	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 <b>2017 JUN 19 PM 4:13</b>				5:39			
HOLD for Other Agency Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			Signature of Arresting Officer 			Name Verification (Printed by Arrestee) <b>DS O'NEAL</b>			3:39		
			Name of Arresting Officer <b>DS O'NEAL</b>			ID # <b>6408</b>					
Intake Deputy <b>D/S. C. GILYARD</b>			Pouch # <b>#7392</b>			Transporting Officer <b>DS O'NEAL</b>	Agency <b>6408</b>	Page <b>1</b>			
Witness here if subject signed with an "X"											

OBTS Number

## PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

Agency ORI Number <b>FLO 5 0 0 0 0 0</b>	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number <b>06</b>	<b>17092130</b>		
Charge Type: Check as many as apply 1. Felony      3. Misdemeanor 2. Traffic Felony      4. Traffic Misdemeanor 5. Ordinance 6. Other	Special Notes				
Defendant Name (Last, First, Middle) <b>CASTRILLO</b>	SANDRA	JULIETTA	Race <b>H</b>	Sex <b>F</b>	Date of Birth <b>12/29/1991</b>
Charge <b>DOMESTIC BATTERY</b>	Charge				
Charge	Charge				
Victim Name (Last, First, Middle) <b>CARRANZA</b>	LUPE	J.R.	Race <b>H</b>	Sex <b>M</b>	Date of Birth <b>03/26/1995</b>
Local Address (Street, Apt. Number) <b>3374 AMBERJACK ROAD</b>	City <b>LAKE WORTH</b>	State <b>FL</b>	Zip <b>33462</b>	Phone <b>561-929-2947</b>	Address Source <b>Verbal</b>
Business Address (Street, Apt. Number)	City	State	Zip	Phone	Occupation
The undersigned 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"/> was observed by _____ who told _____			
<input type="checkbox"/> confessed to admitting to the below facts.		<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.			
On the <u>19</u> day of <u>JUNE</u> 20 <u>17</u> at <u>12:56</u> <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 TAPE 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

JUNE2017

, by:

**DS J. COOKE 9209****DS O'NEAL****6408**

Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

Name of Arresting/Investigating Officer

Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

Signature of Arresting/Investigating Officer

**2****2**

**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: \_\_\_\_\_