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ADMINISTRATION		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Copies		1 Juvenile N	
Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-21-040056			
Charge Type: Check as many as Apply.		<input 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	
Location of Arrest (Including Name of Business)		Location of Office (Business Name, Address)		If Weapon Seized Enter Type		Multiple Clearance Indicator 01	
Date of Arrest 08/27/2021		Time of Arrest 0114		Booking Date		Booking Time	
Name (Last, First, Middle) Noe, Natalie Ann		Alias (Name, DOB, Soc. Sec. #, Etc)		Jail Date		Jail Time	
Race W - White B - Black		Sex F		Date of Birth 02/16/1988		Height 509	
Weight 135		Eye Color Brown		Hair Color Black		Complexion Light	
Build Thin		Marital Status Single		Religion N/A		Indication of: Alcohol Influence Drug Influence	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Residence Type 1. City 3. Florida 2. County 4. Out of State		Address Source BBPD RECORD		Occupation Self Employed	
Local Address (Street, Apt. Number) 3353 S FEDERAL HWY J		(City) BOYNTON BEACH		(State) FLORIDA		(Zip) 33435	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)	
Business Address (Street, Apt. Number)		(City)		(State)		(Zip)	
DL Number, State		Soc. Sec. Number		INS Number		Place of Birth New York City, NY	
Citizenship USA		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"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last) (First) (Middle)		Residence Phone		Business Phone	
Address (Street, Apt. Number)		(City)		(State)		(Zip)	
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 561-355-2526) informed of any change of address: <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)		School Attended		Grade			
Property Crime? Yes <input type="checkbox"/> No <input type="checkbox"/>		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. 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 Simple Battery		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number 784.03.1A1	
Drug Activity N		Drug Type N		Amount/Unit N/A		Offense # 21-040056	
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) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444		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:		Name of Arresting Officer (Print) Ofc D Roberts		I.D. # 975		Name Verification (Printed by Arrestee) BU#	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Repeated Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Ofc D Roberts		I.D. # 975	
Agency BBPD		Agency BBPD		Witness here is subject Signed with an "X".		Page 1 OF 1	

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**DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT  
PALM BEACH COUNTY**

On the 27th day of August 2021 at 2349  
Subject: Noe, Natalie Ann DOB: 02/16/1988 Case #: 21-040056  
Charge Description: Simple Battery Statute #: 784.03.1A1

Victim: [REDACTED]

Local Address: [REDACTED]

Personal Information: [REDACTED]

Narrative:

On Thursday, August 26th, 2021 at approximately 2349 hours, I responded to [REDACTED] in reference to a domestic disturbance. BBPD Communications Personnel received a call from [REDACTED] advising his girlfriend, W/F, Natalie Ann Noe (02/16/1988) was possibly under the influence, being physical and breaking things in the apartment. For documentation purposes, Noe and [REDACTED] have been in a intimate relationship in the past where the have resided together [REDACTED]

On arrival, I made contact with Noe who was in the patio area of the residence. On making initial contact with Noe, she was observed to have swelling and discoloration to the left side of the lip and left cheek. Noe was uncooperative at the time, refused to provide her name; however, advised that she was assaulted by [REDACTED] Noe was offered medical treatment and refused.

I proceeded to make contact with [REDACTED] who provided a sworn statement captured via BWC. The following statement is a summary of [REDACTED]'s statement which is not verbatim. [REDACTED] stated that earlier in the evening, Noe came to his residence as a result of a recent car accident (08/26/2021). [REDACTED] stated that after spending time together an argument ensued with Noe, which resulted in numerous physical scuffles. [REDACTED] stated that initially, Noe initiated a physical confrontation by attacking him and pulling his hair to which he had to physically restrain her.

It was further advised that a second altercation occurred in the living room where Noe proceeded to once again attack him using her hands to strike him and pull his hair. [REDACTED] stated that he had to physically grab Noe from a rear restraint position and restrain her. [REDACTED] stated that after a continuous argument, he returned to his room where Noe followed and once again tried to repeatedly strike him with her hands in his facial area. [REDACTED] stated that to prevent being struck, he had to physically restrain Noe's hands and restraining her on the bed. [REDACTED] stated he proceeded to contact the police as a result of the aforementioned. [REDACTED] was observed to have fresh vertical scratches on his face and neck which were consistent with [REDACTED]'s description of the attack. [REDACTED] refused medical treatment. [REDACTED] stated that his roommate, H/M, Elkin Eduardo Ramos witnesses the majority of the altercation. [REDACTED] denied ever striking Noe and advised that her injuries most likely occurred as a result of the scuffle.

