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OBT Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1 Juvenile N	
Agency ORI Number FL 0500000		Agency Name Palm Beach County Sheriff's Office		Agency Report Number 06-21053534			
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		Multiple Clearance Indicator 01	
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)					
Date of Arrest 04082021		Time of Arrest 2156		Booking Date		Booking Time	
Jail Date		Jail Time		Location of Vehicle N/A			
Name (Last, First, Middle) BAHADOURIAN MATHILDE		Alias (Name, DOB, Soc. Sec. #, Etc) ALICE					
W - White B - Black O - Oriental / Asian		Race W		Sex F		Date of Birth 12091999	
Height 5'8"		Weight 130		Eye Color BR		Hair Color BR	
Complexion MED		Build THIN					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) BIRTH MARK L SHOULDER		Marital Status S		Religion N		Indication of: Alcohol Influence Drug Influence	
Local Address (Street, Apt. Number)		(City)		(State)		(Zip)	
Permanent Address (Street, Apt. Number) SAME		(City)		(State)		(Zip)	
Business Address (Street, Apt. Number)		(City)		(State)		(Zip)	
Phone (561)972-1262		Residence Type 1. City 3. Florida 2. County 4. Out of State		2			
Address Source VERBAL		Occupation BABYSITER					
D/L Number, State B365541999490 FL		Soc. Sec. Number		INS Number		Place of Birth FRANCE	
Citizenship FRANCE		Co-Defendant Name (Last, First, Middle)		Race		Sex	
Date of Birth		1. Arrested 2. At Large		3. Felony 4. Misdemeanor		5. Juvenile	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
1. Arrested 2. At Large		3. Felony 4. Misdemeanor		5. Juvenile			
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last)		(First)		(Middle)	
Address (Street, Apt. Number)		(City)		(State)		(Zip)	
Notified by: (Name)		Date		Time		Juvenile Disposition	
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		Grade			
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 Barbituate C Cocaine E Heroin	
H Hallucinogen M Marijuana O Opium/Deriv.		P Paraphernalia/ Equipment S Synthetic		U Unknown Z Other			
Charge Description SIMPLE BATTERY DOMESTIC		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number 784.03 (1,A,1)	
Drug Activity N		Drug Type N		Amount/Unit 0		Offense # 21053534	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
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)		Court Date and Time	
Month		Day		Year		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			
HOLD for other Agency Name:		Signature of Arresting Officer		Name Verification (Printed by Arrestee) (PRINT)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) D/S FERNANDEZ		I.D. # 3931	
Take Down ID #		Pouch #		Transporting Officer FERNANDEZ		I.D. # 3931	
Agency PBSO		Witness here if subject Signed with an "X".		Page 1 OF 1			

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA		3 Request for Warrant 4 Request for Copies		1		Juvenile		N	
Agency ORI Number FL0500000		Agency Name Palm Beach County Sheriff's Office				Agency Report Number 06 - 21053534							
Charge Type Check all that 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		Special Notes					
Name (Last, First, Middle) BAHADOURIAN MATHILDE ALICE						Race W		Sex F		Date of Birth 12091999			
Charge Description SIMPLE BATTERY DOMESTIC						Charge Description							
Charge Description						Charge Description							
Victim's Name (Last, First, Middle) BAHADOURIAN CAROLINE						Race W		Sex F		Date of Birth 03151978			
Local Address (Street, Apt Number)						(City)		(State)		(Zip)		Phone	
Business Address (Name, Street)						(City)		(State)		(Zip)		Phone	
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 the below facts <input checked="" type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation.													
On The 8 Day Of APRIL 20 21 At 9:56 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.													

RESPONDED TO [REDACTED] IN UNINCORPORATED [REDACTED] FLORIDA REFERENCE A DOMESTIC DISPUTE. MADE CONTACT WITH W/F CAROLINE BAHADOURIAN 03151978 IN THE ROADWAY INFRONT OF THE RESIDENCE. CAROLINE WAS VISSUALLY UPSET REFERENCE A DISPUTE WITH HER DAUGHTER W/F MATHILDE BAHADOURIAN. CAROLINE WAS CRYING AND I OBSERVED RED SWOLLEN AREA TO HER LEFT CHEEK AND RED SCRATCH MARKS TO HER LEFT CHEST. CAROLINE REFUSED TO FULLY COOPERATE STATING THAT SHE DID NOT WANT HER DAUGHTER TO GET IN TROUBLE. MET WITH MATHILDE WHO WAS ALSO VISUALLY UPSET AND MADE THE FOLLOWING STATEMENT. SHE STATED THAT HER MOTHER CAROLINE CONSTANTLY VERBALLY ABUSES HER AND HER FATHER W/M JOHANNES BAHADOURIAN AND HAS IN THE PAST PHYSICALLY ASSAULTED THEM. TONIGHT CAROLINE AND HER WERE ARGUING AND CAROLINE MADE HARSH STATEMENT TOWARDS JOHANNES AT WHICH POINT MATHILDE SLAPPED HER MOTHER. THIS INCIDENT OCCURRED IN THE PRESENCE OF MINOR CHILD W/M DOV BAHADOURIAN. JOHANNES WAS UNNCOOPERATIVE WITH THE INVESTIGATION AND DID NOT WANT TO SEE HIS DAUGHTER GET IN TROUBLE. PICTURES OF CAROLINE'S INJURIES TAKEN AND SHE REFUSED TO GIVE A SWORN STATEMENT. BASED ON THE INVESTIGATION OF FACTS AVAILABLE TO ME I BELIEVE THAT PROBABLE CAUSE EXISTED FOR THE ARREST OF MATHILDE BAHADOURIAN FOR THE OFFENSE OF SIMPLE BATTERY DOMESTIC A VIOLATION OF FSS 784.01 (1,A,1). MATHILDE WAS TRANSPORTED TO PALM BEACH COUNTY ADULT DETENTION FACILITY FOR BOOKING.

The foregoing instrument was sworn to and affirmed before me this <u>8</u> day of <u>April</u> 20 <u>21</u> by:		<u>D/S FERNANDEZ</u> 3931	
<u>g/s Umo26 wH 8052</u> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)		<u>Name of Arresting/Investigating Officer</u>	
<u>2/1 9/</u> Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)		<u>Signature of Arresting/Investigating Officer</u>	

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 #: 21053534 Agency: Palm Beach County Sheriff's Office
Offense: SIMPLE BATTERY DOMESTIC
Suspect/Offender: BAHADOURIAN MATHILDE ALICE
DOB: 12091999 Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's Name: BAHADOURIAN CAROLINE DOB: 03151978 Race: W Sex: F
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ 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: D/S FERNANDEZ ID #: 3931 Date: 04082021

SUSPECT/OFFENDER

BAHADOURIAN

MATHILDE

ALICE

COURT CASE/WARRANT #

(FOR WARRANTS USE ONLY)



**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 checked="" type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	1-4
	<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: 2021008537

Date: 4/09/21

Specialist Name/ID: J. Beck/9007