

0527964

21CF 9936AMB

PCH-1038

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

1. Arrest 3. Request For Warrant  
2. N.T.A. 4. Request For Capias  I  Juvenile  N

OBTS Number		Agency ORI Number <b>FLO 5 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06</b>		<b>21-136363</b>		
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		N Weapon Seized		Enter Type		Multiple Charges Indicator <b>0</b>		<b>1</b>		
Date of Arrest <b>Dec 9, 2021</b>		Time of Arrest <b>1730</b>		Booking Date <b>Dec 9, 2021</b>		Booking Time		Jail Date		
Name (Last, First, Middle)		Alias (Name, DOB, Soc. Sec. # Etc.)								
Race W - White B - Black I - American Indian O - Oriental/Asian		Sex <b>F</b>		Date of Birth		Height <b>5'5"</b>		Weight <b>105</b>		
Eye Color <b>Green</b>		Hair Color <b>Bro</b>		Complexion <b>Light</b>		Build <b>small tba</b>				
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status <b>S</b>		Religion		Indication of Alcohol/Drug Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U				
Local Address (Street, Apt. Number)		City		State <b>FL</b>		Zip		Phone		
Permanent Address (Street, Apt. Number)		City		State <b>FL</b>		Zip		Phone		
Business Address (Street, Apt. Number)		City		State		Zip		Phone		
DL Number, State <b>K620-280-67850-0</b>		Social Security Number		INS Number		Place of Birth <b>Frankfurt, Germany</b>		Citizenship <b>Germany</b>		
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		
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		
Parent Legal Guardian Other		Name (Last, First, Middle)		Address (Street, Apt. No.)		City		State		
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. Possess S. Sell R. Swaggle D. Deliver T. Traffic 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. Paraphernalia/Equipment U. Unknown Z. Other		
Charge Description <b>Battery on person 85 or older (domestic)</b>		Counts <b>1</b>		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>784.08 (2)(c)</b>		Violation or ORD. #		
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount/Unit		Offense # <b>21-136363</b>		Warrant/Capias Number		
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation or ORD. #		
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation or ORD. #		
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation or ORD. #		
Drug Activity		Drug Type		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 <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Signature of Arresting Officer <b>Manning</b>			Name Verification (Printed by Arrestee) <b>CONFIRMED</b> (PRINT) <b>DEC 10 2021</b>		ID # <b>38472</b>			Page <b>1</b> of <b>1</b>
Initials (Parent/Juvenile)		ID #		Pouch #		Transporting Officer <b>Delaney #36253</b>		ID #		
Agency <b>PBSO</b>		Witness here if subject signed with an "X"								

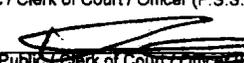
NOT A CERTIFIED COPY

2021  
DEC 10 AM 10:21  
PALS BEACH COUNTY  
GUN CLUB

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>			1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		I	Juvenile	N
Agency ORI Number <b>FLO 5 0 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>			Agency Report Number <b>06</b>		<b>21-136363</b>		
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				
Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth		
					W	F			
Charge					Charge				
<b>Battery on person 65 or older(Domestic)</b>									
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...									
<input type="checkbox"/> committed the below acts in my presence.					<input type="checkbox"/> was observed by <u>0</u> who told that he/she saw the arrested person commit the below acts.				
<input type="checkbox"/> confessed to admitting to the below facts.					<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.				
On the <u>9th</u> day of <u>December</u> 20 <u>21</u> at <u>1815</u> <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> 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:	
<b>Cpl. Toranzo #7233</b>	<b>Manning 38472</b>
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 <u>1</u> of <u>1</u>	

**Palm Beach County Sheriff's Office**  
**DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM**  
(Submit this form with the original Probable Cause Affidavit)

Defendant: \_\_\_\_\_ DOB: \_\_\_\_\_ Case #: **21-136363**

Victim: \_\_\_\_\_ DOB: \_\_\_\_\_ 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: \_\_\_\_\_

\_\_\_\_\_ Fl \_\_\_\_\_

Phone: Home: \_\_\_\_\_ 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



**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"/>			
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