

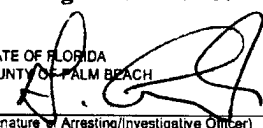
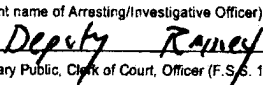
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OBTS Number		<b>ARREST / NOTICE TO APPEAR</b> Juvenile Referral Report			1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		
Agency ORI Number <b>FLO 500000</b>			Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>			Agency Report Number (N.T.A.'s only) <b>06-21-029203</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		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator <b>02</b>			
Location of Arrest (Including Name of Business) <b>21284 Purple Sage Ln Boca Raton, Florida 33428</b>						Location of Offense (Business Name, Address) <b>21284 Purple Sage Ln Boca Raton, Florida 33428</b>							
Date of Arrest <b>01/26/21</b>		Time of Arrest <b>0855</b>		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle	
Name (Last, First, Middle) <b>Herr, Sherry Ann</b>						Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex <b>F</b>		Date of Birth <b>03/12/1968</b>		Height <b>5'4</b>		Weight <b>250</b>		Eye Color <b>Brown</b>		Hair Color <b>Blonde</b>	
Complexion <b>light</b>		Build <b>Large</b>		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status <b>M</b>		Religion <b>uk</b>		Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) <b>21284 Purple Sage Ln</b>				(City) <b>Boca Raton, Florida</b>		(State)		(Zip)		Phone <b>(561) 239-3235</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>	
Permanent Address (Street, Apt. Number) <b>Same</b>				(City)		(State)		(Zip)		Phone		Address Source <b>Verbal</b>	
Business Address (Name, Street)				(City)		(State)		(Zip)		Phone		Occupation <b>BEHAVIORAL ANALYSIS</b>	
D/L Number, State <b>H-600-781-68-592-0</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>Florida</b>		Citizenship <b>USA</b>					
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	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last)		(First)		(Middle)		Residence Phone					
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone					
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 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)						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 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 O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other							
Charge Description <b>DOMESTIC BATTERY</b>				Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>784.03 1A1</b>		Violation of ORD #			
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit <b>N/A</b>		Offense # <b>21-029203</b>		Warrant / Capias Number		Bond			
Charge Description <b>RESISTING ARREST WITHOUT VIOLENCE</b>				Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>843.02</b>		Violation of ORD #			
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit <b>N/A</b>		Offense # <b>21-029203</b>		Warrant / Capias Number		Bond			
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
Location (Court, Room Number, Address)													
Court Date and Time													
Month <b>01</b> Day <b>26</b> Year <b>2021</b> Time <b>AM</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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED													
Signature of Defendant (or Juvenile and Parent /Custodian)										Date Signed <b>01/26/21</b>			
HOLD for other Agency Name:				Signature of Arresting Officer <b>[Signature]</b>				Name Verification (Printed by Arrestee) <b>8298</b>					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input checked="" type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>D/S G.LONG, JR.</b>				I.D. # <b>8298</b>					
Intake Deputy <b>[Signature]</b>		I.D. # <b>8540</b>		Pouch #		Transporting Officer <b>C. RAINEY</b>		I.D. # <b>8540</b>		Agency <b>PBSO</b>		Witness here if subject signed with an "X" <b>1</b>	

