A 0 ×	OSTS Number	3789	T AR	a RREST / N	20 CF 10TICE T		-	NB 1. Arres 2. N.T		t for Warrant st for Capies	15	JUVENILE
NINI	0500400	Agency Nam Delra	Beach Police Do	e <u>partme</u> n	ıt			y Raport Number (	N.T.A.'s only) -000238	u tor Capras	1.71	
S T R	Charge Type: Check as many 2. Traffic Feld Location of Arrest (Including Name of Busi	06y 🔲 4.	Misdemeanor Traffic Misdemeanor	5. Ordinance	•				capon Scized r Type Han	ds/fist/feet	/teeth	Multiple Clearance Indicator 2
1 0	300 W ATLANTIC DE	ELRAY BEACH	H, FL poking Date	Booking Ti	me Jerr	va.c		Jan Thine	T COL	aboli of Venicle		
N	Name (Last, First, Middle)	15:00	01/04/2020	15:	10			Alias (Name, DOB	Soc. Sec. # Etc.)			
	GODINEZ LOPEZ, A.		ate of Birth	Height	Alias		Eye Color	Hair Col		Complex	ion.	
D		W M	01/17/1970	5'06	17	0	BROW Marital Status	N	BLACK		OLIVE	SMALL
E 4 8			City)	(0.4.)			S			Alcohol I	nfluence Yes	] % [32] Unk [
אס	3000 HV F 72/750 2/ 77 7	VD 1, DELRAY	BEACH, FL 334		(Zip)				758-350	Residence 1. City 2. County	3. Florida 4. Out of State	1
N T	2099 W LINTON BL	VD 1, DELRAY		(State) 45	(Zip)			Phone (951)	758-3505	Address :	Source VERB	AL
	Business Address (Name, Street) UNEMPLOYED,		City)	(State)	(Zip)			Phone		Occupation	ж	
	D/L Number, State	Soc. Soc.	Number	INS Number			Place of Birth HUEH	(City, State) UETENA		Citizenship GT		
С 0	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Bi			1. Arrested	3. Felony 4. Misdemean	5. Juvenile
D E F	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Bir	rih		l. Arrested	3. Felony	5. Juvenile
<u>,</u>	Parcet Other:		Name (Last,	First, Middle)						2. At Large	4. Misdemean Residence Phone	
U V	Address (Street, Apt. Number)		(City)	·	(State)	(2	Zip)				Business Phone	<del> </del>
N	Notified by: (Name)			· · · · · · · · · · · · · · · · · · ·	Date		Tin	ie lūv	ENILE DISPOSIT		3 707 440	- I
E	1. Handled/Processed within 2. TOT JAC  Released To: (Name)  Released To: (Name)  Released To: (Name)											
	The above address was prov	vided by  def	endant and/or  de	efendant's p	arents.		School	Attended			Gra	adc
	The child and/or parent was (Phone 355-2526) informed	told to keep the l of any change of	Iuvenile Court Clerk's address.	Office		perty Crime?		tion of Property			Ve	luc of Property
c	☐ You, by:  Drug Activity S. Sell R.	Samuegle K. Dispo	No: M. Manufacture/	Z. Other		Yes 🗓 ug Type	No B. Bartei	urate H.Ha	Hucinogen	P. Paraphornalia/	U. Unknows	
D E		Deliver Distri Use			N.	N/A Amphetami	C. Cocai	nc M.M	arijuana sium/Deriv.	Equipment S. Synthetic	Z. Other	•
C H	Charge Description SEXUAL BATTERY V	ICTIM OVER	12YOA NO PHYS	ICAL FO	RCE			1	iolation Number 2	<del>7</del> /	Violation of O	RD#
R G E	Drug Activity Drug Type Amount		Offense #	Counts Dor	nestic Violence	Warrant	/ Capias Number			-	MON	IF.
C H	Charge Description  LEWD/LASCIVIOUS	RATTERY VIC	TIM UNDER 16			<u> </u>		Statute V	iolation Number 04(4A) {{\fitai	28	Violation of Of	RĎ#
R G E	Drug Activity Drug Type Amount		Offense #	1 . 1 .	sestic Violence	Warrant /	Capias Number	1 000.	<u> </u>	<u> </u>	1111	1C
CH	Charge Description			<u> </u>		<u> </u>		Statute V	iolation Number		Violation of O	60 N
R	Drug Activity Drug Type Amount	/ Unit	Offense #	1 1 _	nestic Violence	Warrent /	Capies Number				Bond	
	Health / Apparent Physical Condition of Defe	indent	<b>Y</b>		, <u>, , , , , , , , , , , , , , , , , , </u>	1	vlodge of the follo	wing:   M	Contai 🗆 Escap	e Risk 🔲 Modi	cation Defor	mitics 🔲 injuries
	Check which applies: Released O.R	_ ' = \		T. County Jail	PROPERTY - R	Explain: excived By	······································	Released By	-	Rele	ased To	
۱	Posted Bond Transported By	South County	Mental Health		Date Transporto	ı Ti	ime Transported	Other	<del></del>	<u></u>	2020	
;	☐ INSTRUCTION NO. 1 -	- Mandatory appe	arance in court		Location (Court,			<u>i.</u>		<u></u>		
INSTRUCTION NO. 2 - You need not appear in Court  South County 200 W Atlantic Ave Delray Beach, FL 33424  Court Date and Time												
	I AGREE TO APPEAR AT THE TIM	<del></del>			HARGED OR	TO PAV T	THE EINE STI	SCRIBED II	INITIEDETANIT	TUAT CHOU	با	No
1	I WILLFULLY FAIL TO APPEAR BI FOR MY ARREST SHALL BE (SSUI	EFORE THE COURT	AS REQUIRED BY THIS N	OTICE TO AP	PEAR, THAT	MAY BE	HELD IN CO	MITEMPT OF	COURT AND	WARRANT	7.790	Photo vailable
									ڊ 	7		
+	Signatu HOLD for Other Agency	re of Defendant (or Juv	enile and Parent/Custodian) Signature of Arrestia	u Officer			1.	Date Sign		er)	<u> </u>	
<u>}</u>			Name of Arresting O				I.D. #		,			
1	Dengcroes Ros		SALA, ANT		<b>Y</b>		1027	(PRINT)	<del></del>			PAGE
Š	TANK II III III	rouch #	Transporting Officer		I.D	. #	Agency					11 or 1

