

0524443 50-2021-MM-004905-AMS 340

ADMINISTRATIVE	OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		1	JUVENILE
	Agency ORI Number 0500800		Agency Name West Palm Beach Police Department		Agency Report Number (N.T.A.'s only) 9 4 2021-0009984			
	Charge Type: <input 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		If Weapon Seized Enter Type Hands/feet/teeth		Multiple Clearance Indicator			
	Location of Arrest (Including Name of Business) 3410 WESTVIEW AVE WPB FL 33407		Location of Offense (Business Name, Address) 3410 WESTVIEW AVE, WEST PALM BEACH, FL 33407		Jail Date 07/07/2021		Jail Time 05:13	
DEFENDANT	Date of Arrest 07/07/2021		Time of Arrest 05:11		Booking Date 07/07/2021		Booking Time 05:21	
	Name (Last, First, Middle) JONCKHEER, AUGUSTA-HELM		Alias		Alias (Name, DOB, Soc. Sec. #, Etc.)			
	Race W - White B - Black O - Asian W		Sex F		Date of Birth 03/09/1985		Height 5'08	
	Weight 130		Eye Color BROWN		Hair Color BLOND OR		Complexion LIGHT	
CHARGE	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status D		Religion		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
	Local Address (Street, Apt. Number) 3410 WESTVIEW AVE, WEST PALM BEACH, FL 33407		(City) WEST PALM BEACH		(State) FL		(Zip) 33407	
	Permanent Address (Street, Apt. Number) 3410 WESTVIEW AVE, WEST PALM BEACH, FL 33407		(City) WEST PALM BEACH		(State) FL		(Zip) 33407	
	Business Address (Name, Street) 3410 WESTVIEW AVE, WEST PALM BEACH, FL 33407		(City) WEST PALM BEACH		(State) FL		(Zip) 33407	
JUVENILE	D/L Number, State J526008855890 /		Sec. Sec. Number		INS Number		Place of Birth (City, State) Memphis, TN	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
	Parent <input type="checkbox"/> Other: _____		Natho (Last, First, Middle)		Residence Phone		Business Phone	
CODER	Address (Street, Apt. Number) 3410 WESTVIEW AVE, WEST PALM BEACH, FL 33407		(City) WEST PALM BEACH		(State) FL		(Zip) 33407	
	Notified by: (Name)		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated	
	Released To: (Name)		Relationship		Date		Time	
	The above address was 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's Office (Phone 355-2526) informed of any change of address.		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property	
CHARGE	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispersal/ 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. Synthetic		U. Unknown Z. Other			
	Charge Description BATTERY- DOMESTIC VIOLENCE		Statute Violation Number 784.03(1A1)		Violation of ORD #			
CHARGE	Drug Activity		Drug Type		Amount / Unit		Offense #	
	Counts		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond	
	Charge Description		Statute Violation Number		Violation of ORD #			
	Drug Activity		Drug Type		Amount / Unit		Offense #	
CHARGE	Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond	
	Charge Description		Statute Violation Number		Violation of ORD #			
	Drug Activity		Drug Type		Amount / Unit		Offense #	
	Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond	
INTAKE	Health / Apparent Physical Condition of Defendant		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		Explain:			
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By J GOMEZ		Released By J GOMEZ		Released To PBC JAIL	
	Transported By J GOMEZ		Date Transported 07/07/2021		Time Transported 05:13		Other	
	INSTRUCTION NO. 1 - Mandatory appearance in court		INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room)		Court Date and Time	
NOTICE TO APPEAR	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 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			
	I CONSENT TO RECEIVE REMINDERS OF COURT DATE(S) AND TIMES FOR THIS CASE BY TEXT MESSAGE TO THE NUMBER IDENTIFIED HERE. I UNDERSTAND THAT STANDARD TEXT MESSAGE RATES MAY APPLY AND THAT I MAY REVOKE THIS CONSENT VIA THE TEXT MESSAGE SYSTEM IF I CHOOSE.		(415) 250-4281		INITIAL			
	HOLD For Other Agency		Signature of Arresting Officer GOMEZ, JULIO-CESAR		Name Verification (Printed by Arrestee)			
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) GOMEZ, JULIO-CESAR		I.D. # 02222	
ADMIN	I.D. #		Pouch #		Transporting Officer J GOMEZ		I.D. # 2222	
	Agency WPB		Witness here if subject signed with an "X".		Page		1 OF 1	

