

50-2020-CF-007924-AMB

ARREST / NOTICE TO APPEAR

1. Arrest (No Warrant) 3. Request for Warrant
6. Arrest (Warrant) 4. Request for Capias
2. N.T.A. 5. Juvenile Referral

1 JUVENILE

OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3, 2 2020-010866	
Charge Type: Check as many as apply	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 <input type="checkbox"/>	
Location of Arrest (Including Name of Business) 100 NW 2nd Ave Boca Raton				Location of Offense (Business Name, Address) 1401 S FEDERAL HWY, BOCA RATON, FL 33432		
Date of Arrest 09/29/2020	Time of Arrest 14:34	Booking Date 09/28/2020	Booking Time 17:54	Jail Date // ::	Jail Time N/A	Location of Vehicle N/A
Name (Last, First, Middle) CHELEDEN, CHARLES FRANCIS			Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)			
Sex M	Date of Birth 10/16/1968	Height 5'09	Weight 215	Eye Color BLUE	Hair Color BROWN	Complexion MEDIUM
Local Address (Street, Apt. Number) 109 SE 13TH ST, DEERFIELD BEACH, FL 33441			Phone (954) 410-3620		Indication of Alcohol Intoxication Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
Permanent Address (Street, Apt. Number) 109 SE 13TH ST, DEERFIELD BEACH, FL 33441			Phone (954) 410-3620		Residence Type: 1. City <input checked="" type="checkbox"/> 2. County <input type="checkbox"/> 3. Detrv. Stn <input type="checkbox"/>	
Business Address (Name, Street) LIBERTY PRO MGM,			Phone (561) 419-8660		Occupation Owner	
D/L Number, State C435146683760 / FL		INS Number		Place of Birth (City, State) MEADOW, PA, United		Citizenship US
Co-Defendant Name (Last, First, Middle) N/A		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Parent <input type="checkbox"/> Other <input type="checkbox"/> Name (Last, First, Middle)						Residence Phone
Address (Street, Apt. Number) (City) (State) (Zip)						Business Phone
Notified by (Name)						JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated
Released To: (Name) Relationship						Date
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.						Grade
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No.						Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Drug Activity: S. Sell, N. N/A, P. Possess						Drug Type: N. N/A, A. Amphetamine
R. Smuggle, D. Deliver, E. Use						B. Barbiturate, C. Cocaine, E. Heroin
K. Disperse/Distribute, M. Manufacture/Produce/Cultivate, Z. Other						H. Hallucinogen, M. Marijuana, O. Opium/Deriv.
F. Paraphernalia/Equipment, S. Synthetic, U. Unknown, Z. Other						
Charge Description ROBBERY BY SUDDEN SNATCHING				Statute Violation Number 812.131 (2B) LC		Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number
N				1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Charge Description N/A				Statute Violation Number		Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number
					<input type="checkbox"/> Y <input type="checkbox"/> N	
Charge Description N/A				Statute Violation Number		Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number
					<input type="checkbox"/> Y <input type="checkbox"/> N	
Health / Apparent Physical Condition of Defendant GOOD				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		
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		Released By
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				Released To		
Transported By				Date Transported	Time Transported	Other
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court				Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		
<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Court Date and Time		
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.						No Photo Available
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed		
HOLD for Other Agency		Signature of Arresting Officer MCERLAIN, S.		Name Verification (Printed by Arrestee) MCERLAIN, S.		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest		Name of Arresting Officer (Print) MCERLAIN, S.		(PRINT)		
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other		I.D. # 665				
Intake Deputy	I.D. #	Pouch #	Transporting Officer C. Mad	I.D. # 780	Agency BRED	PAGE 1 OF 1

NO BOND

2020 SEP 30 AM 5 51

PROBABLE CAUSE AFFIDAVIT

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias

1 JUVENILE

A D M I N I S T R A T I V E	OBTS Number		Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2020-010866	
	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		Special Notes:	

