

0527964

21CF 9936AMB

PCH-1038

ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.		3. Request For Warrant 4. Request For Capias		Juvenile <input type="checkbox"/> <input checked="" type="checkbox"/>	
OBTS Number		Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		21-136363	
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		If Weapon Seized Enter Type	
Location of Arrest (Include Name of Business)		Location of Offense (Include Name of Business)		Multiple Charges Indicator <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1					
Date of Arrest Dec 9, 2021		Time of Arrest 1730		Booking Date Dec 9, 2021		Booking Time		Jail Date	
Name (Last, First, Middle)		Age (Name, DOB, Soc. Sec. # Etc.)							
Race W - White B - Black O - Oriental/Asian		Sex M F		Height 5'5"		Weight 105		Eye Color Green	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status S		Religion		Indication of Alcohol Influence <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Indication of Drug Influence <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	
Local Address (Street, Apt. Number)		City		State FL		Zip		Phone	
Permanent Address (Street, Apt. Number)		City		State FL		Zip		Phone	
Business Address (Street, Apt. Number)		City		State		Zip		Phone	
D/I Number, State K620-280-67850-0		Social Security Number		INS Number		Place of Birth Frankfurt, Germany		Citizenship Germany	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		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		1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Parent Legal Guardian <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other		Name (Last, First, Middle)		Phone					
Address (Street, Apt. No.)		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 561 355-3528) informed of any address change. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)		School Attended		Grade					
Property Crime? <input type="checkbox"/> Yes <input checked="" 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		P. Pharmaceutical/ Equipment	
U. Unknown Z. Other		Charge Description Battery on person 85 or older (domestic)		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.08 (2)(c)	
Drug Activity N		Drug Type N		Amount/Unit		Offense # 21-136363		Warrant/Capias Number	
Charge Description		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation or ORD. #	
Drug Activity N		Drug Type N		Amount/Unit		Offense #		Warrant/Capias Number	
Charge Description		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation or ORD. #	
Drug Activity N		Drug Type N		Amount/Unit		Offense #		Warrant/Capias Number	
Charge Description		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation or ORD. #	
Drug Activity N		Drug Type N		Amount/Unit		Offense #		Warrant/Capias Number	
Location (Court, Address, Room Number)									
Court Date and Time									
Month		Day		Year		Time		AM <input type="checkbox"/> PM <input type="checkbox"/>	
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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									
HOLD FOR Other Agency		Name		Signature of Arresting Officer		Name of Arresting Officer		ID #	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Manning		38472		DEC 10 2021	
Initials/Signature		ID #		Pouch #		Transporting Officer		ID #	
DS [Signature]		1		8033		DeLaney #36253		PBSO	
Witness here if subject signed with an "X"									
Page 1 of 1									

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		<input type="checkbox"/> Juvenile <input checked="" type="checkbox"/> Adult
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		21-136363
Charge Type: <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		
Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth
				W	F	
Charge Battery on person 65 or older(Domestic)				Charge		
Victim Name (Last, First, Middle)				Race	Sex	Date of Birth
				W	M	
Local Address (Street, Apt. Number)		City	State	Zip	Phone	Address Source
						Def
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation

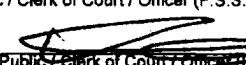
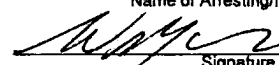
The undersign swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.
The person taken into custody...

☐ committed the below acts in my presence. ☐ was observed by 0 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 (described) investigation.

On the 9th day of December 2021 at 1815 ☒ AM ☒ PM

On 12/09/2021 at about 1710 hours I was dispatched to [REDACTED], Florida reference report of domestic violence. Upon arrival I met with the suspect, [REDACTED], who was identified by a Florida Drivers license. I noticed she had a strong odor of an alcoholic beverage emanating from her breath. [REDACTED] was very irate and appeared to be under the influence of an alcoholic beverage.

I spoke with the victim, [REDACTED], and learned he and [REDACTED] had been dating and been cohabitants for 12 years. [REDACTED] said minutes before he called 911 that [REDACTED] had kicked him in the left leg with her boots which caused a 2 inch by 2 inch red bruise which I observed and photographed. During the argument that ensued [REDACTED] also struck him in the upper torso with closed fists several times and struck him with a wooden bowl. Based upon my investigation I arrested [REDACTED] for FSS 784.08 (2)(c) Battery on person 65 or older(Domestic).

The foregoing instrument was sworn to and affirmed before me this <u>9th</u> day of <u>December</u> 20 <u>21</u> , by:			
Cpl. Toranzo #7233		Manning 38472	
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)		Name of Arresting/Investigating Officer	
 Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)		 Signature of Arresting/Investigating Officer	
		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)

Defendant: [REDACTED] DOB: [REDACTED] Case #: **21-136363**
Victim: [REDACTED] DOB: [REDACTED] Race: **W** Sex: **M**
Relationship between Victim and Defendant: **DATING - LIVING TOGETHER**

Photographs: Scene ☒ Yes ☐ No Victim ☐ Yes ☐ No Defendant ☐ Yes ☐ No
911 Call: ☒ Yes ☐ No Caller: _____
Weapon Used: ☐ Yes ☒ No Type: _____
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 the 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: **CRYING**
Victim's statements ☒ Yes ☐ No If yes, ☐ written ☒ recorded ☐ oral
First words Victim said when you responded to scene: **SHE HIT ME**
Did the Victim contact anyone other than the 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: [REDACTED] FI [REDACTED]
Phone: Home: [REDACTED] Work: _____ Cell: _____
Employer: _____
Name of Relative: _____ Phone: _____

VICTIM NOTIFICATION FORM

- 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 #: 21-136363 Agency: Palm Beach County Sheriff's Office
Offense: Battery on person 65 or older(Domestic)
Suspect/Offender: [REDACTED]
DOB: [REDACTED] Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's Name: [REDACTED] DOB: [REDACTED] Race: W Sex: M
Address: [REDACTED]
City: [REDACTED] State: FL Zip: [REDACTED]
Home #: [REDACTED] 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 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: Manning ID #: 38472 Date: 12/09/2021

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

SUSPECT/OFFENDER

DATE

TIME

(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)
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 checked="" type="checkbox"/>	415.107(1), F.S.	Other: Vulnerable adult	1-5
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021031062	Date: 12/10/2021
	Specialist Name/ID: T Howard/7185