

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

18mm 1418

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

1

Juvenile

OBTS Number		Agency ORI Number <b>FLO 5 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERRIF'S OFFICE</b>		Agency Report Number <b>06</b>		18-034821													
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 N/A		Multiple Clearance Indicator <b>0 1</b>													
Location of Arrest (Including Name of Business) <b>1531 DREXEL RD #492 WEST PALM/ FL/ 33417</b>				Location of Offense (Including Name of Business) <b>1531 DREXEL RD #492 WEST PALM/ FL/ 33417</b>																	
Date of Arrest <b>Feb 4, 2018</b>		Time of Arrest <b>23:42</b>		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
Name (Last, First, Middle) <b>SARDINAS-MORA TADER CARLOS</b>								Alias (Name, DOB, Soc. Sec. #, Etc.)													
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex <b>M</b>		Date of Birth <b>12/22/88</b>		Height <b>5'9</b>		Weight <b>180</b>		Eye Color <b>BRN</b>		Hair Color <b>BLK</b>		Complexion <b>MED</b>		Build <b>MED</b>					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)								Marital Status <b>SINGLE</b>		Religion		Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>									
Local Address (Street, Apt. Number) <b>1531 DREXEL RD #492</b>				City <b>WEST PALM</b>		State <b>FL</b>		Zip <b>33417</b>		Phone		Residence Type 1. City 3. Florida 2. County 4. Out of State		<b>2</b>							
Permanent Address (Street, Apt. Number)				City		State		Zip		Phone		Address Source <b>DEFENDENT</b>									
Business Address (Street, Apt. Number)				City		State		Zip		Phone		Occupation									
DL Number, State <b>S635-803-88-462-0</b>		Social Security Number		INS Number		Place of Birth <b>CUBA</b>		Citizenship <b>YES</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 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 <b>BATTERY (DOMESTIC)</b>				Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>784.03(1A)</b>		Violation or ORD. #											
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount/Unit		Offense # <b>18-034821</b>		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											
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) <b>3228 GUN CLUB RD, WEST PALM, FL, 33417</b>										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"/> Suicidal				Signature of Arresting Officer <b>G. LYNCH</b>				Name Verification (Printed by Arrestee) <b>G. LYNCH</b>													
Intake Deputy ID # Pouch #				Transporting Officer <b>G. LYNCH</b>				Agency <b>8568</b>													
Witness here if subject signed with an "X"										Page <b>1 of 1</b>											

VICTIM NOTIFICATION  
REQUIRED

210 FEB 15 AM 5:25  
SHERIFF'S BOOK, CLERK  
PALM BEACH COUNTY  
GUN CLUB BRAN

SCANNED  
FEB 05 2018

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>			1 Arrest 2. N.T.A.	3 Request For Warrant 4. Request For Capias	1	Juvenile <input type="checkbox"/>
Agency ORI Number <b>FLO 5 0 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERRIF'S OFFICE</b>			Agency Report Number <b>06</b>		<b>18-034821</b>	
Charge Type: Check as many as apply		Special Notes			Race		Sex	
<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					<b>W</b>		<b>M</b>	
Defendant Name (Last, First, Middle) <b>SARDINAS-MORA TADER CARLOS</b>				Race <b>W</b>		Sex <b>M</b>		Date of Birth <b>12/22/88</b>
Charge <b>BATTERY (DOMESTIC)</b>				Charge				
Victim Name (Last, First, Middle) <b>JIMENEZ TAIDANY</b>				Race <b>W</b>		Sex <b>F</b>		Date of Birth <b>9/5/87</b>
Local Address (Street, Apt. Number) <b>1531 DREXEL RD #492</b>		City <b>WEST PALM</b>		State <b>FL</b>	Zip <b>33409</b>	Phone <b>561-685-4127</b>		Address Source <b>VICTIM</b>
Business Address (Street, Apt. Number)		City		State	Zip	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"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.					
<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>4</u> day of <u>FEB</u> 20 <u>18</u> at <u>23:28</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM								

I responded to 1531 Drexel Rd #492, in Palm Beach County, in reference to a domestic type complaint. Upon arrival I met with the victim, Taidany Jimenez.

Jimenez spoke only Spanish and I then contacted D/S Flores 8015, via phone, to translate for me. Jimenez advised that her boyfriend, Tader Sardinias-Mora, returned to the residence intoxicated. They got into a verbal argument in reference to Tader's drinking. The argument turned physical when Tader slapped her on the right side of her face, with an open hand. Tader then punched her on the right shoulder, with a closed fist. Jimenez and Tader have been in a dating relationship for approximately 1 year and have lived together at the residence for approximately the past 4 months.

Photos were taken of Jimenez and I could see slight redness on her left shoulder which was consistent with being struck.

I then made contact with Tader, who came outside the residence. Tader was detained; handcuffs were checked for fit and double-locked. Tader also spoke only Spanish and I again contacted D/S Flores, via phone, for translation. While attempting to read Tader Miranda warnings he advised that he didn't want to give any statement and didn't want his rights read.

Based on Jimenez's sworn statement, and consistent marks I found probable cause to arrest Tader for domestic battery pursuant to Florida State Statute 784.03(1)

**SCANNED**  
**FEB 05 2018**

The foregoing instrument was sworn to and affirmed before me this <u>4</u> day of <u>FEB</u> 20 <u>18</u> , by:	
<u>D/S D. BELL 28976</u>	<u>G. LYNCH</u> <span style="float: right;">8568</span>
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

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

Defendant: SARDINAS-MOZ TADER CARLOS DOB: 12/22/88 Case #: 18-034821  
Victim: JIMENEZ TAIDANY DOB: 9/5/87 Race: W Sex: F

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: REDNESS ON LEFT SHOULDER

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: 1531 DREXEL RD #492

WEST PALM FL 33409

Phone: Home: 561-685-4127 Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_

Name of Relative: \_\_\_\_\_

**SCANNED**  
**FEB 05 2018**