

0521523

2021 MM 13AS

1795

ARREST / NOTICE TO APPEAR

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

JUVENILE

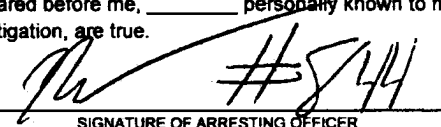
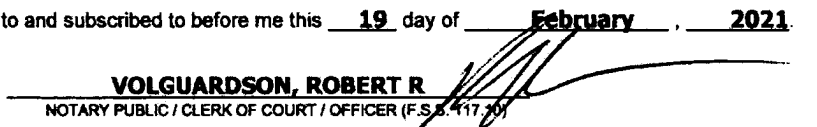
AD MI NIS TR A TION	ORIS Number	Agency ORI Number <b>0500200</b>	Agency Name <b>Boca Raton Police Department</b>	Agency Report Number (N.T.A.'s only) <b>3   2   2021-002136</b>	
DEF END ANT	Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other			<input type="checkbox"/> If Weapon Seized Enter Type: <b>OTHER WEAPON</b>
	Location of Arrest (Including Name of Business)	<b>1110 SW 17TH ST, 1110 SW 17TH ST, BOCA RATON, FL 33486</b>			
D E F E N D A N T	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date
	<b>02/19/2021</b>	<b>22:24</b>	<b>02/19/2021</b>	<b>22:34</b>	<b>02/19/2021</b>
C O D E F	Name (Last, First, Middle)	<b>RIVERA, REBECCA</b>			
	Alias	Alias (Name, DOB, Soc. Sec. #, Etc.)			
I N T A K E	Sex	Date of Birth	Height	Weight	Eye Color
	<b>F</b>	<b>06/22/1975</b>	<b>5'05</b>	<b>130</b>	<b>BROWN</b>
N O T I C E T O A P P E A R	Religion	Marital Status	Indication of Alcohol Influence: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		
	<b>AGNOSTIC</b>	<b>S</b>			
A D M I N I S T R A T I O N	Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone
	<b>1110 SW 17TH ST, BOCA RATON, FL 33486</b>				<b>(814) 327-6123</b>
C H A R G E	Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone
	<b>1110 SW 17TH ST, BOCA RATON, FL 33486</b>				<b>(814) 327-6123</b>
C H A R G E	Business Address (Name, Street)	(City)	(State)	(Zip)	Phone
C H A R G E	DL Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
	<b>RI60730757220 / FL</b>			<b>LAWSING, MI</b>	<b>US</b>
C H A R G E	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
C H A R G E	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
C H A R G E	Parent <input type="checkbox"/> Other <input type="checkbox"/>	Name (Last, First, Middle)			Residence Phone
	<input type="checkbox"/> Legal Custodian				
C H A R G E	Address (Street, Apt. Number)	(City)	(State)	(Zip)	Residence Phone
C H A R G E	Notified by (Name)	Date	Time	JUVENILE DISPOSITION <input type="checkbox"/> 1. Handled/Processed within Department and Released <input type="checkbox"/> 2. TOT IAC Incorporated	
C H A R G E	Released To (Name)	Relationship	Date	Time	Grade
C H A R G E	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.				Value of Property
	<input type="checkbox"/> Yes, by: <input type="checkbox"/> No				
C H A R G E	Drug Activity	S. Sell	R. Smuggle	K. Dispense/Distribute	M. Manufacture/Produce/Cultivate
C H A R G E	Drug Type	B. Barbiturate	H. Hallucinogen	P. Percocet/Equianal	U. Unknown
C H A R G E	Change Description	<b>BATTERY / DOMESTIC BATTERY</b>			State Violation Number
					<b>784.03(1)(a)</b>
C H A R G E	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts
C H A R G E	Change Description	<b>VICTIM NOTIFICATION REQUIRED</b>			State Violation Number
C H A R G E	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts
C H A R G E	Health / Apparent Physical Condition of Defendant	<b>GOOD</b>			
C H A R G E	Check which applies:	<input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail			
C H A R G E	Transported By	Date Transported	Time Transported	Other	
	<b>VRABEL</b>	<b>02/19/2021</b>	<b>23:55</b>		
C H A R G E	INSTRUCTION NO. 1 - Mandatory appearance in court	<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.			
C H A R G E	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.				No Photo Available 2021 FEB 20
	Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed
C H A R G E	HOLD for Other Agency	Signature of Arresting Officer	ID #	Name Verification (Printed by Arrestee)	
		<b>VRABEL, R. E.</b>	<b>844</b>		
C H A R G E	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	Name of Arresting Officer (Print)	ID #	(PRINT) <b>FEB 20 2021</b>	
		<b>VRABEL</b>	<b>844</b>		
C H A R G E	Intake Deputy	FD #	Pouch #	Transferring Officer	ID #
	<b>Dunn, J. L.</b>			<b>VRABEL</b>	<b>844</b>
C H A R G E	Witness here if subject signed with an "X"				Agency <b>BRPD</b>

SCANNED  
FEB 20 2021

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>02/19/2021 23:16</b>	Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2021-002136</b>			
	Name (Last, First, Middle) <b>RIVERA, REBECCA</b>				Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>06/22/1975</b>
C H R G	Charge Description <b>784.03(1) BATTERY / DOMESTIC BATTERY</b>							
V I C T I M	Victim's Name (Last, First, Middle) <b>MILLER, KEITH E</b>				Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>06/21/1956</b>	
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>1110 SW 17TH ST, BOCA RATON, FL 33486</b>				Phone <b>(561) 706-4586</b>		Address Source	
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation	
DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):					
VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>								
RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>EX HUSBAND/WIFE</b>								
A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS: Scene:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>					
	Victim:	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
	911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER:				
	WEAPON USED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TYPE:				
	WITNESSES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(if YES, attach witness list)				
	INJURIES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
	MEDICAL TREATMENT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
	AT: Scene:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PARAMEDICS: NO				
	Hospital:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:				
	ACT COMMITTED IN PRESENCE OF MINOR(S):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES/AGES:				
H. R. S. NOTIFIED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
VICTIM PREGNANT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #:					
PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
ALCOHOL OR DRUGS INVOLVED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
N A R R	On February 19th, 2021, at approximately 2026 hours, I responded to 1110 Sw 17th St, Boca Raton FL, 33431, in reference to a 911 hang up. BRPD communications center advised this Officer that a female called 911 and stated, "my son's dad attacked me, and I am going for a walk." BRPD communications also advised that the phone							
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 OF ARRESTING OFFICER  Sworn to and subscribed to before me this <u>19</u> day of <u>February</u> , <u>2021</u> .   VOLGUARDSON, ROBERT R NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 417.30)								

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County  
Narrative Continuation

A D M I N	Date / Time <b>02/19/2021 23:16</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2021-002136</b>
	Agency ORI Number <b>FL 0500200</b>		

number that the female was calling from pinpointed to 1110 Sw 17th St, and also came back to Rebekah Rivera. It should be noted that BRPD has responded to multiple domestic disturbances at this residence involving Rebekah Rivera, Keith Miller and their son, Rory Miller.

After arriving at the address listed above, I made contact with one victim, Keith Miller. According to Keith, he is Rebekah's ex-husband of 25 years. Keith advised he occasionally lets Rebekah stay at his home. He advised he was in the backyard of his residence located above when Rebekah started yelling at him. Rebekah then grabbed a nearby glass cup and hit him in the face with it. The glass fell to the ground and shattered. I observed a medium size laceration above Keith's nose where he was hit. Keith refused medical treatment and Rebekah then left the residence on foot in an unknown direction. Keith also explained that Rebekah suffers from severe mental disorders such as schizophrenia. I located shards of glass on the backyard patio floor.

I then made contact with Rory in front of the residence after speaking with Keith. According to Rory, at approximately 1900 hours, he was at the residence listed above when Rebekah started yelling and screaming at him for using a computer. Rory explained that Rebekah then approached him and began yelling in his face. While yelling, she touched his arms. I asked Rory if he suffered any injuries from being touched, he responded, "no." I also asked Rory if he ever felt that Rebekah had any intention on causing his serious bodily harm, he advised, "no." Rory added to Keith's statement that Rebekah suffered from severe schizophrenia and was not in a great state of mind. Rory then left the residence before the altercation between Rebekah and Keith started.

At approximately 2208 hours, Rebekah called 911 and advised that she was back at the original residence and Keith had locked her outside. Upon my arrival, I observed her in the backyard of the residence laying down on a patio chair. Upon attempting contact with her, she immediately stated that she wanted to talk where there was better lighting. I advised Rebekah that I wished to speak with her regarding the incidents that occurred earlier between her, Rory, and Keith. Rebekah ignored my request and continued to walk away from me. I then was able to refrain her from walking away and ultimately placed her in handcuffs. Post miranda, Rebekah stated she threw a glass at Keith because he was choking her. This Officer did not observe any marks, visible scratches, or any physical indication that Keith battered her. When asked why she left the address when this Officer first responded, Rebekah advised, "I needed to get some fresh air."


Based on my investigation, Rebekah Rivera was placed under arrest under F.S.S. 784.03(1), Domestic Battery. Photos of Keith's injuries were taken and placed into BRPD evidence. Rebekah was taken to BRPD booking facility where she was processed and transported to Palm Beach County Jail without incident.

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.

 #544  
 \_\_\_\_\_  
 SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 19 day of February, 2021.

  
 \_\_\_\_\_  
 VOLGUARDSON, ROBERT R.  
 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)
- 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#: 2021-002136 Agency: Boca Raton Police Department  
Offense: Domestic Battery 784.03(2)  
Suspect/Offender: Rebecca Rivera  
D.O.B. 6/22/75 Race: W Sex: F

2. Warrant#(s): N/A

3.a. Victim's name: Keith Miller D.O.B. 6/21/56 Race: W Sex: M  
Address: 1110 SW 17th St  
City: Boca Raton State: FL Zip: 33431  
Home#: 561-706-4586 Work#: / Other: /

b. Victim's next of kin, friend or neighbor: Rory Miller  
Address: 1110 SW 17th St  
City: Boca Raton State: FL Zip: 33431  
Home#: 561-870-7885 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: Vrabel I.D.# 844 Date: 2 FEB 26 2021

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER: \_\_\_\_\_

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#: \_\_\_\_\_

SCANNED



**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: 2021004286	Date: 2/20/2021
	Specialist Name/ID: J. Beck/9007

**SCANNED**  
**FEB 20 2021**