

2022 CF720 AXK

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias  
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ADMINISTRATIVE	BTS 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- 21-139666</b>			
	Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>			
	Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address) <b>19600 SAWGRASS DR BOCA RATON FL 33434</b>		Weapon Seized / Type 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>		Multiple Clearance Indicator			
	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle			
DEFENDANT	Name (Last, First, Middle) <b>SINGH ANGELA G.</b>									
	Alias (Name, DOB, Soc. Sec. #, Etc.)									
	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>F</b>	Date of Birth <b>1/1/61</b>	Height <b>5-5</b>	Weight <b>150</b>	Eye Color <b>BROWN</b>	Hair Color <b>BLACK</b>	Complexion <b>MED</b>	Build <b>MED</b>	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status	Religion <b>NONE</b>	Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input checked="" type="checkbox"/>		Indication of Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input checked="" type="checkbox"/>	
	Local Address (Street, Apt. Number) <b>6324 LA COSTA DR APT A</b>		(City) <b>BOCA RATON</b>	(State) <b>FL</b>	(Zip) <b>33433</b>	Phone <b>(917) 602 3189</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State		<b>2</b>	
	Permanent Address (Street, Apt. Number) <b>SAME AS ABOVE</b>		(City)	(State)	(Zip)	Phone	Address Source <b>FL DRIVERS LICENSE</b>			
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation			
	D/L Number, State <b>S520-007-61-501-0</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>TRINIDAD TOBAGO</b>	Citizenship <b>USA</b>		
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		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"/>			
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		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"/>			
JUVENILE	Parent Name (Last) (First) (Middle)		Residence Phone							
	Legal Custodian		Business Phone							
	Other:									
	Address (Street, Apt. Number) (City) (State) (Zip)									
	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.		School Attended		Grade						
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property						
CHARGE	Drug Activity S Sell N N/A P Possess		R Smuggle B Buy D Deliver T Traffic		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>LEAVING SCENE W/INJURIES</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.027</b>		Violation of ORD #			
	Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense # <b>21-139666</b>	Warrant / Capias Number		Bond			
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" 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 checked="" 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 checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #			
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond			
NOTICE TO APPEAR	Location (Court, Room Number, Address)									
	Court Date and Time Month Day Year Time AM 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									
Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed						
ADMIN	HOLD for other Agency Name:		Signature of Arresting Officer <b>X</b>		Name Verification (Printed by Arrestee)					
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>MAIORINO</b>		I.D.# <b>7060</b>		(PRINT)			
	Intake Deputy	I.D.#	Pouch #	Transporting Officer	ID #	Agency	PAGE <b>1</b> OF <b>1</b>			

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

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DBTS Number

ADMIN Agency ORI Number: FLO 500000 Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number: 06-21-139666

Charge Type: 1. Felony (checked) 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

DEE Name (Last, First, Middle): SINGH ANGELA G. Alias: Race: O Sex: F Date of Birth: 1/1/61

CHARGES Charge Description: LEAVING SCENE W/INJURIES 316.027

CHARGES Charge Description

VICTIM Victim's Name (Last, First, Middle): MANDELL HEDY Race: W Sex: F Date of Birth: 2/3/48

VICTIM Local Address (Street, Apt. Number): 19880 SAWGRASS LN APT 3902 BOCA RATON FL 33434 Phone: (561) 306-5117 Address Source: FL DRIVERS LICENSE

VICTIM Business Address (Name, Street): Phone: Occupation:

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 day of DECEMBER 20 21 at 10:05 [ ] A.M. [ ] P.M. (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT The victim reported that on Dec 13th, 2021 at about 10:05 am, she was bicycling southbound in the 19600 block of Sawgrass Drive Boca Raton, FL 33434. She was passing the intersection of Golfside Drive, when she was struck by a silver Mercedes and thrown from the bicycle. The driver of the Mercedes stopped and got out of the car. The victim told the driver that she was injured and wanted to report the crash. The driver told the victim that she was fine, got into her Mercedes, and left the scene without providing any information concerning her identity. The victim saw the tag of the Mercedes and remembered it as being DJEP68. That tag was not registered to anyone in Florida. The victim said she could identify the driver if seen again. The victim's right arm was hurt during the crash and latter x-rayed. She was determined to have a fractured arm. On 12/15/21, the victim met with her communities security and was allowed to view random entry/exit video. The victim identified the silver Mercedes vehicle passing through a community gate. The Florida tag on the Mercedes was DEJP68, which is the same tag she remembered on the day of the crash, except two digits were transposed. A check of FL tag DEJP68, revealed that it is a 2015 silver Mercedes and registered to the defendant. On 12/19/21, a photo line-up was presented to the victim. The victim identified the defendant as being the driver of the Mercedes that struck her and fled. On 12/21/21 the defendant was interviewed. Post miranda, the defendant reported that she was the driver of the Mercedes. She doesn't know if she actually struck the bicycle or if the bicycle swerved to avoid her. The bicycle rider fell from the bicycle. The defendant said that she stopped her Mercedes and got out to speak with the victim. The victim was upset but insisting that she wasn't hurt. The defendant said that the bicycle and vehicle had no damage. She felt that nothing more was to be done so she left. The defendant had a photo and brief video of the victim on her phone that she showed me. The defendant said that the photo and video proves that she stopped at the scene. The victim also said she saw the victim looking at her tag, so she figured she had her information if needed. Based on the victim's telling the defendant she was injured and wanted to report the crash, the victim's identification of the defendant as the driver, the victim's identification of the vehicle and tag (two transposed numbers), and the defendant leaving the crash with injuries, without providing her information, there is probable cause to believe that the defendant violated FSS 316.027 - Leaving the Scene of an Accident with Injuries.

ADMINISTRATIVE STATE OF FLORIDA COUNTY OF PALM BEACH MAIORINO (Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21st day of DECEMBER 20 21 by MAIORINO 7060 (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced known

Notary Public, Clerk of Court, Officer (F.S.S. 117.10) 5486 PAGE 1 OF 1