

21MM 419

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06- 21-026277	
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 2 1. Yes 2. No	Multiple Clearance Indicator 1	
Location of Arrest (Including Name of Business) 5236 Indianwood Village Ln, Lake Worth, FL 33463			Location of Offense (Business Name, Address) 5236 Indianwood Village Ln, Lake Worth, FL 33463			
Date of Arrest 01/16/2021	Time of Arrest 2252	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

Name (Last, First, Middle) Loftus, Stacey, Rebban							Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White - American Indian B - Black - Oriental/Asian	Sex F	Date of Birth 9/20/1961	Height 5'04	Weight 130	Eye Color Brw	Hair Color Brw	Complexion Fair	Build Thin		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status Married	Religion Christan	Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) 5236 Indianwood Village Ln, Lake Worth, FL 33463				(City)	(State)	(Zip)	Phone (561) 252-5875	Residence Type 1. City 2. County 3. Florida 4. Out of State 2		
Permanent Address (Street, Apt. Number)				(City)	(State)	(Zip)	Phone	Address Source Verbal		
Business Address (Name, Street)				(City)	(State)	(Zip)	Phone	Occupation		
D/L Number, State L132796618400, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) Bethaven, New York		Citizenship Yes		

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
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
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 O. Opium/Derv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
Charge Description Battery Simple					Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1)(a)(2)		Violation of ORD #	
Drug Activity N	Drug Type N	Amount / Unit	Offense # 21-026277	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				
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				

FILED
JAN 17 2021
JOSEPH ABRUZZO, CLERK
PALM BEACH COUNTY, FL

Location (Court, Room Number, Address)	
Court Date and Time Month Day Year Time AM PM	
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 01/16/2021

HOLD for other Agency Name	Signature of Arresting Officer	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	(PRINT)
Intake Deputy	Name of Arresting Officer (Print) Cpl C. Ward	ID # 16305
ID #	Pouch #	Agency PBSO
Witness here if subject signed with an "X"		PAGE OF 1

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.**

SUSPECT/OFFENDER:

Loftus, Stacey, Rebban

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#

1. Incident Report #: 21-026277 Agency: Palm Beach County Sheriff's Office
Offense: Battery Simple
Suspect/Offender: Loftus, Stacey, Rebban
D.O.B. 9/20/1961 Race: W Sex: F

2. Warrant # (s): _____

3.a. Victim's name: Loftus, Lawrence, M D.O.B. 09/04/1956 Race: W Sex: M
Address: 5236 Indian Wood Village Ln
City: Lake Worth, FL 33463
Home #- (561) 252-7699 Work #: 0 Other: _____

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____
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: Loftus, Lawrence, M

Deputy's Name: Cpl C. Ward I.D.# 16305 Date: 01/16/2021

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

Suspect: Loftus, Stacey, Rebban **DOB:** 9/20/1961 **Case #:** 21-026277

Victim: Loftus, Lawrence, M **DOB:** 09/04/1956 **Race:** W **Sex:** M

Relationship between Victim and Defendant: Husband/Wife

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

911 Call: Yes No **Caller:** Lawrence Loftus

Weapon Used: Yes No **Type:** Hand

Witness: Yes No **Name:** _____

Victim Pregnant: Yes No **If yes,** _____ weeks _____ months

Injuries: Yes No **Description:** Contusion on left side of forehead

Medical Treatment: Yes No

At Scene: Yes No **Paramedics:** PBCFR E43

At Hospital: Yes No **Hospital:** _____ **Physician:** _____

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

Name: Angelina Loftus **DOB:** 01 / 22 / 2003

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: See PC

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

First words Victim said when you responded to scene: See PC

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 Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other _____

Victim Contact Information:

Local Address: 5236 Indian Wood Village Ln, Lake Worth, FL 33463

Phone: **Home** (561) 252-7699 **Work** () - _____ **Cell** () - _____

Employer: _____

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

Address: _____