

JK# 0525384 50-2021-MM-006135-AMB
#888

OBT Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		1		0													
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 21098245																	
Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input checked="" 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		If Weapon Seized Enter Type N/A		Multiple Clearance Indicator 0 1																	
Location of Arrest (Including Name of Business) 8041 MIZNER LN BOCA RATON FL 33433		Location of Offense (Including Name of Business) 8041 Mizner LN BOCA RATON FL 33433																			
Date of Arrest Aug 21, 2021		Time of Arrest 0101		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
Name (Last, First, Middle) attaway sarah												Alias (Name, DOB, Soc. Sec. #: Etc.)									
Race W - White B - Black O - Oriental/Asian w		Sex f		Date of Birth 1/18/81		Height 5'9		Weight 160		Eye Color blue		Hair Color brown		Complexion light		Build Small					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) roses with sleeves (right arm)										Marital Status single		Religion NP		Indication of: Alcohol Intoxication Drug Intoxication <input type="checkbox"/> <input type="checkbox"/>		Y/N <input type="checkbox"/> <input type="checkbox"/>					
Local Address (Street, Apt. Number) 8041 MIZNER LN		City BOCA RATON FL 33433		State fl		Zip 33433		Phone 561-397-6490		Residence Type: 1. City 2. County 3. Florida 4. Out of State											
Permanent Address (Street, Apt. Number) 8041 MIZNER LN		City BOCA RATON FL 33433		State fl		Zip 33433		Phone		Address Source FCF											
Business Address (Street, Apt. Number)		City		State		Zip		Phone		Occupation Paralegal											
D/L Number, State A-300-792-81-518-0		Social Security Number		INS Number		Place of Birth augusta georgia		Citizenship U.S													
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 Guardian <input type="checkbox"/> Other		Name (Last, First, Middle)		City		State		Zip		Business Phone		Phone									
Notified By (Name)		Date		Time		Juvenile Disposition: 1. Handled/Processed within Dept. and Released 2. TOT HRS/DAYS 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 561 355-2626) informed of any address change. <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. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana		P. Paraphernalia/ Equipment		U. Unknown Z. Other	
Charge Description simple battery (domestic related)		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 784.03 (1)(a)(1)		Violation or ORD. #													
Drug Activity		Drug Type		Amount/Unit		Offense # 21098245		Warrant/Capias Number		Bond											
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation or ORD. #													
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond											
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation or ORD. #													
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond											
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation or ORD. #													
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond											
Location (Court, Address, Room Number)																					
Court Date and Time Month Day Year Time AM <input checked="" type="checkbox"/> PM																					
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD WILL FULLY 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 47627		Name Verification (Printed by Arrestee)		(PRINT) AUG 21 AM 4:54		Page 1 of 1											
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer D/S J. Borja		ID # 17624		Agency PBSO		Witness here if subject signed with an "X"											
Initials Dept 28024m		ID # Pouch #		Transporting Officer J. Borja 17624																	

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		1	Juvenile	0
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 21098245				
Charge Type: Check as many as apply		<input type="checkbox"/> 1. Felony <input checked="" 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		Special Notes				
Defendant Name (Last, First, Middle) attaway sarah				Race w	Sex f	Date of Birth 1/18/81		
Charge simple battery (domestic related)				Charge				
Victim Name (Last, First, Middle) Perkins Matthew				Race w	Sex m	Date of Birth 01/17/1980		
Local Address (Street, Apt. Number) 8041 MIZNER LN		City Boca Raton	State FL	Zip 33433	Phone 561-9311198	Address Source fcfc		
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation Insurance agent		
The undersign 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 to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation. On the <u>21st</u> day of <u>August</u> 20 <u>21</u> at <u>0100</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM								

On 8/21/21, at approximately 0100 hours, I responded to 8401 Mizner Lane, in unincorporated boca raton, florida 33433 in reference to a domestic disturbance.

Upon arrival, I met with a white female identified as Sarah Attaway, who was slurring her words and had a strong smell of alcoholic beverage emanating from her breath. Sarah advised on this date, she got into a verbal argument with her fiancé, Matthew Perkins. Sarah admitted she found out matthew was allegedly cheating on her with other women. Sarah confronted matthew regarding this matter. During the verbal argument, she stated matthew began punching and kicking her multiple times. She then stated Matthew attempted to leave and she got in the door in attempts to stop him and again matthew punched her. Sarah then witnessed Matthew leave with his two children.

