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P4 2828

ARREST / NOTICE TO APPEAR

OBTS Number	Agency ORI Number 0500800		Agency Name West Palm Beach Police Department		Agency Report Number (N.T.A.'s only) 9, 4 2017-0022141		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1	JUVENILE				
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 Hands/feet/teeth		Multiple Clearance Indicator									
Location of Arrest (Including Name of Business) 429 29TH ST, WPB FL 33407				Location of Offense (Business Name, Address) 429 29TH ST, WEST PALM BEACH, FL 33407								
Date of Arrest 11/30/2017	Time of Arrest 04:51	Booking Date 11/30/2017	Booking Time 05:26	Jail Date	Jail Time	Location of Vehicle						
Name (Last, First, Middle) REYES, YANIRA				Alias (Name, DOB, Soc. Sec. #, Etc.)								
Race W - White B - Black I - American Indian O - Oriental/Asian W	Sex F	Date of Birth 02/15/1985	Height 5'02	Weight 130	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build 5'11				
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status S	Religion CATHOLIC	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>						
Local Address (Street, Apt. Number) 429 49TH ST, WEST PALM BEACH, FL 33409				(City)	(State)	(Zip)	Phone (318) 703-7526	Residence Type: 1. City 3. Florida 2. County 4. Out of State 1				
Permanent Address (Street, Apt. Number) 429 49TH ST, WEST PALM BEACH, FL 33409				(City)	(State)	(Zip)	Phone (318) 703-7526	Address Source VERBAL				
Business Address (Name, Street)				(City)	(State)	(Zip)	Phone	Occupation				
D/L Number, State 119735741 / NY		Soc. Sec. Number		INS Number		Place of Birth (City, State) BRONX, NY, United		Citizenship US				
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile				
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile				
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)				Residence Phone								
<input type="checkbox"/> Legal Custodian				Business Phone								
Address (Street, Apt. Number)				(City)	(State)	(Zip)						
Notified by: (Name)				Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 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 355-2526) informed of any change of address.				School Attended				Grade				
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____				Property Crime? <input type="checkbox"/> Yes <input checked="" 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. Disperses/ 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. Synthetic	U. Unknown Z. Other		
Charge Description BATTERY - BATTERY (SIMPLE)						Statute Violation Number 784.03(1)(a)(c)		Violation of ORD #				
Drug Activity	Drug Type N	Amount / Unit /	Offense # 2017-0022141	Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond				
Charge Description						Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond				
Charge Description						Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond				
Health / Apparent Physical Condition of Defendant						Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:						
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond						<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By	Released By	Released To
Transported By						Date Transported	Time Transported	Other				
<input checked="" 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 Page 2.						Location (Court, Room) Court Date and Time						
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.						Date Signed						
Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed						
HOLD For Other Agency						Signature of Arresting Officer TESTA, ANTHONY		Name Verification (Printed by Arrestee) TESTA, ANTHONY				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other						Name of Arresting Officer (Print) TESTA, ANTHONY		ID.# 02095				
Intake Deputy [Signature]						Transporting Officer OFC. TESTA		ID.# Agency 2095 WPBPD				
Witness here if subject signed with an						PAGE 1 OF 1						

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS DEFENDANT

2017 NOV 30 AM 8:34
SCANNED
NOV 30 2017

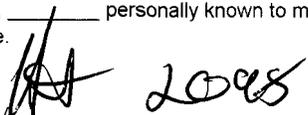


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DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 11/30/2017 05:00	Agency ORI Number FL 0500800		Agency Name WEST PALM BEACH POLICE	Agency Report Number 9 4 2017-0022141		
	Name (Last, First, Middle) REYES, YANIRA				Alias	Race W	Sex F
C H A R G E S	Charge Description 784.03(1) BATTERY - BATTERY (SIMPLE)						
	Victim's Name (Last, First, Middle) DANIELS, SHANNA NICOLE				Race W	Sex F	Date of Birth 05/28/1985
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) 429 49TH ST, WEST PALM BEACH, FL 33407			Phone (606) 371-0218		Address Source FL DL	
	Business Address (Name, Street) (City) (State) (Zip)			Phone		Occupation	
O B S E R V A T I O N S	Written	Taped	Oral	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):			
	DEFENDANT'S STATEMENTS: <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UPSET			
VICTIM'S STATEMENTS: <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
RELATIONSHIP BETWEEN VICTIM & SUSPECT SPOUSE							
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"/>	<input type="checkbox"/>			
		911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: VICTIM		
		WEAPON USED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TYPE: HANDS		
		WITNESSES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If YES, attach witness list)		
		INJURIES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
		MEDICAL TREATMENT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
		AT: Scene:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PARAMEDICS:		
		Hospital:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:		
		ACT COMMITTED IN PRESENCE OF MINOR(S):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES/AGES:		
		H. R. S. NOTIFIED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
		VICTIM PREGNANT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
		VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #: UNKNOWN		
		PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
		ALCOHOL OR DRUGS INVOLVED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
N A R R	On Tuesday, November 30, 2017 I was dispatched to 429 49th street in reference to a domestic disturbance.						
	Upon arrival, contact was made with Yanira Reyes (W/F 02/15/85). Reyes stated that there was no physical altercation, just verbal between her and her girlfriend Shanna Daniels.						
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 <u>30</u> day of <u>November</u> , <u>2017</u>							
 _____ NOTARY PUBLIC / CLERK OF COURT OFFICER (F.S.S. 117.10)							

PHOTOCERTIFIED COPY

SCANNED
NOV 30 2017

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

Narrative Continuation

A D M I N	Date / Time 11/30/2017 05:00	Agency Name WEST PALM BEACH POLICE		Agency Report Number 9 4 2017-0022141
	Agency ORI Number FL 0500800			

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Contact was made with Shanna Daniels (W/F 05/28/85). Daniels stated she had come home from being out with her friends and went to sleep around 0200 hours. Daniels stated at approximately 0420 hours, Reyes started banging on her door. Daniels opened the bedroom door to see Reyes knocking down the christmas tree in the living room.

Daniels said Reyes entered into Daniels bedroom and attacked her by placing her hands around her throat, and knocking her onto her cedar chest.

Daniels has red marks around her neck area and her arms. There is a small amount of blood on the wall next to the cedar chest along with a broken glass.

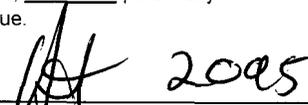
It should be noted that both Reyes and Daniels have been in an intimate relationship and living together for approximately Seven Months.

Based on the above stated facts, there is sufficient probable cause to charge Yanira Reyes (W/F 02/15/85) with Simple Battery- Domestic per F.S.S. 784.03(1).

NOT A CERTIFIED COPY

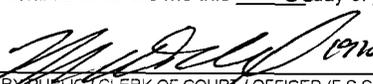
STATE OF FLORIDA
COUNTY OF PALM BEACH

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 30 day of November, 2017



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

SCANNED

NOV 30 2017