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OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N									
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06-21098714															
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		Weapon Seized / Type 2 <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Multiple Clearance Indicator 01																	
Location of Arrest (Including Name of Business) 2995 JOG RD, GREENACRES, FL 33467						Location of Offense (Business Name, Address) 1112 ISLAND SHORES DR, GREENACRES, FL 33413															
Date of Arrest 08/22/2021		Time of Arrest 1830		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
Name (Last, First, Middle) FOOR, AMANDA,												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White B - Black O - Oriental/Asian W		Sex F		Date of Birth 12/24/1983		Height 502		Weight 110		Eye Color BLU		Hair Color BRO		Complexion LIGHT		Build SMALL					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE						Marital Status Single		Religion CHRISTIAN		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>											
Local Address (Street, Apt. Number) 1112 ISLAND SHORES DR, GREENACRES, FL 33413						(City)		(State)		(Zip)		Phone (561) 291-5179		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2							
Permanent Address (Street, Apt. Number)						(City)		(State)		(Zip)		Phone		Address Source							
Business Address (Name, Street)						(City)		(State)		(Zip)		Phone		Occupation							
D/L Number, State F600014839640 FL						Soc. Sec. Number		INS Number		Place of Birth (City, State) WEST PALM BEACH, FL		Citizenship US									
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 Custodian <input type="checkbox"/> Other						Residence Phone ()															
Address (Street, Apt. Number)						(City)		(State)		(Zip)		Business Phone ()									
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. <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/ 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 SIMPLE BATTERY (DOMESTIC)						Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03(1) A1						Violation of ORD #					
Drug Activity N						Drug Type N		Amount / Unit NA		Offense # 21098714		Warrant / Capias Number NONE						Bond			
Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input 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 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 type="checkbox"/> N		Statute Violation Number						Violation of ORD #					
Drug Activity						Drug Type		Amount / Unit		Offense #		Warrant / Capias Number						Bond			
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) 08/22/2021												Date Signed									
HOLD for other Agency Name						Signature of Arresting Officer X						Name Verification (Printed by Arrestee)									
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Intake/Dep. #						Name of Arresting Officer (Print) D/S S. CRABTREE						I.D. # 34282									
Pouch #						Transporting Officer D/S S. CRABTREE						ID # 34282						Agency PBSO			
Witness here if subject signed with an "X"												PAGE OF									

