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P3991

KCF4459
Rough Arrest Only

ADMINISTRATION		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1		Juvenile			
OBTS Number		Agency ORI Number FL0500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06-19-068519					
Charge Type: Check as many as apply. <input checked="" type="checkbox"/> 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		Weapon Seized/Type 1. Yes 2. No		Multiple Clearance Indicator		02					
Location of Arrest (Including Name of Business) 10374 BOCA ENTRADA BLVD. BOCA RATON, FL 33442					Location of Offense (Business Name, Address) SAME						
Date of Arrest 5/09/2019		Time of Arrest 2100		Booking Date		Booking Time		Jail Date			
Jail Time		Location of Vehicle		N/A							
Name (Last, First, Middle) SOUSA, RAFAELLE ALESSANDRA CARBALHO					Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White B - Black I - American Indian O - Oriental/Asian W		Sex F		Date of Birth 4/05/1984		Height 5'6"		Weight 180			
Eye Color BRO		Hair Color BRO		Complexion MED		Build MED					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE NOTED					Marital Status M		Religion CHRISTIAN		Indication of: 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) 10374 BOCA ENTRADA BLVD.			(City) BOCA RATON		(State) FL		(Zip) 33442		Phone () NONE		
Permanent Address (Street, Apt. Number)			(City)		(State)		(Zip)		Residence Type 1. City 2. County 3. Florida 4. Out of State 2		
Business Address (Street, Apt. Number)			(City)		(State)		(Zip)		Address Source VERBAL		
D/L Number, State			Soc. Sec. Number		INS Number		Place of Birth		Citizenship		
NONE			NONE				BRAZILE		NO		
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			
<input type="checkbox"/> Parent Name (Last)		<input type="checkbox"/> Legal Custodian		<input type="checkbox"/> 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/CYF 3. Incarcerated					
Released To: (Name)		Relationship		FCIC/NCIC		Date		Time			
The above address was provided by defendant and/or defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office informed of any change of address: <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)					School Attended		Grade				
Recovery Information 0. N/A 1. Voluntary 2. Located Not Returned 3. Hospitalized 4. HRS Custody 5. Law Enforcement Custody 6. Returned to Parent 7. Deceased 8. Other											
Drug Activity		S. Sell		R. Smuggle		K. Dispense/Distribute		M. Manufacture/Produce/Cultivate		Z. Other	
N. N/A		B. Buy		D. Deliver		E. Use		A. Amphetamine		B. Barbituate	
P. Possess		T. Traffic						C. Cocaine		H. Hallucinogen	
								E. Heroin		M. Marijuana	
										P. Paraphernalia/Equipment	
										O. Opium/Deriv.	
										S. Synthetic	
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation of ORD #			
ATTEMPTED FELONY MURDER		1		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		782.051 (1)					
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond	
N		N		N/A		19-068519					
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation of ORD #			
CHILD ABUSE		1		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		827.03 (2C)					
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond	
N		N		N/A		19-068519					
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation of ORD #			
				<input type="checkbox"/> Yes <input type="checkbox"/> No							
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond	
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation of ORD #			
				<input type="checkbox"/> Yes <input type="checkbox"/> No							
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond	
Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address)									
Instruction No. 2 You need not appear in Court but must Comply with instructions on reverse side.		Court Date and Time Month Day Year Time A.M. 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 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						
Name: HOLD for other Agency		Signature of Arresting Officer X		Name Verification (Printed by Arrestee) (PRINT)							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) DET. R. BRAGG PBSO #8727		I.D. #							
Intake Deputy 05 Michelle 8033		Pouch #		Transporting Officer DS Hart		I.D. #		Agency PBSO		PAGE 1 of 1	
Witness here is subject signed with an "X".											

OBTS Number		PROBABLE CAUSE AFFIDAVIT			1	Juvenile
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 - 19-068519		
Charge Type: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other as apply.				Special Notes:		
Defendant's Name (Last, First, Middle) SOUSA, RAFAELLE ALESSANDRA CARBALHO				Race W	Sex F	Date of Birth 4/05/1984
Charge Description ATTEMPTED FELONY MURDER 782.051 (1)		Charge Description CHILD ABUSE (FELONY) 827.03 (2c)				
Charge Description		Charge Description				
Victim's Name (Last, First, Middle) UNIDENTIFIED INFANT				Race W	Sex F	Date of Birth [REDACTED]
Victim's Local Address (Street, Apt. Number) DCF CUSTODY		(City) BOCA RATON	(State) FL	(Zip) 33442	Phone	Address Source N/A
Victim's Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation N/A
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...						
<input checked="" type="checkbox"/> committed the below acts in my presence.		<input type="checkbox"/> was observed by _____ who told _____				
<input type="checkbox"/> confessed to _____ admitting to the below facts.		that he/she saw the arrested person commit the below acts.				
<input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.						
On the 9 TH day of MAY, 2019 at 9:00 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest).						

NARRATIVE:

On 5/08/2019 I responded to 10374 Boca Entrada Blvd in reference to an infant who was found in a dumpster. Upon my arrival Deputy Kelly #31807 told me two maintenance workers found an infant in the dumpster. The infant was inside of a white garbage bag with a red tie and had a yellow and white bag wrapped around its head and face. This bag also contained household garbage and coffee grinds.

While conducting a search of the dumpster and surrounding areas, another white garbage bag was located inside of the same dumpster. That bag was made of the same stretch material and had the same red tie. A viewing of the items in the second bag was completed. This second white bag contained several yellow and white striped small bags that match the bag wrapped around the infants head. Also found in the bag was a large bundle of napkins with a large amount of blood. A receipt from Fantastic Beauty Supply was also located. This receipt had a time and date stamp and address of this store. The lot numbers on both of the white bags with red ties matched.