I made contact with Ramos who provided a sworn statement which was translated by Officer Acosta 978. The following is a summary of Ramos' statement which is not verbatim. Ramos advised that he overheard what sounded like an altercation between Noe and [REDACTED]. He advised that the argument may have been related to the fact that Noe went to sleep shirtless in the living room area. Ramos stated that he first observed Noe and [REDACTED] tussling over [REDACTED]'s cell phone in the living room. Ramos stated that Noe escalated the situation by physically attacking [REDACTED] by striking and grabbing his hair. Ramos further advised that [REDACTED] had to restrain Noe by grabbing her in a rear choke position. Ramos described [REDACTED]'s actions were to prevent further assault from Noe.

Ramos further advised that he witnesses the physical incident which escalated in [REDACTED]'s room and provided a corroborating statement. Ramos described Noe's actions to be the aggressor in this incident. Ramos stated that he did not witness [REDACTED] physically strike Noe at any point during this altercation.

I proceeded to make contact with Noe who was read her rights via Miranda. Post Miranda Noe advised that there was only a verbal argument and stated that nothing physical occurred. Noe stated that the observed swelling and discoloration was a result of cosmetic procedures and claimed to have records for them. Make note that Noe earlier told officer a different version of what occurred.

Based on the statements provided in addition to the physical evidence in this case, I find probable cause to charge Natalie Noe with (1) count of Simple Battery pursuant to F.S.S. 784.03.1a1. Noe was transported to BBPD, processed and later turned over to Palm Beach County Jail. [REDACTED] completed a Victims Rights to Confidentiality Form invoking his rights to confidentiality. A Marcy's Card/ Victims Rights Brochure was also provided. This incident was documented (video/photo) via BWC. Nothing further at this time.

Defendant's Statement: Taped

Victim's Statement: Taped

Observation Of Victim (Physical and Emotional):

Scratches to facial area and neck.

Relationship Between Victim and Suspect:

Boyfriend/ Girlfriend

NOT A CERTIFIED COPY

Photographs: Scene: ☒ Yes ☐ No  
Victim: ☒ Yes ☐ No  
911 Call: ☒ Yes ☐ No Caller: [REDACTED]  
Tape Requested: ☒ Yes ☐ No  
Weapon Used: ☐ Yes ☐ No Type: \_\_\_\_\_  
Witnesses: ☒ Yes ☐ No  
Injuries: ☒ Yes ☐ No  
Medical Treatment: ☐ Yes ☒ No  
At Scene ☐ Yes ☒ No Paramedics: \_\_\_\_\_  
At Hospital ☐ Yes ☒ No Physician(s): \_\_\_\_\_  
Hospital: \_\_\_\_\_  
Act Committed In Presence Of Minor(s): ☐ Yes ☒ No  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
F.D.C.F. Notified: ☐ Yes ☒ No Victim Pregnant: ☐ Yes ☒ No  
Violation Of Restraining Order: ☐ Yes ☒ No Case #: \_\_\_\_\_  
Prior History Of Domestic Violence: ☐ Yes ☒ No  
Alcohol Or Drugs Involved: ☒ Yes ☐ No ☐ Unknown

### Victim Contact Information:

Phone [REDACTED]  
Employer: \_\_\_\_\_  
Relative Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_

State Of Florida  
County Of Palm Beach

Appeared before me, Ofc D Roberts , (print name) personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

  
Signature Of Arresting Officer

Sworn to and subscribed to me before this 27 day of August , 2021

  
Notary/Clerk Of Court/Officer (F.S.S. 117 10)

## VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- **Homicide (Ch. 782)**
- **Attempted Murder**
- **Stalking (S. 784.084)**
- **Sexual Offense (Ch. 794)**
- **Attempted Sexual Offense**
- **Domestic Violence** (This includes any *Assault, Agg. Assault, Battery, Agg. Battery, Sexual Assault, Sexual Battery, Stalking, Agg. 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 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 #: 21-040056 Agency: Boynton Beach Police Department  
Offense: Simple Battery  
Suspect/Offender: Noe, Natalie Ann  
DOB: 02/16/1988 Race: W Sex: F
2. Warrant # (s): \_\_\_\_\_
3. Complete one (1) of the following:
  - A. Victim's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Home: \_\_\_\_\_
  - B. Victim's Next of Kin: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_
  - C. Victim's designated contact other than next of kin (for example: a friend or neighbor):  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_
4. Relevant identification or case numbers assigned to the case (please specify):  
\_\_\_\_\_

**WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.**

Signature of Victim: \_\_\_\_\_

Printed Name of Victim: \_\_\_\_\_

Officer's Name: Ofc D Roberts I.D.# 975 Date: 8/07/21

SUSPECT/OFFENDER:

Noe, Natalie Ann

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 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: 2021021353

Date: 8/27/2021

Specialist Name/ID: A. Pinkney/7796