	OBTS Number		PROBABLE CAU	SE AFFIDAVIT			Request for		1	JUVENILE X
A D	Agency ORI Number	Agency Name			Agency Report N		Request for	Capias		
M	FL 0500400	DELRAY BEACH P	OLICE DEPAR	RTMENT	4 0	20-000	238			
N	Charge Type: 1. Felony Check as many	3. Misdemeanor	5. Ordinance			Special Notes	:			
D	as apply. 2. Traffic Felony  Name (Last, First, Middle)	4. Traffic Misdemeanor	6. Other			<u>.L</u>	Race S	x Da	te of Birth	
Ē F	GODINEZ LOPEZ, ANT	ONIO					i	ļ		/1970
C	Charge Description	V177711 0177 40VA		Charge Description						
R	794.011(5) SEXUAL BATTER Charge Description	Y VICTIM OVER 12YO	A NO PHYSICAL	800.04(4A) L Charge Description	EWD/LASC	CIVIOUS	BATTER	YVIC	TIM U	NDER 16
E S										
v							Race S	5   5	te of Birth	267
C					Phone	!	<u> </u>		Source	//0/
T I							<del></del>		1	
M	Suames Audress (Name, Street)	(CRY)	(State)	(Zip)	Phone			Occupa	tion	
_	The undersigned certifies and swears th	at he/she has just and resonable	grounds to believe, and d	loes believe that the a	bove named De	efendant comn	nitted the fo	ltowing :	violation o	f law.
	The Person taken into custody  committed the below acts in n			observed by						
ļ	confessed to	ny produkto.								who told itt the below acts.
	admitting to the below facts.			ound to have comm					scribed) i	nvestigation.
	On the 4 day of J	anuary 2020	0 at 15:00	(Specifically inclu	de facts consi	tituting cause	for arres	t.)		
	The following incid	ent occurred in	the City o	f Delray E	Beach, I	alm Be	ach (	coun	ty, E	lorida.
									_	
D	On January 4, 2020,									
R	dispatched to 2181	Catherine Dr #2	in referen	ce to a se						
О В	victim,	(DOB 10/17/	07), and he			nade co	DICAC	. W1	and	
A		net informed me				sh	e bed	ame		
L	upset when giving h		_ `		_		ated			- 1
ΕĮ	sexual battered by		"To	nno."						
C	I responded to the	Delray Beach Po	lice Depart	ment and m	ade cor	itact w	rith		<b>a</b> nd	her
A U	parents. While spea							ence		
S	truth and a lie, an	d that she knew	that telli	ng a lie w	as inar	propri				formed
_	me that she lives a								amed	
s	"Tonno." It should				now the	_				ľ
A	and allowed him to noted that officers		io	r approxim		our mo my arr				
E	contact with the su		Godinez Lop	ez. Godine						
ᆁ	the police departme			,	•	_				
7							<b>.</b>	_		•
ا ۲	father at the renta	he returned to	the residen stated tha							
	suspect, Godinez Lo	*		stated						
	to drain the water	_								
	Godinez Lopez stand	ling inside the	bathroom.	state	d that	she be	gan t	:o c	lean	hair
	from the inside of		-				-			
	exit the bathroom, stated that Godinez				_	r again 1 that				
	<u> </u>	- // -								
	SWORN AND SUBSCRIBED BEFORE I	" Ylmk	BU 9		(//					
N	RASOR, 1		י זע	SIGNATUR	E OF AVEST	INC INVEST	IGATING (	FFICER	1	
S   R	NOTARY PUBLIC / CLERK OF C		)		LA, ANTH			)		
۱	01/04/		<del></del>	•	NAME OF OFFI		PRINT)			PAGE
۷		· <b>-</b>				4/2020				1 OF 2

