

21CF 3878 AMB

0448657

816

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		1		Juvenile		N	
Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 06		21063625			
Charge Type Check as many as apply <input checked="" 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		Weapon Seized Enter type: N/A		Multiple Clearance Indicator 0 2			
Location of Arrest (Including Name of Business) 1501 High Ridge Rd Lake Worth, FL 33461				Location of Offense (Including Name of Business) 1501 High Ridge Rd Lake Worth FL 33461							
Date of Arrest May 9, 2021		Time of Arrest 0916		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) Reiter Abby Davidson				Aliases (Name, DOB, Soc. Sec. # Etc.)							
Race W. White 1. American Indian B. Black 2. Oriental/Asian		Sex W F		Date of Birth 4/5/84		Height 5'09"		Weight 170		Eye Color Brown	
Hair Color Brown		Complexion Medium		Build Medium		Marital Status Married		Religion Jewish		Inhabitant of 1. City 2. County 3. Florida 4. Out of State 2	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) mole on neck				Address (Street, Apt. Number) 1501 High Ridge Rd Lake Worth FL 33461		Phone 5613102844		Residence Type 1. City 2. County 3. Florida 4. Out of State 2			
Permanent Address (Street, Apt. Number) SAME AS LOCAL				City Lake Worth		State FL		Zip 33461		Address Source FL DL	
Business Address (Street, Apt. Number)				City		State		Zip		Occupation Paralegal	
DA Number, State R360004846250		Social Security		INS Number		Place of Birth Memphis, TN		Citizenship USA			
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 <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other		Name (Last, First, Middle)				City		State		Zip	
Address (Street, Apt. No.)				City		State		Zip		Business Phone	
Notified By (Name)		Date		Time		Juvenile Depositor 1. Handed/Processed with 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's parent or <input type="checkbox"/> defendant's parents. The principal parent was told to keep the Juvenile Court Clerk's Office (Phone 561-355-2525) informed of any address change. <input type="checkbox"/> Yes by (Name) <input type="checkbox"/> No (Reason):				School Attended		Grade					
Property Crime? <input type="checkbox"/> Yes <input 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. Dispense D. Distribute		M. Manufacture/ P. Produce C. Cultivate		Z. Other	
Charge Description Domestic Battery		Counts 01		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 784.03(1)(a)(1)		Violation or ORD. #		NO Bond	
Drug Activity N		Drug Type N		Amount/Unit None		Offense # 21063625		Warrant/Capias Number		Bond	
Charge Description Victim Tampering		Counts 01		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 914.22(1)(a) (7143)		Violation or ORD. #		5,000	
Drug Activity N		Drug Type N		Amount/Unit None		Offense # 21063625		Warrant/Capias Number		Bond	
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation or ORD. #			
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond	
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation or ORD. #			
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond	
Location (Court, Address, Room Number)											
Court Date and Time Month Day Year Time AM <input type="checkbox"/> PM <input type="checkbox"/>											
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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)											
Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Susceptible <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other				Signature of Arresting Officer Cpl J. Berby				Name Verification (Printed by Arrestee) 16611			
Initials/Depositor 676ad				Transporting Officer D/S M. Avila				Agency PBSO			
Page 1 of 1											

SCANNED

MAY 10 2021

MAY 9 4:10:51

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest	3. Request For Warrant	<input type="checkbox"/>	Juvenile	<input type="checkbox"/>
Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERRIF'S OFFICE		Agency Report Number 06		21063625		
Charge Type Check as many as apply		Special Notes						
<input checked="" type="checkbox"/> 1. Felony		<input checked="" type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance				
<input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other				
Defendant Name (Last, First, Middle) Reiter Abby Davidson								
Race W		Sex F		Date of Birth 4/5/84				
Charge Domestic Battery			Charge Victim Tampering					
Victim Name (Last, First, Middle) Goempel Jacob								
Race W		Sex M		Date of Birth 1/19/80				
Local Address (Street, Apt. Number) 1501 High Ridge Rd			City Lake Worth		State FL		Zip 33461	
Phone 561-293-1846			Address Source Verbal			Occupation Orchard Designer		
<p>The undersign 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...</p> <p><input type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to admitting to the below facts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.</p> <p>On the 9th day of May 20 21 at 0836 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</p>								

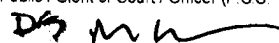
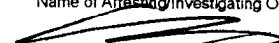
On 5/9/21 around 0836 hours, I responded to 1501 High Ridge Rd in unincorporated Lake Worth, Palm Beach County Florida 33461, in reference to a domestic battery. While en route, dispatch advised a loud disturbance was heard on the 9-1-1 call. Dispatch then advised Abby Reiter left in a black van, and further advised several cats were inside of the home.

