

0510657

19083 64575

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1 Arrest 2 NTA.		3. Request for Warrant 4. Request for Capias		1		Juvenile	
Agency ORI Number FLO 50000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 06		19-110807			
Charge Type: Check as many as apply.		<input checked="" 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		Multiple Clearance Indicator 03	
Location of Arrest (including Name of Business) 306 Island Shores Dr, Greenacres FL 33413						Location of Offense (Business Name, Address) 306 Island Shores Dr, Greenacres FL 33413					
Date of arrest 9/3/19		Time of Arrest 0738		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) Rath, Tal						Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex M		Date of Birth 6/4/85		Height 6-1		Weight 190		Eye Color Brn	
Hair Color Blk		Complexion Med		Build Med		Marital Status M		Religion UK		Indication of Alcohol/Drugs Influence Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) 306 Island Shores Dr Greenacres FL 33413						Phone (561) 289-4772		Residence Type: 1. City 3. Florida 2. County 4. Out of State 1			
Permanent Address (Street, Apt. Number) Same						Phone ()		Address Source Verbal			
Business Address (Name, Street) ()						Phone ()		Occupation			
D/L Number, State R300-800-85-204-0 FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) Baltimore, MD		Citizenship US			
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 Custodian <input type="checkbox"/> Other		Name (Last)		(First)		(Middle)		Residence Phone ()			
Address (Street, Apt. Number)						(City)		(State)		(zip)	
Business Address (Street, Apt. Number)						(City)		(State)		(zip)	
Notified by: (Name)						Date		Relationship		Date	
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 355-2526) informed of any change of address. Yes, by: (Name) No: (Reason)						School Attended		Grade			
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property					
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 O. Opium/Opoid		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other			
Charge Description False Imprisonment				Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 787.02(1)(a)		Violation of ORD #	
Drug Activity N		Drug Type N		Amount / Unit		Offense # 19-110807		Warrant / Capias Number		NONE	
Charge Description Battery causing harm				Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03(1)(a)(2)		Violation of ORD #	
Drug Activity N		Drug Type N		Amount / Unit		Offense # 19-110807		Warrant / Capias Number		NONE	
Charge Description Resist w/o violence				Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 843.02		Violation of ORD #	
Drug Activity N		Drug Type N		Amount / Unit		Offense # 19-110807		Warrant / Capias Number		NONE	
Charge Description				Counts		Domestic Violence		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Violation of ORD #	
Location (Court, Room Number, Address)						VICTIM NOTIFICATION REQUIRED					
Court Date and Time						Month Day Year Time A.M. P.M.					
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED I UNDERSTAND THAT SHOULD I 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)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) D.B. WHITTAKER				I.D. # 5524			
Intake Dept		I.D. #		Transporting Officer M. JOINER		I.D. # 51805		Agency P850		Witness here if suspect signed with an "X"	
PAGE										1 OF 1	

VICTIM NOTIFICATION REQUIRED

VICTIM NOTIFICATION REQUIRED

JOINER

PROBABLE CAUSE AFFIDAVIT

1 Arrest
2 NTA
3 Request for Warrant
4 Request for Capias

1

Juvenile

OBTS Number	PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA	3 Request for Warrant 4 Request for Capias	1	Juvenile
Agency ORI Number FLO 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 19-110807				
Charge Type Check as many as apply	<input checked="" 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	Special Notes		

Name (Last, First, Middle) RATH, TAL	Alias	Race W	Sex M	Date of Birth 6/4/85
Charge Description False Imprisonment	787.02(1)(a)	Charge Description Battery causing harm - domestic	784.03(1)(a)(2)	
Charge Description Resisting wouthout violence	843.02	Charge Description		

Victim's Name (Last, First, Middle) Hinojosa Borrego, Marian Arieth	Race W	Sex F	Date of Birth 5/10/89
Local Address (Street, Apt Number) 306 Island Shores Dr	(City) Greenacres	(State) FL	(Zip) 33413
Phone (561) 566-0748	Address Source Verbal		
Business Address (Name, Street) Pump & Munch, 3067 S Jog Rd	(City) Greenacres	(State) FL	(Zip) 33467
Phone (UK) UK	Occupation Clerk		

The undersigned certifies and 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

committed the below acts in my presence.
 confessed to _____
admitting to the below facts.

was observed by _____ who told _____
 that he/she saw the arrested person commit the below acts.
 was found to have committed the below acts, resulting from my (described) investigation.

