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NR

3167

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 0** Agency Name: **PALM BEACH COUNTY SHERIFF'S OFFICE** Agency Report Number: **06 17161490**

Charge Type:  1. Felony  3. Misdemeanor  5. Ordinance  
 2. Traffic Felony  4. Traffic Misdemeanor  6. Other  
If Weapon Seized: **N/A** Multiple Clearance Indicator: **0 1**

Location of Arrest (Including Name of Business): **23077 SR 7, Boca Raton, FL 33428** Location of Offense (Including Name of Business): [REDACTED]

Date of Arrest: **Dec 9, 2017** Time of Arrest: **1538** Booking Date: [REDACTED] Booking Time: [REDACTED] Jail Date: [REDACTED] Jail Time: [REDACTED] Location of Vehicle: [REDACTED]

Name (Last, First, Middle): **Acevedo Taylor A** Alias (Name, DOB, Soc. Sec. # Etc.): [REDACTED]

Race: **W** Sex: **F** Date of Birth: **10/7/1998** Height: **5'01** Weight: **100** Eye Color: **brown** Hair Color: **black** Complexion: **light** Build: **small**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): **tats back left arm ankle** Marital Status: **single** Religion: **unk** Indication of Alcohol Influence Drug Influence:  Y  N  Unk

Local Address (Street, Apt. Number): **8553 BOCA GLADES BLVD. W APT F** City: **Boca Raton** State: **FL** Zip: **33434** Phone: **754-465-2771** Residence Type: **2**

Permanent Address (Street, Apt. Number): [REDACTED] City: [REDACTED] State: [REDACTED] Zip: [REDACTED] Phone: [REDACTED] Address Source: **palms**

Business Address (Street, Apt. Number): [REDACTED] City: [REDACTED] State: [REDACTED] Zip: [REDACTED] Phone: [REDACTED] Occupation: **unemployed**

D/L Number, State: **A-213-801-98-867-0 FL** Social Security Number: [REDACTED] INS Number: [REDACTED] Place of Birth: **New York** Citizenship: **US**

Co-Defendant Name (Last, First, Middle): [REDACTED] Race: [REDACTED] Sex: [REDACTED] Date of Birth: [REDACTED]  1 Arrested  3 Felony  2 At Large  4 Misdemeanor  5 Juvenile

Co-Defendant Name (Last, First, Middle): [REDACTED] Race: [REDACTED] Sex: [REDACTED] Date of Birth: [REDACTED]  1 Arrested  3 Felony  2 At Large  4 Misdemeanor  5 Juvenile

Parent Legal Guardian Other:  Name (Last, First, Middle): [REDACTED] Phone: [REDACTED]

Address (Street, Apt. No.): [REDACTED] City: [REDACTED] State: [REDACTED] Zip: [REDACTED] Business Phone: [REDACTED]

Notified By (Name): [REDACTED] Date: [REDACTED] Time: [REDACTED] Juvenile Disposition:  1 Handed/Processed within Dept and Released  2 TOT HRS/DYS  3 Incarcerated

Released To (Name): [REDACTED] Relationship: [REDACTED] Date: [REDACTED] Time: [REDACTED]

The above address was provided by  defendant and/or  defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561 356-2626) informed of any address change.  Yes, by (Name) [REDACTED]  No (Reason) [REDACTED] School Attended: [REDACTED] Grade: [REDACTED]

Property Crime?  Yes  No Description of Property: [REDACTED] Value of Property: [REDACTED]

Drug Activity:  S Sell  R Smuggle  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:  Y  N Statute Violation Number: **784.03 1a1** Violation or ORD. #: [REDACTED]

Drug Activity: **n/a** Drug Type: **n/a** Amount/Unit: [REDACTED] Offense #: **17161490** Warrant/Capias Number: [REDACTED] Bond: [REDACTED]

Charge Description: [REDACTED] Counts: [REDACTED] Domestic Violence:  Y  N Statute Violation Number: [REDACTED] Violation or ORD. #: [REDACTED]

Drug Activity: [REDACTED] Drug Type: [REDACTED] Amount/Unit: [REDACTED] Offense #: [REDACTED] Warrant/Capias Number: [REDACTED] Bond: [REDACTED]

Charge Description: [REDACTED] Counts: [REDACTED] Domestic Violence:  Y  N Statute Violation Number: [REDACTED] Violation or ORD. #: [REDACTED]

Drug Activity: [REDACTED] Drug Type: [REDACTED] Amount/Unit: [REDACTED] Offense #: [REDACTED] Warrant/Capias Number: [REDACTED] Bond: [REDACTED]

Location (Court, Address, Room Number): **To Be Set**

Court Date and Time: Month: [REDACTED] Day: [REDACTED] Year: [REDACTED] Time: [REDACTED] AM  PM

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 IF I DO NOT 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): [REDACTED] Date Signed: [REDACTED]

HOLD For Other Agency: Name: [REDACTED] Signature of Arresting Officer: **D/S #8242** Name Verification (Printed by Arrestee): [REDACTED] Name of Arresting Officer: **DEPUTY J GAYLE** ID #: **8242** (PRINT) [REDACTED] Intake Deputy: **LOTT** Transporting Officer: **D/S Engel #9576** ID #: [REDACTED] Agency: **PBSO** Page: **1 of 1**

