

J# 0522995

ARREST / NOTICE TO APPEAR

21mm-3110MB

P# 32148

AD M I N I S T R A T I O N	OBTS Number Agency ORI Number <b>0500200</b> Agency Name <b>Boca Raton Police Department</b> Agency Report Number (N.T.A.'s only) <b>3, 2   2021-005101</b>	1. Arrest (No Warrant) 6. Arrest (Warrant) 2. N.T.A. 3. Request for Warrant 4. Request for Capias 5. Juvenile Referral <b>1</b> JUVENILE
CH A R G E	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 Location of Arrest (Including Name of Business) <b>789 W YAMATO RD BOCA RATON, 789 W YAMATO RD 607,</b> Location of Offense (Business Name, Address) <b>789 W YAMATO RD 607, BOCA RATON, FL 33431</b> Date of Arrest <b>04/29/2021</b> Time of Arrest <b>17:42</b> Booking Date <b>04/29/2021</b> Booking Time <b>17:52</b> Jail Date <b>04/29/2021</b> Jail Time <b>18:52</b> Location of Vehicle	If Weapon Seized Enter Type <b>Blunt Object (other)</b> Multiple Clearance Indicator
DE F E N D A N T	Name (Last, First, Middle) <b>WILLNER, CHERYL HEIDI</b> Alias: Alias (Name, DOB, Soc. Sec. #, Etc.) Race <b>W - White</b> Sex <b>F</b> Date of Birth <b>08/14/1961</b> Height <b>5'05</b> Weight <b>125</b> Eye Color <b>BROWN</b> Hair Color <b>BROWN</b> Complexion <b>LIGHT</b> Build <b>Thin</b> Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Local Address (Street, Apt. Number) <b>3895 NW 58TH ST, BOCA RATON, FL 33496</b> Phone <b>(914) 260-1537</b> Permanent Address (Street, Apt. Number) <b>3895 NW 58TH ST, BOCA RATON, FL 33496</b> Phone <b>(914) 260-1537</b> Business Address (Name, Street) Phone D/L Number, State <b>W456108617940 / FL</b> INS Number Place of Birth (City, State) <b>Philadelphia PA</b> Citizenship <b>US</b>	Indication of Alcohol Influence Drug Influence Ym <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Residence Type: 1. City 3. Florida 2. County 4. Out of State Address Source <b>FL DL</b> Occupation <b>Unk</b>
CO D E F	Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth 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"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other Name (Last, First, Middle) Address (Street, Apt. Number) (City) (State) (Zip) Notified by: (Name) Date Time Released To: (Name) 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. <input type="checkbox"/> Yes, by: <input type="checkbox"/> No Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Description of Property Value of Property	Residence Phone Business Phone JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 3. Incarcerated School Attended Grade VICTIM NOTIFICATION REQUIRED
CH A R G E	Drug Activity N. N/A P. Possess S. Sell D. Buy T. Traffic R. Smuggle 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. F. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other	Statute Violation Number <b>784.03(LA1)</b> Violation of ORD # Bond
CH A R G E	Charge Description <b>BATTERY</b> Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Warrant / Capias Number	Bond
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I N T A K E	Health / Apparent Physical Condition of Defendant <b>GOOD</b> 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 <input type="checkbox"/> Pooled Bond <input type="checkbox"/> South County Mental Health Transported By PROPERTY - Received By <b>PHILLIPS</b> Released By <b>PHILLIPS</b> Date Transported <b>04/29/2021</b> Time Transported <b>18:53</b>	Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformation <input type="checkbox"/> Injuries Explains: Released To <b>LEYVA</b>
N O T I C E	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2. 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	Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b> Court Date and Time No Photo Available
A D M I N	HOLD for Other Agency <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other Signature of Arresting Officer <b>PHILLIPS, J.</b> ID # <b>824</b> Transporting Officer <b>Timoney</b> ID # <b>854</b> Agency <b>BRPD</b>	Name Verification (Printed by Arrestee) (PRINT) PAGE <b>1 OF 1</b>

