

#0521707

2/MM/615 SF

#3777

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

Check if Supplement is Attached
1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias
Juv.

OBTS Number	Agency ORI Number FLO, 5, 0, 0, 3, 0, 0		Agency Name BOYNTON BEACH POLICE DEPARTMENT	Agency Report Number (N.T.A.'s only) 3 4 12 11 10 11 0 9 1 9 8 1 1 1 1	
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	Multiple Clearance Indicator
Location of Arrest (including Name of Business) Cell E Woodbright Rd, Boynton Beach, FL			Location of Offense (Business Name, Address) Cell E Woodbright Rd, Boynton Beach, FL		
Date of Arrest 0.2.28.21	Time of Arrest 2:14 PM	Booking Date	Booking Time	Jail Date	Jail Time

Name (Last, First, Middle) Schacht, Stacey Ann	Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White B - Black	Sex M	Date of Birth 0.2.2.67.1	Height 5'3"	Weight 124	Eye Color BRO	Hair Color BRO	Complexion Fair	Build Med
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None			Marital Status Single	Religion None	Indication of: Alcohol Influence <input type="checkbox"/> Drug Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk			
Local Address (Street, Apt. Number) Cell E Woodbright Rd A103 Boynton Beach FL 33435		(City)	(State)	(Zip)	Phone 954 778-5401		Residence Type: 1. City <input checked="" type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input type="checkbox"/>	
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		Address Source Verbal	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation Insurance Agent	
D/L Number, State S23078715660, FL	Soc. Sec. Number		INS Number		Place of Birth (City, State) Brooklyn, NY		Citizenship	

Co-Defendant (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 (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)		Business Phone
Notified by: (Name)		Date Time

Released To: (Name)	Relationship	Date	Time	Juvenile Disposition 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated
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
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property	Value of Property		

Drug Activity 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 O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Charge Description Appray	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 8.7.0110	Violation of ORD #						
Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # 21-010998	Warrant / Capias Number			Bond			
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" 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 checked="" 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 checked="" type="checkbox"/> N	Statute Violation Number	Violation of ORD #						
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number			Bond			

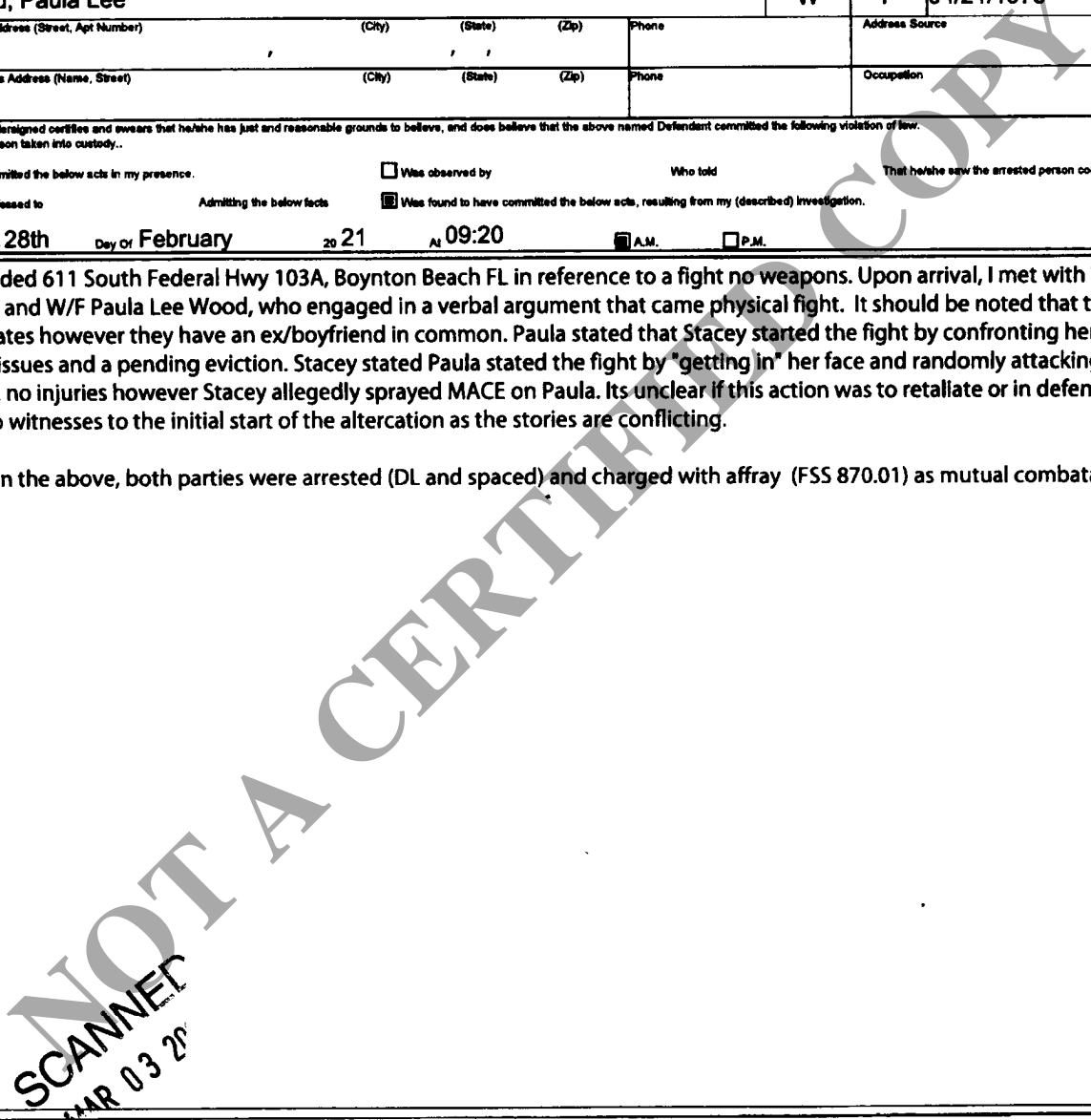
Location (Court, Room Number, Address) South County Courthouse • 200 W. Atlantic Avenue, Delray Beach, FL 33444	
Court Date and Time Month April Day 8 Year 2021 Time 8:30 A.M. P.M.	
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND 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