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N
ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 21098714					
	Charge Type: <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		Special Notes:			
CHARGES	Name (Last, First, Middle) FOOR, AMANDA.		Alias		Race W		Sex F		Date of Birth 12/24/1983	
	Charge Description SIMPLE BATTERY (DOMESTIC)		784.03(1)		Charge Description					
VICTIM	Victim's Name (Last, First, Middle) BURCH, ETHAN,				Race W		Sex M		Date of Birth 0705/1982	
	Local Address (Street, Apt. Number) 4116 VIRGINIA TER, WEST PALM BEACH, FL 33405		(City) (State) (zip)		Phone (540) 460-9268		Address Source			
	Business Address (Name, Street) 		(City) (State) (zip)		Phone ()		Occupation			
<p>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.</p> <p>The Person taken into custody</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> committed the below acts in my presence. <input checked="" type="checkbox"/> confessed to D/S CRABTREE admitting to the below facts. </div> <div> <input type="checkbox"/> was observed by _____ who told that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. </div> </div> <p>On the 22ND day of AUGUST 20 21 at 1830 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On Sunday, August 22nd, 2021 at approximately 1715 hours, I had a citizen walk up to me at District 16 located at 2995 Jog Rd in the City of Greenacres, Florida 33467 wanting to report a domestic incident.</p> <p>I made contact with Amanda Foor DOB 12/24/1983 in front of the district. Amanda told me the following; her and her boyfriend Ethan Burch DOB 7/5/1982 were having relationship issues and she confronted him about it when he was trying to leave the residence. Amanda began crying and telling him not to go so she then went to hug him. When she tried to hug him, he grabbed her right wrist and twisted her wrist behind her back. He then pushed her to the sofa and place his knee on her head. Ethan then got up off of her and eventually the residence.</p> <p>I made contact with Ethan Burch DOB 12/24/1983 via telephone, Ethan agreed to meet me at District 16 to speak about the incident. Upon his arrival, Ethan told me that they are dating and he stays at her apartment on the weekends. Ethan said they were watching a TV show and then Amanda began asking him the status of their relationship and how they are going to move forward. Ethan decided he was going to go home because Amanda started crying, was getting upset. When Ethan started to put his socks on, she grabbed and then was bear hugged by Amanda in which he did not want to be touched and wanted to leave.</p> <p>Ethan Burch and Amanda Foor provided me sworn written statements in reference to his incident.</p> <p>Based on my investigation, I determined that Amanda Foor is the primary aggressor and that Amanda Foor did actually and intentionally touch or strike Ethan Burch against the will of Ethan Burch {or} did intentionally cause bodily harm to Ethan Burch, contrary to Florida Statute 784.03(1). (1 DEG MISD)</p> <p>At 1830 hours Amanda Foor was placed under arrest. I placed my PBSO issued handcuffs over her wrists checking for tightness and double locked. Amanda Foor was then transported to the Main County Jail without incident.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> STATE OF FLORIDA COUNTY OF PALM BEACH (Signature of Arresting/Investigative Officer) </div> <div style="text-align: center;"> D/S S. CRABTREE </div> </div> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this 22ND day of AUGUST 20 21 by D/S S. CRABTREE</p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced LEO</p> <p>D/S CARDEC #24979</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.13)</p>										
PAGE 1 OF 1										

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

Suspect: FOOR, AMANDA, DOB: 12/24/1983 Case #: 21098714

Victim: BURCH, ETHAN, DOB: 07/05/1982 Race: W Sex: M
Relationship between Victim and Defendant: BF/GF

Photographs: Scene Yes ☒ No ☐ Victim ☒ Yes ☐ No ☐ Defendant ☒ Yes ☐ No ☐
911 Call: Yes ☒ No ☐ Caller: _____
Weapon Used: ☒ Yes ☐ No ☐ Type: ARMS
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: _____
At Hospital: Yes ☒ No ☐ Hospital: _____ Physician: _____
Are Children Living in Home? Yes ☒ No ☐ DCF Notified? Yes ☐ No ☐

Name: _____ DOB: / /
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: I TRIED TO HUG HIM TO CAUSE I WANTED HIM TO STAY

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

First words Victim said when you responded to scene: _____

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: 4116 VIRGINIA TER, WEST PALM BEACH, FL 33405

Phone: Home (540) 460-9268 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)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- 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.)

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

1. Incident Report #: 21098714 Agency: PBSO
Offense: SIMPLE BATTERY (DOMESTIC)
Suspect/Offender: FOOR, AMANDA,
D.O.B. 12/24/1983 Race: W Sex: F

2. Warrant # (s): _____

3.a. Victim's name: BURCH, ETHAN, D.O.B. 0705/1982 Race: W Sex: M
Address: 4116 VIRGINIA TER
City: WEST PALM BEACH, FL 33405
Home #- (540) 460-9268 Work #: 0 Other: _____

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____
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: BURCH, ETHAN,

Deputy's Name: D/S S. CRABTREE I.D.# 34282 Date: 08/22/2021

White/Corrections or State Attorney (Warrant Application)
PBSO 00029A REV. 4199

Yellow/Warrants Section

Pink/Central Records

SUSPECT/OFFENDER: **FOOR, AMANDA,** COURT CASE/WARRANT #. _____
(FOR WARRANTS USE ONLY)



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021020931

Date: 8/23/2021

Specialist Name/ID: T Howard/7185