D E F E N D A N T	Name (Last, First, Middle) CHELEDEN, CHARLES FRANCIS				Race W	Sex M	Date of Birth 10/16/1968
	Alias						

C H A R G E S	Charge Description 812.131 ROBBERY BY SUDDEN SNATCHING (2B)	Charge Description
	Charge Description	Charge Description

V I C T I M	Victim's Name (Last, First, Middle) OSCHENEK, VALERIA				Race W	Sex F	Date of Birth 03/16/1957
	Local Address (Street, Apt. Number) (City) (State) (Zip) 1401 S FEDERAL HWY 104, BOCA RATON, FL 33432				Phone (561) 306-0048	Address Source	

B U S I N E S S	Business Address (Name, Street) (City) (State) (Zip) 1401 S FEDERAL HWY 104, BOCA RATON, FL 33432				Phone (561) 392-9855	Occupation

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 ...
 committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
 On the 29 day of September, 2020 at 15:21 (Specifically include facts constituting cause for arrest.)

MVR activated.

On 09/28/20 at 1229hrs, I responded to 1401 S Federal Hwy, in reference to a robbery by sudden snatching.

Communications advised a female was pushed by another person. This incident occurred by the pool.

Upon arrival I met with Victim #1 Valeria Oscheneek. Valeria was identified by her Florida Drivers License. Valeria advised she resides at the above location. Valeria stated she was attending an HOA meeting inside the property manager's office, which is located next to the pool area. Valeria explained she was upset because the property manager, later identified as the Defendant Charles Cheleden, had ended the meeting abruptly. Valeria stated as the meeting was ending, she used her cell phone to record this incident. Valeria advised Charles became upset and grabbed Valeria's cell phone from her left hand and threw it on the ground by the pool. Valeria said Charles initially tried to throw her cell phone into the pool. I did not observe any damage to Valeria's cell phone. Valeria explained when Charles grabbed her cell phone, Charles also grabbed Valeria's right shoulder. Valeria stated at this time, a lady sitting by the pool, identified as Victim #2 Marjorie Zanger, was standing in the door frame and tried to help. Valeria advised Charles pushed Marjorie and left the area. Valeria advised her right shoulder was bothering her. I photographed a reddish colored mark on Valeria's right shoulder and placed the pictures into evidence at the BRPD. BRFD treated Valeria for her shoulder injury on scene. Valeria advised she would research her cell phone to see if there is video footage available for this incident. I told Valeria to contact me as soon as possible if she obtains the footage. Valeria stated she is familiar with and identified Charles as the person who attacked Valeria because Charles is the property manager for this location. Valeria advised she wanted to pursue

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 17.10)

DATE

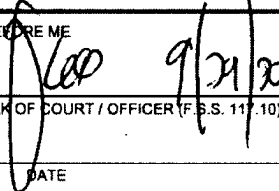

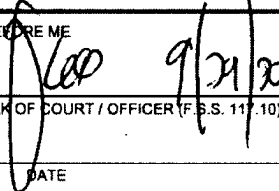

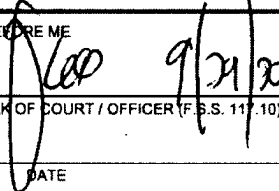

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

MCERLAIN, STEVEN (665)
NAME OF OFFICER (PLEASE PRINT)