I then made contact with Matthew Perkins, who stated the following. On this date, at around 0045 hours, his fiancé allegedly woke from a "drunken stupor" and hit him in the head with a beer can, causing a head laceration. She then began hitting him repeatedly in the face with her hand. He then stated she took out her revolver and laid it on the dresser. He stated that was the only involvement of the revolver and did not result in any criminal act.

Both Matthew and Sarah had visible injuries on their person matching their statement.

Based on the investigation, verbal statements from both parties, I have probable cause for the arrest of Sarah Attaway for Simple Battery per F.S.S 784.03 (1)(A)(1) as she was determined to be the primary aggressor in this matter. I then placed Sarah in PBO handcuffs, with her hands behind her back, which were double locked and checked for proper fit.

The foregoing instrument was sworn to and affirmed before me this <u>21st</u> day of <u>august</u> 20 <u>21</u> , by:	
Name of Notary Public / Clerk of Court / Officer (F.S.S. 112.00) Signature of Notary Public / Clerk of Court / Officer (F.S.S. 112.00)	Name of Arresting/Investigating Officer D/S J. Borja 17624 Signature of Arresting/Investigating Officer
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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 #: 21098245 Agency: Palm Beach County Sheriff's Office
Offense: simple battery (domestic related)
Suspect/Offender: attaway sarah
DOB: 1/18/81 Race: w Sex: f

2. Warrant #(s): _____

3.a. Victim's Name: Perkins Matthew DOB: 01/17/1980 Race: w Sex: m
Address: 8041 MIZNER LN
City: Boca Raton State: FL Zip: 33433
Home #: 561-9311198 Work #: _____ Other #: _____

b. Victim's next of kin, friend or neighbor: _____
Address: Did not provide
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 J. Borja ID #: 17624 Date: _____

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
(Submit this form with the original Probable Cause Affidavit)

Defendant: attaway sarah DOB: 1/18/81 Case #: 21098245

Victim: Perkins Matthew DOB: 01/17/1980 Race: w Sex: m

Relationship between Victim and Defendant: engaged

Photographs: Scene ☐ Yes ☒ No Victim ☐ Yes ☐ No Defendant ☐ Yes ☐ No

911 Call: ☒ Yes ☐ No Caller: defendant

Weapon Used: ☒ Yes ☐ No Type: hands

Witness: ☐ Yes ☒ No Name: _____

Victim Pregnant: ☐ Yes ☒ No If yes, _____ Weeks _____ Months

Injuries: ☒ Yes ☐ No Description: facial lacerations

Medical Treatment: ☐ Yes ☒ No

At Scene: ☐ Yes ☒ No Paramedics: _____

At Hospital: ☐ Yes ☒ No Hospital: _____ Physician: _____

Are children living in the home? ☒ Yes ☐ No DCF Notified? ☒ Yes ☐ No

Name: river perkins DOB: 7/11/2014

Name: lilly perkins DOB: 3/9/2016

Name: _____ DOB: _____

Injunction: ☐ Yes ☒ No Case #: _____

No Contact Order: ☐ Yes ☒ No Case #: _____

Alcohol or Drugs: ☐ Yes ☒ No ☐ Unknown

Prior history of Domestic/Dating Violence ☐ Yes ☒ No

Defendant's statements ☒ Yes ☐ No If yes, ☐ written ☐ recorded ☒ oral

First words Defendant said when you responded to scene: my now ex

Victim's statements ☒ Yes ☐ No If yes, ☒ written ☐ recorded ☐ oral

First words Victim said when you responded to scene: n/a

Did the Victim contact anyone other than the police within an hour of the incident regarding the incident?

☐ Yes ☒ No If yes, name: _____ phone: _____

Observations of Victim (Physical & Emotional): _____

☒ Upset ☒ Crying ☐ Fearful ☐ Hysterical ☐ Afraid ☒ Calm ☐ Nervous

☒ Complained of pain ☐ Other _____

Victim contact information:

Local Address: 8041 MIZNER LN

Boca Raton FL 33433

Phone: Home: 561-9311198 Work: _____ Cell: _____

Employer: NOT PROVIDED

Name of Relative: NOT PROVIDED Phone: _____



**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: 2021020830	Date: 8/22/2021
	Specialist Name/ID: M. Took #8557