On the 2nd day of September 20 19 at 3:30 A.M P.M (Specifically include facts constituting cause for arrest.)

On the date and time above, Marian A. Hinojosa Borrego and her husband of 10 months, Tal Rath, were inside their apartment at 306 Island Shores Dr in the community of Island Shores, in Greenacres, when the two engaged in a verbal argument. PBSD deputies responded when a neighbor called 911 because the female victim, Marian Hinojosa, came running out of her apartment screaming for help. The neighbors brought Marian into their apartment until deputies arrived. I made contact with Hinojosa inside the neighbor's apartment, #308. The victim, Hinojosa, appeared distraught, but was calm upon my arrival.

Hinojosa provided me with a recorded statement of the incident between her and her husband, Tal Rath. In her statement, the victim stated she and her husband have been fighting a lot because the husband is very jealous. Today, Hinojosa worked at her job, but did not initially get paid. When she arrived home, her husband, Rath, began to demand rent money from Hinojosa. Hinojosa told him she doesn't have it because she doesn't get paid until Thursday. Rath continued to demand money from Hinojosa. At some point in the verbal argument Hinojosa said Rath hit her two times in her face. She stated Rath hit her once with an open hand to her left cheek, and then punched her with a closed fist on her mouth, where Hinojosa sustained an abrasion to the inside of her lower lip. Hinojosa said she screamed for help, from inside her apartment, and tried to leave, but Rath grabbed her by her arms to prevent her from leaving the apartment. Hinojosa was finally able to leave the apartment when she was taken in by the neighbors. I observed the abrasion to her lower lip, and slight scratches to the inside of her left wrist and left bicep. Photos were taken of the victim's injuries and were uploaded to the Domestic Violence website. The suspect, Rath, left the apartment prior to the deputies arrival.

Based on the sworn statements by the victim, and, the injuries observed on the victim, probable cause exists to charge the defendant, Tal Rath, with battery causing harm in a domestic environment, a violation of Florida Statute 784.03(1)(a)(2), and, False Imprisonment, a violation of Florida Statute 787.02(1)(a).

On 9/3/2019 at approx 7:30am deputies responded back to the residence where contact was made with the suspect/defendant, Tal Rath. We knocked several times at the front door to the apartment before Rath came to the door. Several deputies dressed in full uniform made contact with Rath at his front door. Rath was ordered to come outside, but, he backed away from the door and attempted to close the door. Deputies pushed through to Rath and grabbed him by his wrists ordering him to put his hands behind his back and come outside. Rath continued to resist by backing into his apartment and refusing to put his hands behind his back as ordered by deputies. (next page)

STATE OF FLORIDA COUNTY OF PALM BEACH	D/S J Whittaker, 5524
(Signature of Arresting Investigative Officer)	
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>2nd</u> day of <u>September</u> 20 <u>19</u> by <u>D/S Whittaker</u>	
(Print name of Arresting Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced	<u>Personally Known</u>
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)	

SCANNED
SEP 04 2019

PROBABLE CAUSE AFFIDAVIT

1 Arrest
2 NTA
3 Request for Warrant
4 Request for Capias

1

Juvenile

ADMIN	Agency ORI Number FLO. 5.0.0.0.0.0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 19-110807
	Charge Type Check as many as apply <input checked="" 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

DEF	Name (Last, First, Middle) RATH, TAL	Aliases	Race W	Sex M	Date of Birth 6/4/85
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CHARGES	Charge Description False Imprisonment	787.02(1)(a)	Charge Description Battery causing harm - domestic	784.03(1)(a)(2)
	Charge Description Resisting wouthout violence	843.02	Charge Description	

