

5-0157074

Tommy 258

P 3914

ARREST / NOTICE TO APPEAR

ADMI NIST RATI ON	OBTS Number		Agency ORU Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 4 20-001842		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1		JUVENILE	
	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		If Weapon Seized		Enter Type Hands, Feet, Fist, Teeth		Multiple Clearance Indicator 1					
DEF END ANT	Location of Arrest (Including Name of Business) 507 CIRCLE W, JUPITER, FL, 33458						Location of Offense (Business Name, Address) 507 CIRCLE W, JUPITER, FL 33458					
	Date of Arrest 05/23/2020	Time of Arrest 00:25	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
C O D E F	Name (Last, First, Middle) WOLLENWEBER, KARL KRISTIAN						Alias (Name, DOB, Soc. Sec. #, Etc.) Alias: (B)					
	Race W - White B - Black O - Oriental/Asian W	Sex M	Date of Birth 03/08/1974	Height 5'11	Weight 200	Eye Color Grey	Hair Color Blonde BROWN (W)	Complexion LIGHT	Build Medium	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		
	Local Address (Street, Apt. Number) (City) (State) (Zip) 507 CIRCLE W, JUPITER, FL 33458						Phone None		Residence Type: 1. City 3. Florida 2. At Large 4. Out of State 1			
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 507 CIRCLE W, JUPITER, FL 33458						Phone		Address Source DEFENDANT			
	Business Address (Name, Street) (City) (State) (Zip)						Phone		Occupation			
D/L Number, State W451511740885 / FL		Spec. Sec. Number		INS Number		Place of Birth (City, State) ST. PAUL, MN, United		Citizenship US				
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		
<input type="checkbox"/> Parent <input type="checkbox"/> Other		Name (Last, First, Middle)						Residence Phone				
<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number) (City) (State) (Zip)						Business Phone				
Notified by: (Name)		Date	Time	Relationship		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 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 355-2526) informed of any change of address.						School Attended		Grade				
<input type="checkbox"/> Yes, by:		<input type="checkbox"/> No:		Property Crim? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property				
C O D E F	Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperse/ 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 BATTERY-SIMPLE (TOUCH OR STRIKE)						Statute Violation Number 784.03(1)(A)(1)		Violation of ORD #			
C H A R G E	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Copies Number		Bond			
	Charge Description						Statute Violation Number		Violation of ORD #			
C H A R G E	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Copies Number		Bond			
	Charge Description						Statute Violation Number		Violation of ORD #			
I N T A K E	Health / Apparent Physical Condition of Defendant						Any knowledge of the following: Explains: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Delinquencies <input type="checkbox"/> Injuries					
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Pooled Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released by		Released To	
N O T I C E T O A P P E A R	Transported By						Date Transported	Time Transported	Other			
	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.						Location (Court, Room)		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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.												
Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed						
A D M I N	HOLD for Other Agency		Signature of Arresting Officer L. Jurac				Name Verification (Printed by Arrestee) JURAC, LUKA					
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) JURAC, LUKA				I.D. # 387/1195		(PRINT)	
Initiating Deputy Tommy 696		I.D. #	Pouch #	Transporting Officer L. Jurac				I.D. # 387/1195	Agency JPD		PAGE 1 OF 1	
Witness here if subject signed with an "X".												

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 05/23/2020 00:25		Agency ORI Number FL 0501700			Agency Name JUPITER POLICE DEPARTMENT			Agency Report Number 5 4 20-001842																																																																																																																																																																						
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	Victim's Name (Last, First, Middle) WOLLENWEBER, AMANDA						Race W	Sex F	Date of Birth 08/31/1979																																																																																																																																																																						
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) 507 CIRCLE W, JUPITER, FL 33458					Phone (561) 215-7404		Address Source victim																																																																																																																																																																							
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A D D I T I O N A L I N F O R M A T I O N	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): CRYING/UPSET																																																																																																																																																																											
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N A R R	On Friday, May 22nd, 2020, at approximately 2352hrs, I responded to the Jupiter Police department lobby in reference to a Domestic Battery that just occurred.																																																																																																																																																																														
	Upon arrival, I made contact with W/F Amanda J Wollenweber (08/31/1979) who was visibly upset, crying, and																																																																																																																																																																														
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true. <i>[Signature]</i> 3/27/1995 SIGNATURE OF ARRESTING OFFICER Sworn to and subscribed to before me this <u>23</u> day of <u>May</u> , 2020. DICKS, BRIAN A <i>[Signature]</i> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F. S. S. 117.10)																																																																																																																																																																															

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 05/23/2020 00:25	Agency ORI Number FL 0501700	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 20-001842
	<p>N A R R A T I V E</p>			

appeared to have a small abrasion on her left face cheek. I took a sworn video recorded statement from Amanda in which she stated the following. Note the following statement is not purported to be verbatim.

Amanda and her husband, W/M Carl Wollenweber (03/08/1974), were at their home located at 507 Circle W, Jupiter, FL, with their two children, W/F Catherin Wollenweber (09/24/2015), and W/M Andrew Wollenweber (02/03/2012).

Amanda and Carl had gotten into an argument about Carl possible taking the car somewhere this morning at around 3am. Carl got angry that Amanda was insinuating that he is seeing someone in the early morning and being unfaithful. Carl then got so mad during the argument he had slapped Amanda on the left side of her face. Carl then took Amanda's phone and threw it into the pool in anger.

Amanda was fearful Carl would hurt her; she quickly grabbed her wallet and keys and drove to the Jupiter Police Station to notify police. Amanda also stated her children witnessed the assault. I documented Amanda's injuries with my Body Worn Camera (BWC). Amanda also appeared to have a small laceration to the inside of her bottom lip and another small abrasion to her right temple. All injuries were documented.

I then took Amanda back to her home where other Jupiter Police units were on scene and in contact with Carl. I went to the front door of the home and spoke with Andrew; Carl and Amanda's son. Andrew confirmed that his parents got into an argument about his dad using the car at 3am and his mother questioning his dad.

Andrew saw his dad place his hands on his mom. Andrew witnessed this and stated his dad was also shouting, cursing loudly, and "twisting" his mom around. Andrew and his sister got scared and ran off into another room. Andrew did not see if his dad had slapped his mom but did see his dad put his hands on her and throw her phone into the pool.

Based on Amanda's injuries, Andrews statement, and the totality of circumstances, I find probable cause for the arrest of Carl Wollenweber for Simple Battery (Domestic) per Florida State Statute 784.03(1)(A)(1)

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

[Signature] 387

SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 23 day of May, 2020.

DICKS, BRIAN A *[Signature]* #2461205

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

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 #: 20001842 Agency: Jupiter Police Department
Offense: SIMPLE BATTERY (DOMESTIC)
Suspect/Offender: WOLLENWEBER, CARL
D.O.B. 03/08/1974 Race: W Sex: M

2. Warrant #(s): _____

3a. Victim's Name: WOLLENWEBER, AMANDA D.O.B. 02/03/2012 Race: W Sex: F
Address: 507CIRLCE W
City: JUPITER State: FL ZIP: 33458
Home #: 561-215-7404 Work #: _____ Other: _____

3b. 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: _____

Officer's Name: E. J. Rac I.D. # 387 Date: 5/22/2020

SUSPECT/OFFENDER: _____

(FOR WARRANT 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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020013313	Date: 05/23/2020
	Specialist Name/ID: T Howard/7185