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OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Copies		1 Juvenile N				
Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-21-002079						
Charge Type: Check as many as Apply. <input 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		If Weapon Seized Enter Type		Multiple Clearance Indicator						
Location of Arrest (Including Name of Business) 2520 S FEDERAL HWY #14 BOYNTON BEACH FL 33435				Location of Offense (Business Name, Address) 2520 S FEDERAL HWY # 14 BOYNTON BEACH FL 33435						
Date of Arrest 01/11/2021	Time of Arrest 1131	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) Hanbidge, Donna Lee		Alias (Name, DOB, Soc. Sec. #, Etc)								
W - White B - Black	1 - American Indian O - Oriental / Asian	Race W	Sex F	Date of Birth 04/17/1943	Height 510	Weight 180	Eye Color BLUE	Hair Color GRY	Complexion FAIR	Build MED
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status SINGLE	Religion	Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Local Address (Street, Apt. Number) 2520 S FEDERAL HWY # 14, BOYNTON BEACH FL 33435		(City)	(State)	(Zip)	Phone	Residence Type 1. City 3. Florida 2. County 4. Out of State				
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source DEF VERBAL				
Business Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Occupation				
DL Number, State H513172436370, FL		INS Number		Place of Birth Winston, ND	Citizenship US					
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor					
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor					
<input type="checkbox"/> Parent Name (Last) (First) (Middle)		<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 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 561-355-2526) informed of any change of address: <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)						School Attended				
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. Synthetic	U. Unknown Z. Other
Charge Description SIMPLE BATTERY		Courts 1M	Domestic Violence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number 784.03(1)		Violation of ORD#				
Drug Activity N	Drug Type N	Amount/Unit NA	Offense # 21-002079	Warrant/Capias Number		Bond				
Charge Description		Courts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#				
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond				
Charge Description		Courts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#				
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond				
Charge Description		Courts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#				
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond				
Instruction No. 1 Mandatory Appearance in Court		Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.		Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444		Date Signed				
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.		Month		Day	Year	Time	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.			
Signature of Defendant (or Juvenile and Parent/Custodian)		Signature of Arresting Officer Brian Goldfuss #857		Name Verification (Printed by Arresting Officer) BU# 116166		Date Signed JAN 12 2021				
HOLD for other Agency Names:		Name of Arresting Officer (Print) Brian Goldfuss #857		I.D. # 857		Page 1				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Pouch #		Transporting Officer B. GOLDFUSS		I.D. # 857				
Initials J White 880		Agency BBPD		Witness here is subject Signed with an "X".		Page 1				

DOMESTIC VIOLENCE
FILED
JAN 12 2021
JOSEPH ABRUZZO, CLERK
PALM BEACH COUNTY, FL
JAN 11 PM 4:03

**DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT
PALM BEACH COUNTY**

On the 11TH day of January 2021 at 1020 hours

Subject: Hanbidge, Donna Lee DOB: 04/17/1943 Case #: 21-002079

Charge Description: SIMPLE BATTERY Statute #: 784.03(1)

Victim: Abraham J Schwartz DOB: 12/31/1940 Race: W Sex: M

Local Address: 2520 S Federal Hwy #14 , Boynton Beach ,FL, 33435

Personal Contact: _____

Narrative:

I responded to 2025 S Federal Hwy #14 in the City of Boynton Beach in reference to a delayed assault complaint. Upon arrival I met with w/f Abraham Schwartz who stated that on 1/10/2021 at approximately 1800 hours he got into a dispute with his live in girlfriend, w/f Donna Hanbidge, about her excessive drinking of alcoholic beverages. Schwartz stated that during the argument Hanbidge slapped his hat off of his head and he told her not to do that. He stated that she then proceeded to push him and then struck him in the left side of his face. He could not recall if she used a fist or an open hand to strike him. Schwartz advised that he tried to restrain her by grabbing her hair which is when she struck him again in the left side of the face causing small lacerations to his left cheek and causing redness to his left eye. He stated that he then head butted her to in an attempt to stop her from attacking him. Schwartz declined any medical attention. He advised that he did not call right away as he thought that she would sober up which she did not. I observed that Schwartz had multiple small scratches on the left side of his face, lip and ear. His eye was also very red. He could not recall if she had poked him in his eye. Photos were taken of Schwartz and entered into evidence. His statement was captured on my BWC at 20:50 min into the video.