VICTIM	Victim's Name (Last, First, Middle) Hinojosa Borrego, Marian Arieth	Race W	Sex F	Date of Birth 5/10/89		
	Local Address (Street, Apt Number) 306 Island Shores Dr	(City) Greenacres	(State) FL	(Zip) 33413	Phone (561) 566-0748	Address Source Verbal
	Business Address (Name, Street) Pump & Munch, 3067 S Jog Rd	(City) Greenacres	(State) FL	(Zip) 33467	Phone (UK) UK	Occupation Clerk

The undersigned certifies and 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

committed the below acts in my presence. was observed by _____ who told _____

confessed to _____ that he/she saw the arrested person commit the below acts.

admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 2nd day of September 2019 at 3:30 A.M. P.M. (Specifically include facts constituting cause for arrest.)

Several deputies wrestled with wrath. I had hold of Rath's left wrist as he continued to pull away from us, and using an arm bar take down along with the efforts of other deputies. Rath was taken to a prone position across a sofa in the living room area of the apartment. Rath subsequently ended his resisting and released tension in his arms allowing himself to be handcuffed. The facts above indicate the defendant, Rath, did purposely and willfully resist the efforts of law enforcement to take him into custody, a violation of Florida Statute 843.02.

ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH	D/S J Whittaker 5524
	(Signature of Arresting/Investigative Officer)	
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>2nd</u> day of <u>September</u> 20 <u>19</u> by <u>D/S Whittaker</u>	
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>Personally Known</u>	
	Notary Public, Clerk of Court, Officer (F.S. 117.10)	PAGE 2 OF 2

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- Attempted Murder
- Stalking (F.S. 784.048)
- Domestic Violence - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense
- Dating Violence

Upon completion, this form must accompany the booking paperwork.
If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 19110807 Agency: FBSO
Offense: Battery
Suspect/Offender: Tal Rath
D.O.B. 06/04/85 Race: W Sex: M

2. Warrant #(s): _____

3.a. Victim's name: Marian Hinojosa D.O.B. 5/10/89 Race: W Sex: F
Address: 306 Island Shores Dr
City: Greenacres State: FL Zip: 33413
Home #: _____ Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY.

Victim/Relation Notification Waiver and Confidential Information Request.

(check applicable boxes)

- Waiver:** I choose not to be notified when the arrestee is released from custody.
- Confidential:** I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Deputy's Name: _____ I.D. # _____ Date: _____

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

SUSPECT/OFFENDER _____

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #: _____

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

Suspect: Tal Rath DOB: 06 / 04 / 1985 Case #: 19-110807

Victim: Marian Arieth Hinojosa Borrego DOB: 05 / 10 / 1989 Race: W Sex: F
 Relationship between Victim and Defendant: Spouse

Photographs: Scene Yes No Victim Yes No Defendant Yes No
 911 Call: Yes No Caller: Neighbor
 Weapon Used: Yes No Type: Hands / Fist
 Witness: Yes No Name: _____
 Victim Pregnant: Yes No If yes, _____ weeks _____ months
 Injuries: Yes No Description: Scratches and abrasion
 Medical Treatment: Yes No
 At Scene: Yes No Paramedics: _____
 At Hospital: Yes No Hospital: _____ Physician: _____

Are Children Living in 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: DENIED HITTING HIS WIFE.

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?
 Yes No If yes, name: Aveline Guydyce (sister) phone (561) 389 - 3075

Observations of Victim (Physical & Emotional): Distraught but calm
 Upset Crying Fearful Hysterical Afraid Calm Nervous
 Complained of pain Other _____

Victim Contact Information:
 Local Address: 306 Island Shores Dr, Greenacres FL 33413

Phone: Home () - - Work () - - Cell (561) 566 - 0748

Employer: _____
 Name of Relative: Aveline Guydyce Phone (561) 389 - 3075
 Address: 12751 West Port Circle, Wellington FL 33414



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(f)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2019028709	Date: 9/3/2019
	Specialist Name/ID: J. Beck/9007