COURT STATE ATTORNEY

**CENTRAL RECORDS** 

JAIL

**CRIME ANALYSIS** 

P. I. O.

_	OBTS Number	·	DDODABLEC	ALICE APPIDAVIT	•					<u> </u>
	OD13 Rumba			AUSE AFFIDAVIT LEMENT		1. Arrest 2. N.T.A.	Request     Request			JUVENILE X
١	Agency ORI Number	Agency Name			Agency Report P	Yumber		_		
Ĭ	FL 0500400		ACH POLICE DEP	PARTMENT	4 0			•		
۱ ۲	Charge Type: Check as many as apply.  1. Felony 2. Traffic Felony	3. Misdemeand 4. Traffic Misde	_			Special No	otes:			
5	Name (Last, First, Middle)	4. Traine Misoe		lias		<u>. L</u>	Race	Sex	Date of Birth	
E F	<b>GODINEZ LOPEZ, ANT</b>	ONIO					w	М	01/17/	1970
	tongue went inside	her mouth w	vhile he was k	issing her a	ind that	t he	also	plac	ced his	hands
	inside of her shirt	and began	to touch her	breast area	while !	kissi	ng he	r.	g	tated
١	that she told Godin	ez Lopez "r	no," and told	him to stop.		stat	ed th	at (	Godinez	Lopez
1	then removed her pa	nts and und	derwear and th	en removed h	nis.	5	tated	l tha	at Godin	nez
	Lopez had no clothe		_	-					Godinez	
	touched her vagina								er gen:	ital
١	area as her "front,	" and Godin	nez Lopez s pe	nis as "his	what do	o you	call	. it.		
	then stated to	hat Cadina		- F		h-	4			M % - 2
	front touched her f		Lopez put hi	_			_			,
١	Lopez away and tell			tated that s						
١		-	Godinez Lope							
1	didn't do anything									ated
ᆝ	that she then left						- /		oe noted	i that
	only speaks S	panish, the	erefore Office	r Bonet tran	slated	for:	me.			•
B										J
в	It should be noted		was wearing t							
티	of the sexual batte								led. DBI	מי?
-	Crime Scene took po	ssession or	the clothing	and placed	them 11	uto e	viden	ce.		
С	Det. Lunsford, Offi	cer Bonet.	and I conduct	ed an interv	Tiew wit	th Go	dinez	Lor	ez God	linez
A U	Lopez informed me t							_		
s				nez Lopez st			•			
=	room of the residen	ce as well.								
s	Officer Bonet. Godi	nez Lopez s	stated that he	understood	his ri	ghts.	Post	Mi	anda,	
T	Godinez Lopez admit									
Ť	being in the bathro									
E M			story and stat							he
E	asked her to drain allegations and sta								sexual soted th	
N I	Post Miranda, Godin									1
ļ	DBPD Crime Scene an					~~				
1										
1	Due to the above fa									
1	Lopez, with Lewd an		s Battery, pu	rsuant to FS	S 800.	04 (4A	), an	d Se	exual Ba	attery,
١	pursuant to FSS 794	.011(5).								
1		7								
۱	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \									
١										
	<b>Y</b>									
						~~				
1	SWORN AND SUBSCRIBED BEFORE	ME A.	11.16		/	<b>//</b>	$\overline{}$			
*	Good and one offer		MHELT							
اځ	RASOR, J		110-1	SIGNATUR	E OF ARREST	HIGT IN	STIGATIN	IG OFFI	CER	ļ
1	NOTARY PUBLIC / CLERK OF C	•	<b>3</b> .717.10)		LA, ANTH					
۱?	01/04/			•	AME OF OFFI	•		Τ)		PAGE
<u>.</u>	DA <sup>-</sup>	ıc			01/0	4/202	0			2 ∘ 2

COURT STATE ATTORNEY

CENTRAL RECORDS

JAIL

**CRIME ANALYSIS** 

P. I. O.

\_COURT CASE/WARRANT #:\_\_\_\_
(FOR WARRANTS USE ONLY)

## **VICTIM NOTIFICATION FORM**

This	form must	be	filled out	in a case	involving	one of the	following	crimes:

- Homicide (Ch. 782)

- Sexual Offense (Ch. 794)

- Attempted Murder

- Attempted Sexual Offense

- Stalking (S. 784.048)
- **Domestic Violence** (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. 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.)

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

Onense: <u>July 1 1 July 1</u>	ter, over 12 was cure	
Suspect/Offender: 1	FOCINCE LORE, Anton	2 24
D.O.B.]/////	Race: VI/	Sex: M
Warrant #(c)		
waitan #(5)		
Complete one (1) o	f the following:	
~		
. Victim's name: 💋		<u> </u>
Address:		
City:	State:	Zip:
Home #:	Work #:	Other:
. Victim's designate	d contact other than next of kin	(for example: a friend or
neighbor):		`
	State:	Zip:
Home #:	Work #:	Other:
	<del></del>	
Relevant identifica	tion or case numbers assigned t	o the case (please specify)

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification:	
Printed name of person waiving notification	. •
AN 0 Tofficer's Name : \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	I.D.: Date: 1/4/20