

17MM01451

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

ADMINISTRATIVE	OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-17156107</b>				
	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		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 1						
	Location of Arrest (Including Name of Business) <b>9240 EDMONT LN, BOCA RATON, FL 33433</b>				Location of Offense (Business Name, Address) <b>9240 EDMONT LN, BOCA RATON, FL 33433</b>						
	Date of Arrest <b>11/26/2017</b>	Time of Arrest <b>0230</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) <b>Pimentel-Kertatos, Wanda,</b>								Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White 1 - American Indian B - Black O - Oriental/Asian <input checked="" type="checkbox"/> W		Sex M <input checked="" type="checkbox"/> F	Date of Birth <b>05/05/1968</b>	Height <b>5'06</b>	Weight <b>125</b>	Eye Color <b>BROWN</b>	Hair Color <b>BROWN</b>	Complexion <b>MED</b>	Build <b>SLIM</b>		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status <b>Divorced</b>	Religion <b>CATHOLIC</b>	Indication of Alcohol Influence Drug Intoxication Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>				
Local Address (Street, Apt. Number) <b>1709 Avenida Del Sol, Boca Raton, FL 33432</b>				(City)	(State)	(Zip)	Phone <b>( ) 561-613-2473</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>			
Permanent Address (Street, Apt. Number)				(City)	(State)	(Zip)	Phone	Address Source <b>FLORIDA DL</b>			
Business Address (Name, Street)				(City)	(State)	(Zip)	Phone	Occupation <b>SALES</b>			
DL Number, State <b>P553900686650, FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>PORTA RICO</b>		Citizenship <b>USA</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 Custodian <input type="checkbox"/> Other								Residence Phone ( )			
Address (Street, Apt. Number)				(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 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 (Phone 355-2526) informed of any change of address. <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 O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
Charge Description <b>BATTERY DOMESTIC</b>		Counts <b>01</b>	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>784.03(1)(a)(1)</b>		Violation of ORD #					
Drug Activity <b>N</b>	Drug Type	Amount / Unit	Offense # <b>17156107</b>	Warrant / Capias Number		Bond					
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
Location (Court Room Number, Address) <b>South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996</b>											
Court Date and Time Month <b>11</b> Day <b>26</b> Year <b>2017</b> Time <b>0830</b> AM <input checked="" type="checkbox"/> PM											
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 <b>11/26/2017</b>											
Signature of Defendant (or Juvenile and Parent /Custodian)						Date Signed					
HOLD for other Agency Name:				Signature of Arresting Officer <b>X DS BUTTERWORTH #16040</b>				Name Verification (Printed by Arrestee) <b>DS BUTTERWORTH #16040</b>			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>DS BUTTERWORTH #16040</b>		I.D. # <b>PBSO</b>		(PRINT)		PAGE	
Intake Deputy		I.D. #		Pouch #		Transporting Officer <b>DS BUTTERWORTH #16040</b>		ID # <b>PBSO</b>		Agency <b>PBSO</b>	
Witness here if subject signed with an "X" <b>1</b> OF <b>1</b>											

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

SCANNED  
NOV 26 2017

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile N

OBTS Number	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number <b>06-17156107</b>
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	Special Notes:

Name (Last, First, Middle) <b>Pimentel-Kertatos, Wanda,</b>	Alias	Race <b>H</b>	Sex <b>F</b>	Date of Birth <b>05/05/1968</b>
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Charge Description <b>BATTERY DOMESTIC</b>	784.03(1)(a)(1)	Charge Description
Charge Description		Charge Description

Victim's Name (Last, First, Middle)	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>03/20/1978</b>
Local Address (Street, Apt. Number)	(City)	(State)	(zip)
Business Address (Name, Street)	(City)	(State)	(zip)

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 \_\_\_\_\_ that he/she saw the arrested person commit the below acts.

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

On the **26TH** day of **NOVEMBER** 20 **17** at **0230**  A.M.  P.M. (Specifically include facts constituting cause for arrest.)

**On 11/26 /2017 at 0220 approximately hours, I was dispatched to 9240 EDMONT LN in unincorporated Boca Raton, FL in reference to a domestic battery.**

**Upon my arrival I met with the victim, identified by Florida DL as, [REDACTED] The victim advised that him and his [REDACTED] later identified by Florida DL as, Wanda Pimentel-Kertatos became involved in a physical altercation. [REDACTED] stated he was hit in the left side of the face. I observed a red mark in the same area that the victim stated he was hit in. The victim provided a written sworn statement.**

**I made contact with the defendant. The defendant refused to provide any information and stated "I plea the 5th". The defendant even refused to provide her name.**

**Based on my investigation the defendant did actually and intentionally touch the victim against the will of the victim and did intentionally cause bodily harm to the victim contrary to Florida Statute 784.03(1). (1 DEGMISD)**

NOT A CERTIFIED COPY

STATE OF FLORIDA COUNTY OF PALM BEACH	<b>DS BUTTERWORTH ;</b>
(Signature of Arresting Investigative Officer)	
The foregoing instrument was sworn to or affirmed and subscribed before me this <b>26TH</b> day of <b>NOVEMBER</b> 20 <b>17</b> by <b>DS BUTTERWORTH 16040</b>	
(Print name of Arresting Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <b>personal known</b>	
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)	

# 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

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

1. Incident Report #: 17156107 Agency: \_\_\_\_\_  
Offense: BATTERY DOMESTIC  
Suspect/Offender: Pimentel-Kertatos, Wanda,  
D.O.B. 05/05/1968 Race: H Sex: F

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

3.a. Victim's name: \_\_\_\_\_ D.O.B. 03/20/1978 Race: W Sex: M  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: 0 Other: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
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: DS BUTTERWORTH 16040 I.D.# PBSO Date: 11/26/17  
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

PBSO 00028A REV. 4/00

NOV 26 2017

SUSPECT/OFFENDER:

**Pimentel-Kertatos, Wanda,** COURT CASE/WARRANT#

(FOR WARRANTS USE ONLY)

ANNED

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

Suspect: Pimentel-Kertatos, Wanda, DOB: 05/05/1968 Case #: 17156107

Victim: [REDACTED] DOB: 03/20/1978 Race: W Sex: M

Relationship between Victim and Defendant: \_\_\_\_\_

Photographs: Scene Yes  No  Victim Yes  No  Defendant Yes  No

911 Call:  Yes  No Caller: [REDACTED]

Weapon Used: Yes  No  Type: \_\_\_\_\_

Witness: Yes  No  Name: \_\_\_\_\_

Victim Pregnant: Yes  No  If yes, \_\_\_ weeks \_\_\_ months

Injuries:  Yes  No Description: REDNESS ON THE LEFT SIDE OF FACE

Medical Treatment: Yes  No

At Scene: Yes  No  Paramedics: REFUSED

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: I TAKE THE 5TH

Victim's Statements  Yes  No  If yes,  written  recorded  oral

First words Victim said when you responded to scene: I DONT WANT TO GET MY [REDACTED] IN TROUBLE BUT HE HIT ME

Did the Victim contact anyone other than 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]

Phone: Home (\_\_\_\_) [REDACTED] Work (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_

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

Name of Relative: [REDACTED] Phone [REDACTED]

Address: \_\_\_\_\_

**SCANNED**  
NOV 26 2017