09/29/2020
DATE

PAGE

1 OF 3

OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE		
Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2020-010866						
Charge Type: Check as many as apply. <input checked="" type="checkbox"/> 1. Felony <input 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				Special Notes:				
Name (Last, First, Middle) CHELEDEN, CHARLES FRANCIS			Race W	Sex M	Date of Birth 10/16/1968			
<p>criminal charges against Charles. Valeria's statement was recorded on the MVR</p> <p>I spoke with Marjorie (06/02/39). Marjorie was identified by her Florida Drivers License. Marjorie stated on today's date, at approx 1220hrs, she observed Valeria and Charles standing by the door frame of the property manager's office. Marjorie advised she observed Charles grab Valeria's arm and twisted it. Marjorie stated she yelled out, "leave her alone." Marjorie advised as she was standing in the door frame, Charles grabbed both of Marjorie arms and pushed Marjorie into a pool chair (lounge chair). Marjorie pointed to the lounge chair, which was located next to the property manager's office door. Marjorie stated her right hand and fingers were hurting her, along Marjorie's right elbow and left knee. I observed scrap marks and blood on Marjorie's left knee. BRFD already treated Marjorie's right elbow (which had an ace bandage wrapped around her elbow). I photographed Marjorie injuries and placed the pictures into evidence at the BRPD. Marjorie explained she is also familiar with and identified Charles as the person who pushed Marjorie because Charles is the property manager for this location. Marjorie stated she wanted to pursue criminal charges against Charles. Marjorie's statement was recorded on the MVR. On 09/29/20, I spoke with Marjorie. Marjorie stated she went to her doctor's office after this incident. Marjorie learned the ring and pinky finger on her right hand were broken as a result of Marjorie altercation with Charles.</p> <p>See BRFD Run Number 2020-11698.</p> <p>I spoke with Witness Katrina Langdon. Katrina stated she was at the pool area, when she observed Charles grab Valeria's arm. Katrina advised as Marjorie went to Valeria, Charles pushed Marjorie into a chair and left the scene. Katrina's statement was recorded on Ofc Gannon's #775 MVR.</p> <p>I attempted to make contact Charles via his cell phone and Broward County address. This yielded negative results.</p> <p>On 09/29/20, I was contacted by Attorney Douglas Rudman who represents Charles. Charles voluntarily surrendered himself to the BRPD. Charles was accompanied by Rudman. Charles was identified by his Florida Drivers License. Post miranda Charles invoked his right to remain silent. This interview was recorded on the MVR.</p> <p>Based on the above statement's, the independent witness and the physical evidence present, Charles was placed under arrest for (1) Count of Robbery by Sudden Snatching F.S.S. 812.131 Charles did the taking of money or other property (cell phone) from the victims person Valeria, with intent to permanently or temporarily deprive the victim or the owner of the money or other property and (1) Count of Battery on Person 65yrs of age or older F.S.S. 784.08(2C) Charles who did commit battery on the victim Marjorie who is 80yrs old.</p>								
<table style="width:100%; border: none;"> <tr> <td style="width:45%; border: none;"> SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) _____ DATE </td> <td style="width:55%; border: none;">  SIGNATURE OF ARRESTING / INVESTIGATING OFFICER MCERLAIN, STEVEN (665) NAME OF OFFICER (PLEASE PRINT) 09/29/2020 DATE </td> </tr> </table>							SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) _____ DATE	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER MCERLAIN, STEVEN (665) NAME OF OFFICER (PLEASE PRINT) 09/29/2020 DATE
SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) _____ DATE	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER MCERLAIN, STEVEN (665) NAME OF OFFICER (PLEASE PRINT) 09/29/2020 DATE							
						PAGE 2 OF 3		

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

1. Arrest
2. N.T.A.
3. Request for Warrant
4. Request for Copies

1 JUVENILE

A D M I N	OBTS Number		Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2020-010866		
	Charge Type: Check as many as apply.		Special Notes:		Race		Sex		
<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		W		M	

D E F	Name (Last, First, Middle) CHELEDEN, CHARLES FRANCIS					Date of Birth 10/16/1968	
	Race					Sex	
W					M		


Charles was placed in handcuffs, double locked and checked for tightness. Charles was transported to the Palm Beach County Detention Center.

NOT A CERTIFIED COPY

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A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
	 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		 MCERLAIN, STEVEN (665)	
	DATE		NAME OF OFFICER (PLEASE PRINT)	
	9/29/20 DATE		09/29/2020 DATE	



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

REVIEW COMPLETED BY

Booking Number: 2020022997	Date: 09/29/20
	Specialist Name/ID: J. Beck/9007