

21 mm 12 AMB

ARREST / NOTICE TO APPEAR

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias

1 JUVENILE

ADMINISTRATIVE	Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A. only) 4 0 21-000041	
	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		If Weapon Seized Enter Type Hands/fist/feet/teeth	
OFFENSE	Location of Arrest (Including Name of Business) 960 EVERGREEN DR			Location of Offense (Business Name, Address) 960 EVERGREEN DR, DELRAY BEACH, FL 33483		
	Date of Arrest 01/02/2021	Time of Arrest 00:57	Booking Date 01/02/2021	Booking Time 01:07	Jail Date // ::	Jail Time // ::
DEFENDANT	Name (Last, First, Middle) RATHGEB, PETER MICHAEL			Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:		
	Race W - White B - Black W		Sex M M		Date of Birth 03/05/1958	Height 6'00
	Sears, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status M		Religion	
	Local Address (Street, Apt. Number) 960 EVERGREEN DR, DELRAY BEACH, FL 33483		(City) Delray Beach		(State) FL	(Zip) 33483
	Permanent Address (Street, Apt. Number) 960 EVERGREEN DR, DELRAY BEACH, FL 33483		(City) Delray Beach		(State) FL	(Zip) 33483
	Business Address (Name, Street) UNITED AIRLINES,		(City) Delray Beach		(State) FL	(Zip) 33483
	D/L Number, State R321673580850 / FL		Soc. Sec. Number [REDACTED]		INS Number	
	Place of Birth (City, State) HIALEAH, FL, 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
JUVENILE	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 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	
CHARGE	Charge Description SIMPLE BATTERY(TOUCH OR STRIKE)		Statute Violation Number 784.03(1A1)		Violation of ORD #	
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
CHARGE	Charge Description		Statute Violation Number		Violation of ORD #	
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N
CHARGE	Charge Description		Statute Violation Number		Violation of ORD #	
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N
INTEAKE	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			
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Postpaid Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail	
NOTICE TO APPEAR	Transported By		Date Transported // ::	Time Transported	Other JAN 2 AM 2:41	
	<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) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time 02/02/2021 08:30:00	
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 01/02/2021 6:00		
ADMINISTRATIVE	HOLD for Other Agency		Signature of Arresting Officer [Signature] 1194		Name Verification (Printed by Arresting Officer) [Signature]	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) HERNANDEZ, EDWIN I.D.# 1194	
Intake Deputy [Signature] I.D.#		Pouch #		Transporting Officer HERNANDEZ I.D.# 1194 Agency DBPD		
Witness here if subject signed with an "X"						PAGE 1 OF 1

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O. DEFENDANT

0520551

148

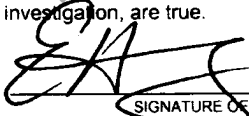
SCANNED

JAN 02 2021

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 01/02/2021 01:22		Agency Name DELRAY BEACH POLICE DEPARTMENT			Agency Report Number 4 0 21-000041		
	Agency ORI Number FL 0500400		Name (Last, First, Middle) RATHGEB, PETER MICHAEL			Race W	Sex M	Date of Birth 03/05/1958
C H R G	Charge Description 784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)							
	Victim's Name (Last, First, Middle) QUALLS RATHGEB, SUZANNE CORTNER					Race W	Sex F	Date of Birth 01/20/1968
V I C T I M	Local Address (Street, Apt Number) (City) (State) (Zip) 960 EVERGREEN DR, DELRAY BEACH, FL 33483				Phone (901) 210-6600		Address Source	
	Business Address (Name, Street) (City) (State) (Zip) UNITED AIRLINE				Phone		Occupation FLIGHT ATTENDEN	
O B S E R V E R	DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):					
	VICTIM'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral		UPSET/CRYING					
RELATIONSHIP BETWEEN VICTIM & SUSPECT SPOUSE								
A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
	Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
	911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		CALLER: VICTIM					
	WEAPON USED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TYPE:					
	WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		(If YES, attach witness list)					
	INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
	MEDICAL TREATMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
	AT: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PARAMEDICS:					
	Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PHYSICIAN(S) / HOSPITAL:					
	ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		NAMES/AGES:					
	H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
	VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
	VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CASE #:					
	PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
	ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
N A R R	The following occurred in the City of Delray Beach, County of Palm Beach, State of Florida.							
	On 1/2/21, I responded to 960 Evergreen Dr in reference to a domestic disturbance. Upon arrival, I made contact with the wife, Suzanne Rathgeb, who was crying and appeared to be emotionally upset. While other							
STATE OF FLORIDA COUNTY OF PALM BEACH								
Appeared before me, <u>EDWIN HERNANDEZ</u> personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.								
 1194 SIGNATURE OF ARRESTING OFFICER								
Sworn to and subscribed to before me this <u>2</u> day of <u>January</u> , <u>2021</u> .								
GRAMMATICO, JOSEPH NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)								

