

0485365

902

OBTS Number				ARREST / NOTICE TO APPEAR Juvenile Referral Report					1 Arrest 2 N.T.A.	3. Request for Warrant 4. Request for Capias	1 Juvenile N		
ADMINISTRATION	Agency ORI Number <b>FL 0500300</b>		Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>	Agency Report Number <b>34-17-008508</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	If Weapon Seized Enter Type			Multiple Clearance Indicator				
Location of Arrest (Including Name of Business) <b>1500 W. GATEWAY BLVD, BOYNTON BEACH</b>				Location of Offense (Business Name, Address) <b>1500 W. GATEWAY BLVD, BOYNTON BEACH</b>									
Date of Arrest <b>02/15/2017</b>		Time of Arrest <b>1146</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle						
DEFENDANT	Name (Last, First, Middle) <b>URIZA, YANETH</b>												
	W - White B - Black	I - American Indian O - Oriental / Asian	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>04/13/1968</b>	Height <b>5'0"</b>	Weight <b>120</b>	Eye Color <b>HZL</b>	Hair Color <b>BLD</b>	Complexion <b>MED</b>	Build <b>SMALL</b>		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TATTOO LOWER BACK</b>						Marital Status <b>SINGLE</b>	Religion <b>CATHOLIC</b>	Indication of: Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Alcohol Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>				
	Local Address (Street, Apt. Number)				(City)	(State)	(Zip)	Phone ( ) -	Residence Type 1. City 3. Florida 2. County 4. Out of State			2	
	Permanent Address (Street, Apt. Number) <b>480 HIBISCUS ST, WEST PALM BEACH, FL 33401</b>				(City)	(State)	(Zip)	Phone <b>(561)313-4294</b>	Address Source <b>VERBAL</b>				
	Business Address (Street, Apt. Number)				(City)	(State)	(Zip)	Phone ( ) -	Occupation <b>NONE</b>				
	DL Number, State <b>U620960686330</b>			Soc. Sec. Number [REDACTED]	INS Number			Place of Birth <b>BOGOTA, COLOMBIA</b>	Citizenship <b>US</b>				
	CO-DEF	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				
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 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 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 <input type="checkbox"/>		Description of Property					Value of Property						
CODE	S. Sell N. N/A P. Possess	R. Smuggle B. Buy T. Traffic	K. Dispense/ D. Deliver E. Use	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbituate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Heroin	P. Marijuana/Equipment S. Synthetic	U. Unknown Z. Other			
	Charge Description <b>SIMPLE BATTERY (DOMESTIC)</b>					Counts 1	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number <b>784.03(1)(a)(1)</b>		Violation of ORD# <b>2017</b>			
CHARGE	Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount/Unit	Offense # <b>17-008508</b>			Warrant/Capias Number [REDACTED]	Bond <b>2017</b>					
CHARGE	Charge Description			Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number [REDACTED]	Violation of ORD# <b>2017</b>					
CHARGE	Drug Activity	Drug Type	Amount/Unit	Offense #			Warrant/Capias Number [REDACTED]	Bond <b>2017</b>					
CHARGE	Charge Description			Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number [REDACTED]	Violation of ORD# <b>2017</b>					
CHARGE	Drug Activity	Drug Type	Amount/Unit	Offense #			Warrant/Capias Number [REDACTED]	Bond <b>2017</b>					
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 instruction on reverse side.		Location (Court, Room Number, Address) <b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b>										
			Court Date and Time Month <b>MARCH</b> Day <b>22</b> Year <b>2017</b> Time <b>9:30</b> <input type="checkbox"/> A.M. <input type="checkbox"/> 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 I SHOULD NOT 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 _____													
ADMIN.	HOLD for other Agency Name: _____			Signature of Arresting Officer [Signature] <b>854</b>			Name Verification (Printed by Arrestee) (PRINT) _____						
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			Name of Arresting Officer (Print) <b>F. LLOPIS #854</b>			I.D. # _____						
	Intake Deputy I.D. # _____			Transporting Officer I.D. # _____ <b>A. EICHORST 971</b>			Agency _____ <b>BOA</b>						
Witness here is subject to being held in contempt if I fail to appear in court. I have read and understood the above information and signed this document with an "X". <b>SCANNED</b> Page <b>1</b> of <b>1</b> <b>FEB 16 2017</b>													



## DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT PALM BEACH COUNTY



On the 15 day of FEBRUARY 2017 at 1112 HRS

Subject: URIZA, YANETH DOB: 04/13/1968 Case #: 17-008508

Charge Description: SIMPLE BATTERY (DOMESTIC) Statute #: 784.03(1)(a)(1)

Victim: MILLER, DEAN ALAN DOB: 02/20/1966 Race: W Sex: M

Local Address: 480 HIBISCUS ST, WEST PALM BEACH, FL, 33401

Personal Contact: \_\_\_\_\_

Narrative:

On 02/15/2017 at approx 1112 hrs, I responded to the parking lot of 1500 W. Gateway Blvd, Boynton Beach, Palm Beach County, Florida in reference to a disturbance. The caller/witness advised a female struck a male near a red pickup truck bearing FL tag Y39KSV.

Upon arrival I made contact with a WITNESS who advised he observed a white female, later identified by FL DL as URIZA, YANETH (dob 04/13/1968) punch a white male in the left side of his face with a closed fist. I spoke with the VICTIM who advised he was in a verbal dispute with his live-in fiancée, URIZA. The VICTIM advised he and URIZA are scheduled to get married tomorrow, 02/16/2017 and were meeting with an attorney at this location to amend their prenuptial agreement. The VICTIM advised URIZA became upset with the attorney and left the business. Once in the parking lot URIZA slapped the VICTIM in the left side of his face with an open hand. URIZA and the VICTIM proceeded to the passenger's side of his pickup truck where URIZA punched the VICTIM in the left side of his face twice with a closed fist.

When the VICTIM found out URIZA was going to be arrested he became uncooperative and refused to provide any additional statements. I observed a red mark to the left side of the VICTIM's face which was photographed.

Based on the above facts I find probable cause to charge WF URIZA, YANETH (dob 04/13/1968) with Simple Battery (Domestic) pursuant to FSS 784.03(1)(a)(1). URIZA was taken into custody and TOT BBPD for processing. She was later TOT PBCJ.

Defendant's Statement: None

Victim's Statement: Oral

Observation Of Victim (Physical and Emotional):

Calm, red mark to left cheek bone.

Relationship Between Victim and Suspect:

Engaged, reside together

SCANNED  
FEB 16 2017

Photographs:	Scene:	<input type="checkbox"/> Yes	<input checked="" 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: BILL KEISER
Tape Requested:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Weapon Used:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Type: _____
Witnesses:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
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: _____
At 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				
Name: _____ Age: _____				
Name: _____ Age: _____				
F.D.C.F. 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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Alcohol Or Drugs Involved:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	

### Victim Contact Information:

Phone	Home: 5613017083	Work: _____
Employer:	Self	Phone: _____
Relative Name:	_____	
Address:	_____	
City/State:	_____	

State Of Florida  
County Of Palm Beach

Appeared before me, F. LLOPIS #854 , (print name) 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 me before this 15 day of February 2017

Notary/Clerk Of Court/Officer (F.S.S. 117 10)

SCANNED  
FEB 16 2017