

0270097

1454

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

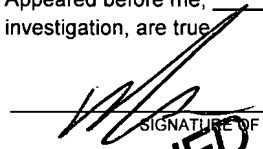
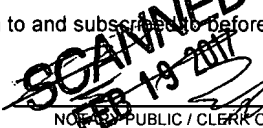
Juvenile

ADMINISTRATIVE	OBTS Number		Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)	
	FLO 5 0 2 6 0 0		PALM BEACH GARDENS POLICE DEPT.		7 8 1 1 7 10 0 1 0 4 3			
	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		Multiple Clearance Indicator			
	Location of Arrest (Including Name of Business) PGA Blvd Prosperity Farms Rd, PGB		Location of Offense (Business Name, Address) PGA Blvd Prosperity Farms Rd, PGB					
DEFENDANT	Date of arrest 2.2.18 1721.35		Time of Arrest		Booking Date		Booking Time	
	Jail Date		Jail Time		Location of Vehicle			
	Name (Last, First, Middle) Yanes, William H		Alias (Name, DOB, Soc. Sec. #, Etc.)					
	Race W - White B - Black I - American Indian O - Oriental/Asian WM		Sex M		Date of Birth 09.08.73		Height 6'02	
CO-DEF.	Weight 215		Eye Color BRN		Hair Color GRY		Complexion NML	
	Build Med		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE		Marital Status Single		Religion Catholic	
	Indication of: Alcohol Influence Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk.		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2		Address Source Licence		Occupation NONE	
	Local Address (Street, Apt. Number) 475 Lynbrook CT, RPB		(City) FL		(Zip) 33411		Phone (561) 352-7097	
JUVENILE	Permanent Address (Street, Apt. Number) 475 Lynbrook CT, RPB		(City) FL		(Zip) 33411		Phone (561) 352-7097	
	Business Address (Name, Street) UNEMPLOYED		(City) FL		(Zip) 33411		Phone ()	
	D/L Number, State Y520928733280 FL		INS Number		Place of Birth (City, State) Hartford, CT		Citizenship US	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
NOTICE TO APPEAR	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
	Name (Last)		(First)		(Middle)		Residence Phone	
	Address (Street, Apt. Number)		(City)		(State)		(Zip)	
	Business Phone							
CHARGE	Notified by: (Name)		Date		Relationship		Time	
	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. <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			
CHARGE	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute	
	M. Manufacture/ Product 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. Synthetic		U. Unknown Z. Other			
	Charge Description Batter (Domestic / Dating)		Counts 7		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 7.8.4.10.3	
CHARGE	Amount / Unit N/A		Offense #		Warrant / Capias Number		Bond	
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
	Drug Activity		Drug Type		Amount / Unit		Offense #	
	Warrant / Capias Number		Bond					
CHARGE	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
	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	
CHARGE	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	
	Drug Activity		Drug Type		Amount / Unit		Offense #	
CHARGE	Warrant / Capias Number		Bond					
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
	Drug Activity		Drug Type		Amount / Unit		Offense #	
	Warrant / Capias Number		Bond					
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court <input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		Location (Court, Room Number, Address)		Court Date and Time		FEB 19 AM 12:15	
	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			
	Signature of Arresting Officer		Name Verification (Printed by Arrestee)					
	Name of Arresting Officer (Print) Johnston		I.D. # 451		Agency PGBPD		PAGE OF	
ADMIN.	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 <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Johnston		I.D. # 451		Agency PGBPD	
	Witness here if subject signed with an "X"							
	DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - JAIL GOLD - DEFENDANT							

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 02/18/2017 23:00	Agency ORI Number FL 0502600		Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 17-001043		
	Name (Last, First, Middle) YANES, WILLIAM H				Alias	Race W	Sex M
C H R G	Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)						
V I C T I M	Victim's Name (Last, First, Middle) QUINTANA, FENA DELFYETTE				Race W	Sex F	Date of Birth 06/07/1973
	Local Address (Street, Apt. Number) (City) (State) (Zip) 4140 DARLINGTON STREET, PALM BEACH GARDENS, FL 33418				Phone (561) 713-5486		Address Source
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation
A D D I T I O N A L I N F O R M A T I O N	DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral VICTIM'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): DISTRAUGHT			
	RELATIONSHIP BETWEEN VICTIM & SUSPECT DATING						
A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS:		Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
			Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
	911 CALL:		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CALLER: FENYA QUINTANA			
	WEAPON USED:		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TYPE: HANDS/FISTS			
	WITNESSES:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	(If YES, attach witness list)			
	INJURIES:		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
	MEDICAL TREATMENT:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
	AT: Scene:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PARAMEDICS:			
	Hospital:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PHYSICIAN(S) / HOSPITAL:			
	ACT COMMITTED IN PRESENCE OF MINOR(S):		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	NAMES/AGES:			
H. R. S. NOTIFIED:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
VICTIM PREGNANT:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
VIOLATION OF RESTRAINING ORDER:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CASE #:				
PRIOR HISTORY OF DOMESTIC VIOLENCE:		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
ALCOHOL OR DRUGS INVOLVED:		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
N A R R	On February 18, 2017, at approximately 9:40 p.m. I was dispatched to 2490 PGA Blvd (Sunoco) in the city of Palm Beach Gardens, Palm Beach County, Florida, in reference to an assault. While enroute, I activated my department issued body worn camera.						
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.  451 SIGNATURE OF ARRESTING OFFICER Sworn to and subscribed to before me this <u>18</u> day of <u>February</u> , <u>2017</u> .  376 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)							

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N I S T R A T I V E	Date / Time	02/18/2017 23:00	
	Agency ORI Number	Agency Name	Agency Report Number
	FL 0502600	PALM BEACH GARDENS POLICE	7 8 17-001043

Palm Beach Gardens dispatchers advised the two subjects were sitting inside of a white Mercedes 350, bearing Florida Tag (HFE5P). Upon arrival at Sunoco myself and other officers observed the Mercedes on the east side of the Sunoco Parking lot. Both occupants were asked to exit the vehicle for investigatory purposes.

William Yanes, identified through Florida Driver license, exited from the passenger side of the vehicle. I asked Yanes what was going on, to which he replied him and his girlfriend got into an altercation about golf while on the way home from dinner. Yanes advised his girlfriend of 7 years, Fenya Quintana, struck him on the face multiple times with open and closed fists, knocking out his contact from his right eye. I observed slight redness on the right side of Yanes face but it was not consistent with their seating in the vehicle.

Myself and Ofc. Batista #439 then spoke with Quintana who was on the driver's side of the vehicle. I observed multiple abrasions on Quintana's face while speaking with her. She advised that Yanes appeared to be in a bad mood when he picked her up from her residence earlier in the evening. Yanes and Quintana then went to Ruth Chris for a dinner reservation and had a few drinks. Once they left dinner, Quintana stated that Yanes appeared to be upset again for an unknown reason and began to argue with her. Quintana then said Yanes struck her on the face with either a fist or open hand, breaking her glasses and leaving abrasions on both sides of her face as well as her forehead. To avoid collision, Quintana pulled into the Sunoco gas station (2490 PGA Blvd) and called Police. Quintana stated she was unsure of prosecution.

Quintana completed a victim's notification form and chose to be notified. All abrasions and damage to the glasses was documented on my body worn camera.

Based on my investigation, I find probable cause to charge William Yanes with one count of Simple battery (Domestic) per F.S.S. 784.03(1) (A) (1).

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 18 day of February, 2017.

376
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.