CERTIFIED COPY

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N N A R R A T I V E	Date / Time 01/02/2021 01:22	Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 21-000041
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officers spoke with Suzanne, I continued into the home and spoke with the defendant, Peter Rathgeb.

I asked Peter several times what occurred prior to my arrival. The only statements that Peter would provide was that Suzanne attacked him for no reason. Peter advised that he was at a neighbor's home and when he returned, "nothing happened". After several more attempts to collect Peter's account of the incident, I spoke with Suzanne.

Suzanne advised that she was in her bedroom, where Peter does not sleep, when Peter returned to the home. Suzanne was in the company of the couples two children (8 months and 3 years old). According to Suzanne, Peter entered the room and began making statements that she was a terrible and unfit mother. To avoid waking the children, Suzanne exited the room and ushered Peter into the main living area of the home. In that area, the verbal argument continued and began to escalate. Suzanne advised that Peter grabbed her by the forearm tightly enough to leave marks, which were photographed by Crime Scene Specialist Mezzancello. To break his grip, Suzanne bit Peter's arm, breaking the skin and causing him to bleed. Peter's injuries were also photographed. Suzanne advised that Peter then went into his bedroom, where he remained until officers arrival. Suzanne stated that Peter made several statements to deter her from calling the police.

I returned to Peter to give him an additional opportunity to present his version of the events. Peter advised that he could not remember what occurred. It should be noted that both Peter and Suzanne advised that they had been drinking alcoholic beverages earlier in the night and both showed signs of impairment.

Based on the above facts, probable cause does exist to arrest Peter Rathgeb for Simple Battery - Domestic Violence pursuant to FSS 784.03(1A1).

STATE OF FLORIDA
COUNTY OF PALM BEACH

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

[Signature] 1194
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 2 day of January, 2021.

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

VICTIM NOTIFICATION FORM

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

- **Homicide** (Ch. 782)
- **Sexual Offense** (Ch. 794)
- **Attempted Murder**
- **Attempted Sexual Offense**
- **Stalking** (S. 784.048)
- **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 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 #: 21-000041 Agency: DBPD
 Offense: SIMPLE BATTERY - DOMESTIC VIOLENCE
 Suspect/Offender: RATHGEB, PETER
 D.O.B. 03/05/1958 Race: W Sex: M

2. Warrant #(s): _____

3. Complete one (1) of the following:

a. Victim's name: RATHGEB, SUZANNE
 Address: 960 EVERGREEN DR
 City: DELRAY BEACH State: FLORIDA Zip: 33483
 Home #: 901-210-6600 Work #: _____ Other: _____

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 person waiving notification: _____
 Printed name of person waiving notification: _____

Officer's Name : _____ I.D.: _____ Date: _____

SUSPECT/OFFENDER: RATHGEB, PETER

COURT CASE/WARRANT #: _____
 (FOR WARRANTS USE ONLY)



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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	119.071 (2)(j)1	Other: Address, telephone numbers and personal assets of domestic violence and other specified crime victims	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021000084	Date: 1/2/2021
	Specialist Name/ID: LaToya Rouse #6673