Upon my arrival, I met with Jacob Goempel, who verbally identified himself. Goempel told me the following: he is legally married to Abby Reiter, and they have two children in common (a two and three year old). Reiter returned home and the two had an argument over Reiter possibly using prescription medication not prescribed to her. Goempel stated he told Reiter to leave, and she began yelling at him in front of the children. Reiter threw a teapot at Goempel but did not hit him, she shoved/pushed him, and tried to "rip the phone" out of his hands as he was calling 9-1-1. Reiter left the residence, slamming the front door and causing damage to the point where it will not close and stay shut. Goempel gave me a sworn written statement about what happened.

I looked inside of the home with Goempel's permission and observed a Grey Teapot on the ground. Goempel's two minor children were inside and I said "hi what happened" to which the three year old replied "Mommy threw a teapot" and "mommy pushed daddy". I asked if "daddy" pushed or hit mommy back and the child said "no". I reached down to pet the friendly large male tabby cat in the living room, and discovered his back fur was wet. I observed the front door would not stay closed and was damaged.

As I was on scene, Reiter arrived in a black Van. Reiter was crying and told me that she was upset as she stated "I lost my temper". Reiter agreed to speak to me in detail and stated she argued with Goempel and used foul language in front of her children during the argument, because he accused her of taking drugs. Reiter stated she had old prescription non-narcotic medication she took, and she admitted to trying to take Goempel's phone out of his hands as he was calling 9-1-1. Reiter stated she dropped the tea kettle during this argument, and she denied any physical violence took place.

D/S Avila assisted by photographing the scene and all parties involved. Based on my investigation I found Abby Reiter to be in violation of FSS 784.03(1)(a)(1) Domestic Battery, and in violation of 914.22(1)(e) Victim Tampering.

The foregoing instrument was sworn to and affirmed before me this 9th day of May 20 21 , by	
D/S M. Avila ID 25488	Cpl J. Derby 16611
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer
	
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer
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Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
 (Submit this form with the original Probable Cause Affidavit)

Defendant: Reiter Abby Davidson DOB: 4/5/84 Case #: 21063625
 Victim: Goempel Jacob DOB: 1/19/80 Race: W Sex: M

Relationship between Victim and Defendant: Spouse

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: Jacob Goempel

Weapon Used: Yes No Type: _____

Witness: Yes No Name: Minor Children

Victim Pregnant: Yes No If yes, _____ Weeks _____ Months

Injuries: Yes No Description: _____

Medical Treatment: Yes No

At Scene: Yes No Paramedics: _____

At Hospital: Yes No Hospital: _____ Physician: _____

Are children living in the home? Yes No DCF Notified? Yes No

Name: Juda Goempel DOB: 8/29/18

Name: Francis Goempel DOB: 7/13/17

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: see recording

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

First words Victim said when you responded to scene: See report

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

Yes No If yes, name: _____ phone: _____

Observations of Victim (Physical & Emotional): Upset, emotional

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other emotionally bothered by the incident

Victim contact information:

Local Address: 1501 High Ridge Rd

Lake Worth FL 33461

Phone: Home: 561-293-1846 Work: _____ Cell: _____

Employer: Self

Name of Relative: _____ Phone: _____

VICTIM NOTIFICATION FORM

- 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

- Dating Violence

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

1. Incident Report #: 21063625 Agency: Palm Beach County Sheriff's Office
Offense: Domestic Battery
Suspect/Offender: Relter Abby Davidson
DOB: 4/5/84 Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's Name: Goempel Jacob DOB: 1/19/80 Race: W Sex: M
Address: 1501 High Ridge Rd
City: Lake Worth State: FL Zip: 33461
Home #: 561-293-1846 Work #: _____ Other #: _____

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 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: Cpl J. Derby ID #: 16611 Date: May 9, 2021

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

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 checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<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 type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021011257	Date: 05/10/2021
	Specialist Name/ID: T Howard/7185