NOT A CERTIFIED COPY  
NO DOMESTIC VIOLENCE

2017 DEC 10 AM 5 25  
SEC 10123

SCANNED  
DEC 10 2017

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest	3. Request For Warrant	1	Juvenile
Agency ORI Number <b>FLO 5 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERRIF'S OFFICE</b>		2. N.T.A.	4. Request For Capias		
Charge Type Check as many as apply		Special Notes		Agency Report Number <b>06</b>		<b>17161490</b>	
<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							
Defendant Name (Last, First, Middle) <b>Acevedo Taylor</b>				Race <b>A</b>	Sex <b>F</b>	Date of Birth <b>10/7/1998</b>	
Charge <b>Domestic Battery</b>				Charge			
Victim Name (Last, First, Middle)				Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>10/19/1998</b>	
Local Address (Street, Apt. Number)				Phone	Address Source		
Business Address (Street, Apt. Number)				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>9</u> day of <u>December</u> 20 <u>17</u> at <u>1538</u> <input type="checkbox"/> AM <input type="checkbox"/> PM							

On 12/9/2017 at 1446hrs I responded to the Cumberland Farms parking lot located at 23077 SR 7, Boca Raton, FL 33428 in reference to a delayed assault incident. Upon arrival I met with W/F Taylor Acevedo who told me the following: Earlier today she returned to [redacted] house located at [redacted] in unincorporated Boca Raton FL.33428 to pick up her personal belongings due to her moving out. While she was there with [redacted] W/F [redacted] she had a verbal argument with [redacted] about them [redacted]. During the argument Taylor and [redacted] started yelling at each other and the argument escalated with [redacted] and Taylor pushing each other with their hands. [redacted] left Taylor alone so she could continue packing her personal property while he was sitting on the couch inside the living-room, Taylor was still upset at him and slapped [redacted] on the left side of his facial area with her hands. While speaking with Taylor I did not observe any physical injuries and she did not report any. Taylor was not in fear of her life and she wanted to get pay back at [redacted] for him calling her inappropriate names. She felt that physical abuse was the only way. I then made contact with witness [redacted] and she completed a sworn written statement and told me the following: During the argument with Taylor and [redacted] she observed them both pushing each other. [redacted] walked away from the incident and Taylor advance her towards him and wanted to retaliate by hitting him in the back of his head.

While on scene I made contact with [redacted] and he completed a sworn written statement and told me the following: I have been having ongoing problems with [redacted] Taylor. While she was moving her personal property out of the house we had a verbal argument. During the argument Taylor hit me in my face with a closed fist. While I was speaking with [redacted] I observed red bruising on the left side of his face and a small abrasion on his left ear. [redacted] told me his injuries were caused during the physical altercation with Taylor. Based on my investigation and statements provide by all parties involved, Taylor Acevedo actually did intentionally touch or strike [redacted] against his will. Taylor is charged with Domestic Battery pursuant F.S.S 784.03 (1) (A) (1). Handcuffs were placed on his hand and checked for tightness. She was later transported to the Palm Beach County Jail for further processing. Pictures of the victim's injuries were taken by D/S Udell and uploaded to the domestic violence website.

The foregoing instrument was sworn to and affirmed before me this <u>9</u> day of <u>December</u> 20 <u>17</u> , by:	
<u>D. S. Udell #9576</u> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>DEPUTY J GAYLE</u> 8242 Name of Arresting/Investigating Officer
_____ Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>D. S. Udell</u> Signature of Arresting/Investigating Officer
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**SCANNED**  
**DEC 10 2017**

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

Defendant: Acevedo Taylor A DOB: 10/7/1998 Case #: 17161490  
Victim: [REDACTED] DOB: 10/19/1998 Race: W Sex: M  
Relationship between Victim and Defendant: [REDACTED]

Photographs: Scene  Yes  No      Victim  Yes  No      Defendant  Yes  No  
911 Call:  Yes  No      Caller: \_\_\_\_\_  
Weapon Used:  Yes  No      Type: hands  
Witness:  Yes  No      Name: \_\_\_\_\_  
Victim Pregnant:  Yes  No      If yes, \_\_\_\_\_ Weeks \_\_\_\_\_ Months  
Injuries:  Yes  No      Description: red bruising & abrasion on left ear  
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: I slapped [REDACTED] because he pushed me.

Victim's statements  Yes  No      If yes,  written  recorded  oral  
First words Victim said when you responded to scene: [REDACTED] punched me in my head.

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: [REDACTED]  
Boca Raton FL 33428  
Phone: Home: [REDACTED] Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Name of Relative: \_\_\_\_\_ Phone: \_\_\_\_\_

**SCANNED**  
**DEC 10 2017**

# VICTIM NOTIFICATION FORM

- 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 #: 17161490 Agency: Palm Beach County Sheriff's Office  
Offense: Domestic Battery  
Suspect/Offender: Acevedo Taylor A  
DOB: 10/7/1998 Race: W Sex: F

2. Warrant #(s): \_\_\_\_\_

3.a. Victim's Name: [REDACTED] DOB: 10/19/1998 Race: W Sex: M  
Address: [REDACTED]  
City: [REDACTED] State: FL Zip: [REDACTED]  
Home #: [REDACTED] Work #: \_\_\_\_\_ Other #: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: \_\_\_\_\_  
Address: Did not provide  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other #: \_\_\_\_\_

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY 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: DEPUTY J GAYLE ID #: 8242 Date: \_\_\_\_\_

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

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DEC 10 2017

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #