

21mm6837MB

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

1

JUVENILE

OBTS 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   2021-010881</b>		
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 <b>UNARMED</b>		Multiple Clearance Indicator <b>N</b>
Location of Arrest (Including Name of Business) <b>131 S FEDERAL HWY BOCA RATON FL</b>				Location of Offense (Business Name, Address) <b>131 S FEDERAL HWY 705, BOCA RATON, FL 33432</b>			
Date of Arrest <b>09/17/2021</b>	Time of Arrest <b>22:56</b>	Booking Date <b>09/17/2021</b>	Booking Time <b>23:06</b>	Jail Date	Jail Time	Location of Vehicle <b>N/A</b>	
Name (Last, First, Middle) <b>DIRIG, SARA ELIZABETH</b>				Alias:			
Race W - White B - Black O - Original/African	1 - American Indian 2 - Hispanic/Latino	Sex <b>F</b>	Date of Birth <b>07/03/1985</b>	Height <b>5'02</b>	Weight <b>160</b>	Eye Color <b>BROWN</b>	Hair Color <b>BLONDE</b>
Complexion <b>LIGHT</b>		Build <b>Medium</b>		Mental Status <b>M</b>		Religion <b>CATHOLIC</b>	
Local Address (Street, Apt. Number) <b>131 S FEDERAL HWY 705, BOCA RATON, FL 33432</b>				Phone <b>(607) 321-7135</b>		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
Permanent Address (Street, Apt. Number) <b>131 S FEDERAL HWY 705, BOCA RATON, FL 33432</b>				Phone <b>(607) 321-7135</b>		Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>1</b>	
Business Address (Name, Street) <b>SELF EMPLOYED,</b>				Phone		Address Source <b>DEFENDANT</b>	
D/L Number, State <b>D620785857430 / FL</b>		Social Security Number		INS Number		Place of Birth (City, State) <b>JOHNSON CITY, NY,</b>	
Citizenship <b>US</b>		Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
<input type="checkbox"/> Parent <input type="checkbox"/> Other		Name (Last, First, Middle)		Residence Phone		Business Phone	
<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number)		(City) (State) (Zip)			
Notified by: (Name)		Relationship		Date		Time	
Released To: (Name)		Relationship		Date		Time	
The above address was provided by <input type="checkbox"/> defendant and/or <input checked="" 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	
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property			
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Seagull 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.		F. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other			
Charge Description <b>BATTERY - BATTERY (SIMPLE)</b>				State Violation Number <b>784.03(1A1)</b>		Violation of ORD #	
Drug Activity		Drug Type <b>N</b>		Amount / Unit		Offense # <b>2021-010881</b>	
Counts		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond	
Charge Description				State Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond	
Charge Description				State Violation Number		Violation of ORD #	
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 <b>GOOD</b>				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:			
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By <b>SAAVEDRA</b>	
Released By <b>SAAVEDRA</b>		Released To <b>PBCJ</b>		Date Transported <b>// : :</b>		Time Transported Other	
<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) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>			
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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.				Signature of Defendant (or Juvenile and Parent/Custodian)			
Signature of Arresting Officer <b>SAAVEDRA, A.</b>				Date Signed			
Name Verification (Printed by Arrestee) <b>SEP 18 AM 12:47</b>		Name of Arresting Officer (Print) <b>SAAVEDRA, A.</b>		ID.# <b>777</b>		PAGE <b>1 of 1</b>	
HOLD for Other Agency <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Transporting Officer <b>KEENER</b>		ID.# <b>837</b>		Agency <b>BRPD</b>	
Witness here if subject signed with an "X".		Witness here if subject signed with an "X".		Witness here if subject signed with an "X".		Witness here if subject signed with an "X".	

JH 0526002

PH 2059

PROBABLE CAUSE AFFIDAVIT

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

**1** JUVENILE

OBTS Number	Agency OR# Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2021-010881</b>
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Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) <b>DIRIG, SARA ELIZABETH</b>	Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>07/03/1985</b>
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Charge Description <b>784.03(1A1) BATTERY- BATTERY (SIMPLE)</b>	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) <b>DIRIG, FRANK JOSEPH</b>	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>03/27/1971</b>
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Local Address (Street, Apt. Number) <b>131 S FEDERAL HWY 705, BOCA RATON, FL 33432</b>	(City)	(State)	(Zip)	Phone <b>(607) 744-2462</b>	Address Source <b>FL DL</b>
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Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
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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 . . .

committed the below acts in my presence.                       was observed by \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person commit the below acts.

confessed to \_\_\_\_\_ admitting to the below facts.                       was found to have committed the below acts, resulting from my (described) investigation.

On the 17 day of September, 2021 at 22:56 (Specifically include facts constituting cause for arrest.)

On 09/17/2021, at 2222 hours, I responded to 131 S. Federal Hwy (Camden) Apt 705, in reference to a domestic disturbance.

Upon arrival, I met with the victim 1, who stated that he and his wife/offender Sara Dirig were involved in an altercation. According to victim 1, Sara began punching him while they were arguing. Victim 1 then changed his story and advised that Sara punched the air and that no contact was made. Victim 1 was intoxicated and changed his story multiple times.

I then met with Sara, who stated that her and victim 1 were arguing. According to Sara, while they were arguing, victim 1 got closed to her face, at which time she began shoving multiple times. Sara was also intoxicated and continue to change her story.

At 2256 hours, I placed Sara Dirig under arrest for simple battery domestic per F.S.S 784.03(1A1) after she confessed to shoving him during their argument. Sara was transported to Boca Raton Police Department for processing and then transported to Palm Beach County jail for final disposition.

NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
<b>HARDING, BRANDON BLAZE</b>	<b>SAAVEDRA, ALONSO (777)</b>
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	NAME OF OFFICER (PLEASE PRINT)
<u>09/17/2021</u>	<u>09/17/2021</u>
DATE	DATE

# 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#: 21-10881 Agency: Boca Raton PD  
Offense: Domestic Simple Battery 784.03(1a)  
Suspect/Offender: Dirig, Sara  
D.O.B. 7/3/85 Race: W Sex: F

2. Warrant#(s): \_\_\_\_\_

3.a. Victim's name: Dirig, Frank D.O.B. 5/27/77 Race: W Sex: M  
Address: 131 S Federal Hwy Apt. 705  
City: Boca Raton State: FL Zip: 33432  
Home#: 607 744 2462 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: Saavedra I.D.# 777 Date: 09/17/21  
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER: \_\_\_\_\_  
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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2021023302	Date: 9/18/2021
	Specialist Name/ID: M. Tooks #8557