No Photo Available

LED


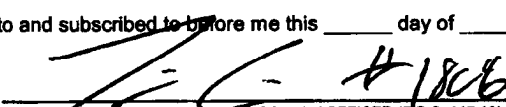
2021 JUL -7 AM 8:14

JOSE ARCELO, CLERK
PALM BEACH COUNTY, FL
JUN CLUB

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

ADMIN	Date / Time 07/07/2021 05:04		Agency ORI Number FL 0500800		Agency Name WEST PALM BEACH POLICE DEPARTMENT		Agency Report Number 9 4 2021-0009984	
	Name (Last, First, Middle) JONCKHEER, AUGUSTA HELM						Race W	Sex F
CHARGE	Charge Description 784.03(1A1) BATTERY DOMESTIC VIOLENCE							
	Victim's Name (Last, First, Middle) HARAJIN, HAWAZIN DREAMWEAVER						Race O	Sex M
VICTIM	Local Address (Street, Apt. Number) (City) (State) (Zip) 3410 WESTVIEW AVE, WEST PALM BEACH, FL 33407				Phone (415) 250-4281		Address Source	
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation	
ADDITIONAL INFORMATION	Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/> DEFENDANT'S STATEMENTS: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> VICTIM'S STATEMENTS: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): WORRIED				
	RELATIONSHIP BETWEEN VICTIM & SUSPECT SPOUSE							
ADDITIONAL INFORMATION	PHOTOGRAPHS:		Scene: <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>			
			Victim: <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	911 CALL:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: AUGUSTA JONCKHEER		
	WEAPON USED:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TYPE:		
	WITNESSES:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(If YES, attach witness list)		
	INJURIES:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	MEDICAL TREATMENT:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	AT: Scene:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PARAMEDICS:		
	Hospital:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:		
	ACT COMMITTED IN PRESENCE OF MINOR(S):		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NAMES/AGES: PHOENIX HARIJAN 1 YEAR OLD		
H. R. S. NOTIFIED:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
VICTIM PREGNANT:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
VIOLATION OF RESTRAINING ORDER:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CASE #:			
PRIOR HISTORY OF DOMESTIC VIOLENCE:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
ALCOHOL OR DRUGS INVOLVED:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
NARR	On July 7, 2021 I was dispatched to 3410 Westview Ave. in reference to a domestic disturbance.							
	Upon arrival, I made contact with Augusta Jonckheer WF 03/09/85 down the street. Jonckheer stated that her husband Hawazin Harijan WM 08/07/80 beat her and pushed her down the stairs. Jonckheer and Harijan have been							
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.  SIGNATURE OF ARRESTING OFFICER Sworn to and subscribed to before me this _____ day of _____  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)								

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

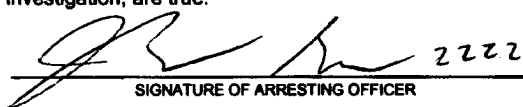

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 07/07/2021 05:04	Agency ORI Number FL 0500800		Agency Name WEST PALM BEACH POLICE DEPARTMENT	Agency Report Number 9 4 2021-0009984
	<p>married for 2 years and have a child together, Phoenix Harijan 06/23/20.</p> <p>Jonckheer stated that Hawazin started an argument with her because he believes she is being unfaithful. Jonckheer stated that Hawazin hit her in the face. Jonckheer could not be descriptive and appeared to be intoxicated from drinking wine. Jonckheer stated that Hawazin locked himself in a room with their child. Jonckheer stated that Hawazin came out the room picked her up and took her to the front porch area. Hawazin then pushed her down the stairs leading into the driveway. Jonckheer then went to a neighbor's house and called police. I observed minor scratches on Jonckheer's left forearm.</p> <p>I made contact with Hawazin at the home above. At first, Hawazin was uncooperative and didn't want to give much information about the incident. Hawazin stated that he was sleeping in the bedroom when he heard Jonckheer talking loudly on the phone in the living room. Hawazin stated that Jonckheer drunk 3 bottles of wine throughout the night. Hawazin went out and asked Jonckheer who she was talking to at which time she said a friend. Hawazin stated that he believes she is being unfaithful due to finding text messages on her phone before. Hawazin stated that they got into a verbal argument and Jonckheer attacked him. Hawazin then grabbed Phoenix and went back to his bedroom.</p> <p>Hawazin stated that he locked himself in the bedroom away from Jonckheer due to her being drunk and aggressive. Hawazin then stated that she was banging on the door to get in. Hawazin stated that Jonckheer grabbed a knife and began to jimmy the door lock to gain access to the room. Hawazin stated that he was in fear that Jonckheer would hurt him or Phoenix due to her intoxication. Hawazin opened the door before Jonckheer could make entry. At this time, Hawazin had Phoenix in his arms as Jonckheer attempted to grab him. Hawazin then pushed Jonckheer away from them to keep the child from falling or being hurt from the altercation. Hawazin stated that Jonckheer walked outside at which point he locked the front door of the house. I asked Hawazin why he didn't call police and he stated that he didn't want to get his wife in trouble. Hawazin had no visible injuries.</p> <p>The bedroom door was in the northwest corner of the living room. There was an L shaped couch a couple feet from the bedroom door and a table. Between the table and couch there was a pillow and children books on the floor. On top of the children books was a gray kitchen knife. This appeared consistent with Hawazin's statement about the knife being used to open the bedroom door and when he pushed Jonckheer away from him and Phoenix. Jonckheer appeared to fall back near the couch where the knife was located.</p> <p>Due to the above statements, there is probable cause to arrest Jonckheer for domestic violence battery as the primary aggressor.</p> <p>Jonckheer was placed under arrest for battery domestic violence F.S.S. 784.03(1A1) and transported to PBC jail without incident.</p> <p>BWC activated.</p>				

STATE OF FLORIDA COUNTY OF PALM BEACH	
<p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p> 2222 SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this _____ day of _____, _____.</p> <p> #1806 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>	

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

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.

1. Incident Report #: 21-9984 Agency: WPB PD
Offense: Simple Battery DV
Suspect/Offender: Augusta ~~MARTIN~~ Touchette
D.O.B. 3/8/85 Race: W Sex: F

2. Warrant #(s) _____

3. Complete one (1) of the following:

a. Victim's name: Hawazin Marjan
Address: 3410 Westview Ave
City: WPB State: FL Zip: 33407
Home #: _____ Work #: _____ Other: (Cell) 317-5379

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

c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____

4. Relevant identification or case numbers assigned to 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: _____

Officer's Name: J. Gomez I.D.: 2222 Date: 8/1/21

SUSPECT / OFFENDER: Augusta Touchette

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

REVIEW COMPLETED BY

Booking Number: 2021016637	Date: 7/07/21
	Specialist Name/ID: J. Beck/9007