HOLD for other agency <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other	Signature of Arresting Officer X [Signature] Name of Arresting Officer (Print) Davis	Name Verification (Printed by Arrestee) (PRINT) BU# 116358
Intake Deputy Dunnigan 6920	Transporting Officer [Signature] 456	Agency BBPD
Witness here if subject signed with an "X"		PAGE 1 OF 1

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest	3 Request for Warrant	1	Juvenile	N
Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-21-010998				
Charge Type Check all that Apply		Special Notes						
<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) Schacht, Stacey Ann				Alias	Race W	Sex F	Date of Birth 02/26/1971	
Charge Description Affray		Charge Description						
Charge Description		Charge Description						
Victim's Name (Last, First, Middle) Wood, Paula Lee				Race W	Sex F	Date of Birth 04/21/1973		
Local Address (Street, Apt Number)		(City)	(State)	(Zip)	Phone		Address Source	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation	
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..								
<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 the below facts <input checked="" type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation.								
On The 28th Day Of February 20 21 At 09:20 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.								

I responded 611 South Federal Hwy 103A, Boynton Beach FL in reference to a fight no weapons. Upon arrival, I met with W/F Stacey Schacht and W/F Paula Lee Wood, who engaged in a verbal argument that came physical fight. It should be noted that the two are roommates however they have an ex/boyfriend in common. Paula stated that Stacey started the fight by confronting her regarding money issues and a pending eviction. Stacey stated Paula stated the fight by "getting in" her face and randomly attacking her. Both showed no injuries however Stacey allegedly sprayed MACE on Paula. Its unclear if this action was to retaliate or in defense. There were no witnesses to the initial start of the altercation as the stories are conflicting.

Based on the above, both parties were arrested (DL and spaced) and charged with affray (FSS 870.01) as mutual combatants.



SCANNED
MAR 03 2021

The foregoing instrument was sworn to or affirmed and subscribed before me

 Notary Public, Clerk of Court, Officer (F.S.S. 117.10) <u>02/28/2021</u> Date	 (Signature of Arresting / Investigative Officer) PTO Davis 918 (Print name of Arresting/Investigative Officer) <u>02/28/2021</u> Date
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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"/>		** (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: 2021005070	Date: 3/1/2021
	Specialist Name/ID: M. Tooks #8557