RECEIVED  
 JAN 27 AM 11:51  
 PALM BEACH COUNTY  
 GUN CLUB

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile	
ADMIN	OBTS Number	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>				Agency Report Number <b>06- 21-029203</b>					
	Agency ORI Number <b>FLO 500000</b>	Special Notes:									
CHARGES	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					
	Name (Last, First, Middle) <b>Herr, Sherry Ann</b>	Alias				Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>03/12/1968</b>			
VICTIM	Charge Description <b>DOMESTIC BATTERY</b>	784.03 1A1		Charge Description <b>RESISTING ARREST WITHOUT VIOLENCE</b>		843.02					
	Charge Description	Charge Description									
VICTIM	Victim's Name (Last, First, Middle) <b>HERR, WILLIAM D.</b>					Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>04/19/1968</b>			
	Local Address (Street, Apt. Number) <b>21284 PURPLE SAGE LN</b>	(City) <b>BOCA RATON, FLORIDA</b>	(State)	(zip) <b>33428</b>	Phone <b>(561) 239-3193</b>	Address Source <b>VERBAL</b>					
	Business Address (Name, Street)	(City)	(State)	(zip)	Phone	Occupation <b>UK</b>					
<p>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</p> <p><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.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <b>26th</b> day of <b>Jan</b> 20 <b>21</b> at <b>8:34</b> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><b>I arrived at 21284 Purple Sage Ln in unincorporated Boca Raton, Florida in reference to a report of domestic battery that had just occurred between husband and wife.</b></p> <p><b>Upon arrival, I met with the husband, William Herr. William stated that he and his wife Sherry Herr were in the process of a divorce. William stated that Sherry demanded that he take out the trash and he replied that he would take it out later. William stated that Sherry followed him into the garage where he began removing some sheets out of the dryer so that he could put his clothes from the washer into the dryer. William stated that Sherry demanded that he not touch the sheets inside the dryer and then demanded that he put the sheets back inside the dryer, subsequently blocking his path to leave out of the garage door. William stated that he attempted to leave out the garage door and Sherry began pressing her chest up against his and would not move out of his path after he asked her to move multiple times. William stated that Sherry then began screaming that he was hurting her and that she finally allowed him through.</b></p> <p><b>I attempted to interview Sherry concerning William's allegations. Sherry admitted that William had taken her sheets out of the dryer and that he had pushed her against the wall inside the garage. I asked Sherry why was she following William inside the residence and that she had no right to chest bump him or purposely block his path. I explained to Sherry that she was the primary aggressor in this incident. While I was explaining to Sherry the consequences of an act of domestic violence, Sherry opened her front door to the home and began to walk inside. I told Sherry that she was not free to leave and that I would be placing her under arrest for domestic battery. I took Sherry by her right arm and attempted to place it inside a handcuff. Sherry would not allow me to put her hand inside the handcuff and started yelling that I was trying to hurt her. Sherry continued to resist my efforts to place her hands in handcuffs. Back up D/S C. Rainey #8540 was also on scene and assisted me with trying to put handcuffs on Sherry. Sherry still continued to resist our efforts of placing her in handcuffs even after being taken down on the floor of the home. after several minutes of struggling with Sherry, we were able to secure her in handcuffs.</b></p> <p><b>Probable cause exists for the Defendant, Sherry Herr's arrest for Domestic Battery, violation of F.S.S. 784.03 1a1 and Resisting Arrest without violence, violation of F.S.S. 843.02</b></p> <p>STATE OF FLORIDA COUNTY OF PALM BEACH  (Signature of Arresting/Investigative Officer) <b>8298</b> <b>D/S G.LONG, JR.</b></p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <b>26</b> day of <b>Jan</b> 20 <b>21</b> by <b>D/S G.LONG, JR.</b> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <b>Known L.E.O.</b></p> <p> Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>											
ADMINISTRATIVE	PAGE <b>1</b> OF <b>1</b>										

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

**Suspect:** Herr, Sherry Ann **DOB:** 03 / 12 / 1968 **Case #:** 21-029203

**Victim:** HERR, WILLIAM D. **DOB:** 04 / 19 / 1968 **Race:** W **Sex:** M

**Relationship between Victim and Defendant:** HUSBAND AND WIFE

**Photographs:** Scene  Yes  No  Victim  Yes  No  Defendant  Yes  No

**911 Call:**  Yes  No **Caller:** VICTIM

**Weapon Used:**  Yes  No **Type:** \_\_\_\_\_

**Witness:**  Yes  No **Name:** \_\_\_\_\_

**Victim Pregnant:**  Yes  No **If yes,** \_\_\_\_\_ weeks \_\_\_\_\_ months

**Injuries:**  Yes  No **Description:** \_\_\_\_\_

**Medical Treatment:**  Yes  No

**At Scene:**  Yes  No **Paramedics:** \_\_\_\_\_

**At Hospital:**  Yes  No **Hospital:** \_\_\_\_\_ **Physician:** \_\_\_\_\_

**Are Children Living in Home?**  Yes  No **DCF Notified?**  Yes  No

**Name:** ELLIANA HERR **DOB:** 04 / 12 / 04

**Name:** \_\_\_\_\_ **DOB:**  / /

**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:** HIS WIFE HAD CHEST BUMPED HIM

**Victim's Statements**  Yes  No **If yes,**  written  recorded  oral

**First words Victim said when you responded to scene:** \_\_\_\_\_

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

Yes  No **If yes, name:** \_\_\_\_\_ **phone** ( ) \_\_\_\_\_ - \_\_\_\_\_

**Observations of Victim (Physical & Emotional):** UPSET AT WIFE

Upset  Crying  Fearful  Hysterical  Afraid  Calm  Nervous

**Complained of pain**  Other \_\_\_\_\_

**Victim Contact Information:**

**Local Address:** 21284 PURPLE SAGE LN BOCA RATON, FLORIDA 33428

**Phone:** **Home** (561) 558 - 8672 **Work** ( ) - **Cell** (561) 239 - 3193

**Employer:** UK

**Name of Relative:** UK **Phone** ( ) -

**Address:** \_\_\_\_\_

# VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- 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

**Upon completion, this form must accompany the booking paperwork.  
If applying for a warrant, attach this form to the filing packet.**

1. Incident Report #: 21-029203 Agency: PBSO  
Offense: DOMESTIC BATTERY  
Suspect/Offender: Herr, Sherry Ann  
D.O.B. 03/12/1968 Race: W Sex: F

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

3.a. Victim's name: HERR, WILLIAM D. D.O.B. 04/19/1968 Race: W Sex: M  
Address: 21284 PURPLE SAGE LN  
City: BOCA RATON State: FL Zip: 33428  
Home #- 561 239-3193 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:** 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 G.LONG, JR. I.D.# 8298 Date: 01/26/21

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

(FOR WARRANTS USE ONLY)

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



**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"/>		** (viii) Clinical records under the Baker Act. §394.4615(7), Fla. Stat.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	119.0712(2)	Other: Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	119.071(2)(j)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

REVIEW COMPLETED BY

Booking Number: 2021002123	Date: 1/27/2021
	Specialist Name/ID: M. Tooks #8557