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
A D M I N	Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2021-005101</b>				
	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		Special Note:		
D E F	Name (Last, First, Middle) <b>WILLNER, CHERYL HEIDI</b>				Race <b>W</b>		Sex <b>F</b>		Date of Birth <b>08/14/1961</b>
	Charge Description <b>784.03(1A1) BATTERY</b>				Charge Description				
C H A R G E S	Charge Description				Charge Description				
	Charge Description				Charge Description				
V I C T I M	Victim's Name (Last, First, Middle) <b>BENSON, TORI BLAIR</b>				Race <b>W</b>		Sex <b>F</b>		Date of Birth <b>08/14/1995</b>
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>789 W YAMATO RD 607, BOCA RATON, FL 33431</b>				Phone <b>(914) 417-7849</b>		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> <p><input type="checkbox"/> committed the below acts in my presence. <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. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <b>29</b> day of <b>April</b>, <b>2021</b> at <b>17:42</b> (Specifically include facts constituting cause for arrest.)</p> <p>On 4/29/21 at approximately 1614 hours, I responded to 789 W. Yamato Rd. #607 reference a civil issue between the defendant (Cheryl Willner) and the moving company she hired to move her daughter's belongings into her new apartment. Upon arrival I met with the witness Robert Valentine (employee for Helping Hands Moving) who advised that the Willner and her daughter, (victim) Tori Benson, had been arguing and going after each other all day. Valentine advised that at one point when he walked into the apartment, he observed Willner and Benson wrestling on the floor, but he was unable to advise who initiated the physical altercation.</p> <p>I spoke with the Benson who advised that her mom hired movers to help move her into her new apartment even after she asked her not to. Benson said that she and Willner do not get along and during the move she thought Willner broke/spilled items which were placed in a small rectangular hamper at the time. She said that she and Willner continued to argue and Willner put the hamper over her head "to shut me up". Benson said in the course of Willner placing the hamper on her head, part of the hamper hit her in the upper left portion of her nose causing discomfort and possible bruising. I observed a small scratch and some dead skin on the upper left portion of Benson's nose, consistent to where she said she was feeling pain.</p> <p>I spoke with Willner who advised she and Benson were verbally arguing all day and even stated that at one point she grabbed Benson by the upper arm. When she was asked about the hamper incident, if she put it over Benson's head, Willner said "I might have done that". She later said, after being read her Constitutional Warnings from a department issued warning's card, she did it to show Benson that nothing had spilled inside the hamper.</p> <p>Both Willner and Benson denied wrestling in the apartment even though Valentine advised that he saw them.</p>									
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER				
	<b>MCINNIS, BRYAN MICHAEL</b>				<b>PHILLIPS, JEFFREY (824)</b>				
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)				NAME OF OFFICER (PLEASE PRINT)				
	<b>04/29/2021</b> DATE				<b>04/29/2021</b> DATE				
PAGE <b>1 OF 2</b>									

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

A D M I N I S T R A T I V E	OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
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	Name (Last, First, Middle) <b>WILLNER, CHERYL HEIDI</b>		Alias		Race <b>W</b>		Sex <b>F</b>		Date of Birth <b>08/14/1961</b>	

Based on my investigation and the statements made by Benson and Willner, I found that Cheryl Willner was in direct violation of F.S.S. 784.03(1A1) - Battery (domestic) when she intentionally placed the hamper over her daughter's head and caused a scratch to her nose.

NOT A CERTIFIED COPY

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		 824	
	<b>MCINNIS, BRYAN MICHAEL</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		<b>PHILLIPS, JEFFREY (824)</b> NAME OF OFFICER (PLEASE PRINT)	
	<b>04/29/2021</b> DATE		<b>04/29/2021</b> DATE	
			PAGE <b>2 OF 2</b>	

COURT

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# 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
- 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 #: 2021-005101 Agency: BRPD  
Offense: Battery 784.03(1A1)  
Suspect/Offender: Cheryl H. Willner  
D.O.B. 8-14-61 Race: White Sex: Female

2. Warrant #(s): \_\_\_\_\_

3.a. Victim's name: Tori B. Benson D.O.B. 8-14-95 Race: White Sex: Female  
Address: 789 W Yamate Rd  
City: Buen Vista State: FL Zip: 33434  
Home #: 914-417-7879 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 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: Timothy Ryan I.D. # 854 Date: 4-29-21

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #:



**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)
<b>L/E Exemptions</b>	<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.	
<b>Public Info. Exemptions</b>	<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.	
<b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b>	<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"/>			
<b>Other</b>	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2021010406	Date: 04/30/2021
	Specialist Name/ID: T Howard/7185