On 5/9/19, I arrived at Fantastic Beauty Supply where we were provided a copy of the receipt and a phone number for the customer, Faiei Souza (Rafaelle Alassandra Carbalho Sousa). This phone number came back the address 10374 Boca Entrada Blvd, Apt. 124. The infant was located in the dumpster directly in front of this address. We were able to verify the phone number belonged to the resident through the leasing office.

NARRATIVE CONTINUATION

On 5/09/2019 I submitted a search warrant request for the defendants residence and it was granted by the Honorable Judge Gregory Keyser.


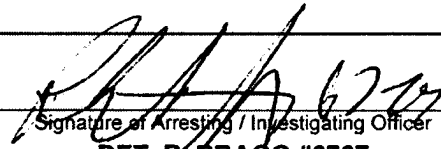
Once the warrant was served, the box containing the garbage bags were located and the lot number on the box matched the bag the infant was found in. An interview was conducted with Rafaelle Alassandra Carvalho Sousa. Post Miranda, she stated she [REDACTED] put the baby and [REDACTED] in white plastic bag. She then walked to the dumpster and put the bag containing the baby into the dumpster. She stated she tried to get the baby to respond and waited three hours to see if the baby would breathe. She also said she went back twice to the dumpster to make sure the baby was dead but never approached the bag because there were people in the parking area around the dumpster.

An interview was then conducted with [REDACTED] who stated he had no idea [REDACTED] was preganant. He found out when police first arrived because she whispered to him it was [REDACTED] baby in the dumpster.

Based on the above, Rafaelle Alassandra Carvalho Sousa did perpetrate or attempt to perpetrate (Attempted Murder) and did commit, aid, or abet an intentional act that is not an essential element of (Attempted Murder) and that could have, but did not, cause the death of (Unidentified Infant), contrary to Florida Statute 782.051(1).

AND

Rafaelle Alassandra Carvalho Sousa did intentionally inflict physical or mental injury upon (Unidentified Infant), a child, {or} did an intentional act or actively encouraged another to do an act that resulted or could have reasonably been expected to result in physical or mental injury to (Unidentified Infant), a child, contrary to Florida Statute 827.03(1)(b) and (2)(c).

Sworn and Subscribed before me	
	
Signature Notary Public / Clerk of Court / Officer (F.S.S 117.10)	Signature of Arresting / Investigating Officer
DET. G. LIRIANO #5336	DET. R. BRAGG #6727
Name of Notary Public / Clerk of Court / Officer (F.S.S 117.10)	Name of Officer (Please Print)
5/09/2019	5/09/2019
Date	Date

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
(Submit this form with the original Probable Cause affidavit)

Suspect: SOUSA, RAFAELLE ALESSANDRA CARBALHO DOB: 4 / 05 / 1984 Case #: 19-068519

Victim: UNIDENTIFIED INFANT DOB: 5 / 09 / 2019 Race: W Sex: F

Relationship between Victim and Defendant: [REDACTED]

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: DISCOVERER

Weapon Used: Yes No Type: _____

Witness: Yes No Name: _____

Victim Pregnant: Yes No If yes, _____ weeks _____ months

Injuries: Yes No Description: _____

Medical Treatment: Yes No

At Scene: Yes No Paramedics: PBCFR 51

At Hospital: Yes No Hospital: BOCA WEST HOSPITAL Physician: ER

Are Children Living in Home? Yes No DCF Notified? Yes No

Name: [REDACTED] 3 YEAR OLD MALE DOB: 10 / 02 / 2015

Name: _____ DOB: / /

Name: _____ DOB: / /

Injunction Yes No Case #: _____

No Contact Order Yes No Case #: _____

Alcohol or Drugs Yes No Unknown

Prior History of Domestic/Dating Violence Yes No

Defendant's Statements Yes No If yes, written recorded oral

First words Defendant said when you responded to scene: [REDACTED], I PUT THE BABY IN THE DUMPSTER

Victim's Statements Yes No If yes, written recorded oral

First words Victim said when you responded to scene: CRYING

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

Yes No If yes, name: _____ phone () _____ - _____

Observations of Victim (Physical & Emotional): _____

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other _____

Victim Contact Information:

Local Address: DCF CUSTODY

Phone: Home () _____ - _____ Work () _____ - _____ Cell () _____ - _____

Employer: _____

Name of Relative: _____ Phone () _____ - _____

Address: _____

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- Attempted Murder
- Stalking (F.S. 784.048)
- Domestic Violence - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated 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.)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense

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

1. Incident Report #: 19-068519 Agency: PBSO
Offense: ATTEMPTED FELONY MURDER, CHILD ABUSE
Suspect/Offender: SOUSA, RAFAELLE ALESSANDRA CARBALHO
D.O.B. 4/05/1984 Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's name: UNIDENTIFIED INFANT D.O.B. [REDACTED] Race: W Sex: F
Address: DCF CUSTODY
City: N/A State: FL Zip: N/A
Home #: NONE Work #: NONE Other: NONE

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY.

Victim/Relation Notification Waiver and Confidential Information Request.

(check applicable boxes)

- Waiver:** I choose not to be notified when the arrestee is released from custody.
- Confidential:** I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Deputy's Name: Detective Robert Bragg I.D.# 6727 Date: 05-09-2019

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records
PBSO #0029A REV. 4/99

SUSPECT/OFFENDER: _____

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#: _____



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input checked="" type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	3-4,6
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	539.001 FS	Other: All records relating to pawnbroker transactions.	
	<input type="checkbox"/>	119.0712(2)	Other: Personal information contained within a motor vehicle record	

REVIEW COMPLETED BY

Booking Number: 2019015516	Date: 05/10/2019
	Specialist Name/ID: howardt/7185