Hanbidge was found to be sleeping on her bed and appeared to still be intoxicated. As she stood up from the bed she immediately fell on the ground. She stated that she could not stand up. BBFD responded and subsequently brought her to the hospital. She claimed that Schwartz attacked her for no reason and hit her in her face. I observed a small bruise on her left eye. Hanbidge could not provide any further information about the incident.

Based on the above facts and information I determined that Hanbidge was the primary aggressor is charged with Simple Batter (domestic).

Defendant's Statement: Taped Victim's Statement: Taped

Observation Of Victim (Physical and Emotional):

The victim had multiple small lacerations with dried blood on the left side of his face and a red eye.

Relationship Between Victim and Suspect:

Live in boyfriend and girlfriend.

SCANNED
JAN 12 2021

Photographs: Scene: Yes No
 Victim: Yes No
 911 Call: Yes No Caller: _____
 Tape Requested: Yes No
 Weapon Used: Yes No Type: _____
 Witnesses: Yes No
 Injuries: Yes No
 Medical Treatment: Yes No
 At Scene Yes No Paramedics: _____
 At Hospital Yes No Physician(s): _____
 Hospital: _____

Act Committed In Presence Of Minor(s): Yes No
 Name: _____ Age: _____
 Name: _____ Age: _____

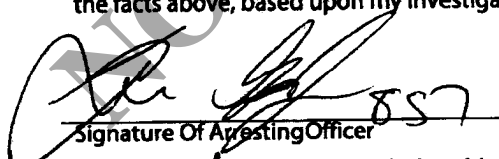
F.D.C.F. Notified: Yes No Victim Pregnant: Yes No
 Violation Of Restraining Order: Yes No Case #: _____
 Prior History Of Domestic Violence: Yes No
 Alcohol Or Drugs Involved: Yes No Unknown

Victim Contact Information:

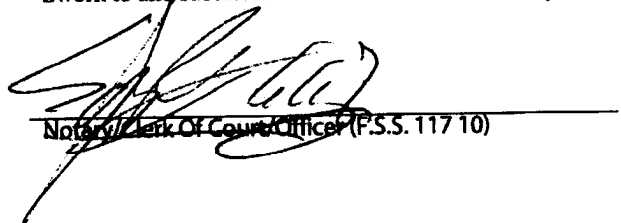
Phone Home: 561-577-4554 Work: _____
 Employer: _____
 Relative Name: _____ Phone: _____
 Address: _____
 City/State: _____

State Of Florida
 County Of Palm Beach

Appeared before me, Brian Goldfuss #857, (print name) 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 me before this 11 day of January, 2021


 Notary/Clerk Of Court Officer (P.S.S. 117 10)

SCANNED
 JAN 12 2021

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- **Homicide (Ch. 782)**
- **Attempted Murder**
- **Stalking (S. 784.084)**
- **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 dwelling)
- **Sexual Offense (Ch. 794)**
- **Attempted Sexual Offense**

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

1. Incident Report #: 21-002079 Agency: Boynton Beach Police Department
Offense: SIMPLE BATTERY
Suspect/Offender: Hanbidge, Donna Lee
DOB: 04/17/1943 Race: W Sex: F

2. Warrant # (s): _____

3. Complete one (1) of the following:

A. Victim's Name: Abraham J Schwartz
Address: 2520 S Federal Hwy #14
City: Boynton Beach State: FL Zip: 33435
Home #: 561-577-4554 Work #: _____ Other: _____

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 Victim: _____

Printed Name of Victim: Abraham J Schwartz

Officer's Name: Brian Goldfuss #857 I.D.# 857 Date: / /

SUSPECT/OFFENDER:

Hanbidge, Donna Lee

COURT CASE/ WARRANT #:
(FOR WARRANTS USE ONLY)

SCANNED
JAN 12 2021



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: 2021000871	Date: 01/12/2021
	Specialist Name/ID: T Howard/7185