

J# 0523647

21mm 3900mb P# 726
ARREST / NOTICE TO APPEAR

1. Arrest (No Warrant) 3. Request for Warrant
2. Arrest (Warrant) 4. Request for Capias
2. N.T.A. 5. Juvenile Referral

1 JUVENILE

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2021-006463																				
D E F E N D A N T	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																					
	Location of Arrest (Including Name of Business) 460 NE 36TH ST, 460 NE 36TH ST, BOCA RATON, FL 33431				Location of Offense (Business Name, Address) 460 NE 36TH ST, BOCA RATON, FL 33431																					
	Date of Arrest 05/30/2021	Time of Arrest 20:41	Booking Date 05/30/2021	Booking Time 20:51	Jail Date // : :	Jail Time	Location of Vehicle																			
C O D E F	Name (Last, First, Middle) APPEL, LAUREN						Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:																			
	Race W - White B - Black O - Original/Asian W		Sex F		Date of Birth 05/21/1995		Height 5'04		Weight 145		Eye Color BROWN		Hair Color BROWN		Complexion LIGHT		Build									
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status S		Religion		Indication of: Alcohol Influence Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>															
	Local Address (Street, Apt. Number) 4134 CLAIRE DR 106, INDIANPOLIS, IN 46240						(City)		(State)		(Zip)		Phone (740) 801-3729		Residence Type: 1. City 2. County 3. Florida 4. Out of State											
	Permanent Address (Street, Apt. Number) 4134 CLAIRE DR 106, INDIANPOLIS, IN 46240						(City)		(State)		(Zip)		Phone (740) 801-3729		Address Source											
	Business Address (Name, Street) TA SERVICES,						(City)		(State)		(Zip)		Phone		Occupation Logistics											
	D/L Number, State 9370689268 / IN		Sec. Sec. Number		INS Number		Place of Birth (City, State) Benson NE		Citizenship																	
	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											
	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)						Residence Phone																		
<input type="checkbox"/> Legal Custodian Address (Street, Apt. Number) (City) (State) (Zip)						Business Phone																				
Notified by: (Name)						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 parent(s). 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																
C O D E	Drug Activity N. N/A P. Possess						S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispose/ Distribute		M. Manufacture/ Producer/ 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 / DOMESTIC BATTERY						Statute Violation Number 784.03(1)						Violation of ORD #													
C H A R G E	Drug Activity		Drug Type N		Amount / Unit /		Offense #		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias 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 / Capias 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 / Capias Number		Bond											
	Health / Apparent Physical Condition of Defendant						Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:																			
I N T A K E	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health						PROPERTY - Received By						Released By		Released To											
	Transported By OFC YOCKEL						Date Transported 05/30/2021		Time Transported 21:11		Other															
N O T I C E T O A P P E A R	<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.						Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444						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 CONTEMPT 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 846						Name Verification (Printed by Arrestee)													
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other						Name of Arresting Officer (Print) YOCKEL, K. T.						I.D. # 846													
A D M I N	Initials/Signature W/A (Commie 8093)						Transporting Officer YOCKEL						I.D. # 846		Agency BRPD		Witness here if subject signed with an "X".									
	Pouch #																									

☐ COURT ☐ JUVENILE ☐ CRIMINAL RECORDS ☐ JAIL ☐ CHARGE ANALYSIS ☐ P.T.O. ☐ DEFENDANT

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE <input checked="" type="checkbox"/>
A D M I N I S T R A T I V E	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2021-006463				
	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					Special Notes			
D E F E N D A N T	Name (Last, First, Middle) APPEL, LAUREN					Race W	Sex F	Date of Birth 05/21/1995	
	Charge Description 784.03(1A) SIMPLE BATTERY DOMESTIC					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) WARNER, MATT					Race W	Sex M	Date of Birth 07/12/1974	
	Local Address (Street, Apt. Number) (City) (State) (Zip) 1296 SHADOW RIDGE RD, INDIANAPOLIS, IN 46280					Phone (260) 341-3049		Address Source	
	Business Address (Name, Street) (City) (State) (Zip)					Phone		Occupation	
P R O B A B L E C A U S E S T A T E M E N T	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. The Person taken into custody... <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. <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. On the 30 day of May , 2021 at 21:09 (Specifically include facts constituting cause for arrest.)								
	On May 30th 2021, at approximately 2022 hours I responded to 450 NE 36th St, City of Boca Raton, County of Palm Beach, State of Florida for a Domestic Battery.								
	Upon arrival I met with the victim Matt Warner. Warner stated his girlfriend of 6 months, whom he currently lives with, Lauren Appel did slap him in the right cheek with an open hand during an argument. I observed redness and irritation on his right cheek.								
	I then spoke with the offender Lauren Appel. Appel stated that while arguing with her boyfriend of 6 months, Matt Warner, she got "handsy" and slapped him across his cheek with an open hand.								
	My investigation revealed that Appel did actually and intentionally strike Warner against his will with an open hand across his cheek. I therefore placed Appel under arrest for FSS 784.03(1A) Simple Battery Domestic.								
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> CARUSO, MARK RICHARD NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 147.10) 05/30/2021 DATE </div> <div style="width: 45%;"> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER YOCKEL, KURT THOMAS (846) NAME OF OFFICER (PLEASE PRINT) 05/30/2021 DATE </div> </div>								
	<div style="display: flex; justify-content: flex-end;"> <div style="border: 1px solid black; padding: 2px;"> PAGE 1 OF 1 </div> </div>								

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- 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.)

Upon completion, this form must accompany the booking paperwork.

If applying for a warrant, attach this form to the filing packet.

1. Incident Report#: 2021-006463 Agency: Boca Raton Police Dept
Offense: Domestic Simple Battery
Suspect/Offender: Lauren Appel
D.O.B. 5/21/1995 Race: W Sex: F

2. Warrant#(s): _____

3.a. Victim's name: Matt David Warner D.O.B. 7/12/91 Race: W Sex: M
Address: 1296 Shadow Ridge Rd
City: _____ State: IN Zip: 46280
Home#: 260-341-3049 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: Pursuant to F.S. 119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).
Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: _____ I.D.# _____ Date: _____
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

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)
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 type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021013200

Date: 5/31/2021

Specialist Name/ID: M. Tooks #8557