

0514617 20MM1278 1857

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1 Juvenile		N			
Agency ORI Number <b>FL 0500300</b>		Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>		Agency Report Number <b>34-20-007235</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		Multiple Clearance Indicator <b>01</b>	
Location of Arrest (Including Name of Business) <b>441 TIFFANY OAKS WAY Boynton Beach, FL 33435</b>						Location of Offense (Business Name, Address) <b>441 TIFFANY OAKS WAY Boynton Beach, FL 33435</b>					
Date of Arrest <b>02/07/2020</b>		Time of Arrest <b>0420</b>		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) <b>Petchers, Stephanie Michelle</b>											
Race		Sex		Date of Birth		Height		Weight		Eye Color	
W - White B - Black O - Oriental / Asian		W F		11/20/1991		5'02		110		Brown	
Hair Color		Complexion		Build		Marital Status		Religion		Indication of: Alcohol Influence Y N Unk. Drug Influence Y N Unk.	
Blonde		Fair		Thin		Single		Jewish			
Local Address (Street, Apt. Number) (City) (State) (Zip)						Phone		Residence Type			
<b>441 TIFFANY OAKS WAY Boynton Beach, FL 33435</b>						<b>(908)783-1638</b>		1. City 3. Florida 2. County 4. Out of State			
Permanent Address (Street, Apt. Number) (City) (State) (Zip)						Phone		Address Source			
<b>6071 Town Colony Dr Apt 937, Boca Raton, FL, 33433</b>						<b>( ) -</b>		FL DL			
Business Address (Street, Apt. Number) (City) (State) (Zip)						Phone		Occupation			
<b>( ) -</b>						<b>( ) -</b>		Self Employed			
D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth		Citizenship			
<b>P326793919201</b>		<b>[REDACTED]</b>		<b>[REDACTED]</b>		<b>Delray Beach, Fl</b>		<b>Yes</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 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 561-355-2526) informed of any change of address: <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)						School Attended		Grade			
Property Crime? Yes <input type="checkbox"/> No <input type="checkbox"/>		Description of Property				Value of Property					
Drug Activity		S. Sell		R. Smuggle		K. Dispense/Distribute		M. Manufacture/Produce/Cultivate		Z. Other	
N. N/A		B. Buy		D. Deliver		T. Traffic		E. Use			
P. Possess		T. Traffic		E. Use							
Drug Type		Drug Type		Drug Type		Drug Type		Drug Type		Drug Type	
N. N/A		N. N/A		N. N/A		N. N/A		N. N/A		N. N/A	
A. Amphetamine		C. Cocaine		E. Heroin		H. Hallucinogen		M. Marijuana		P. Paraphernalia/Equipment	
O. Opium/Deriv.		S. Synthetic		U. Unknown		Z. Other					
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation of ORD#			
<b>Simple Battery (Domestic)</b>		<b>1</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>784.03.1A1</b>					
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond	
N		N		N		<b>20-007235</b>					
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation of ORD#			
				<input type="checkbox"/> Yes <input type="checkbox"/> No							
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond	
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation of ORD#			
				<input type="checkbox"/> Yes <input type="checkbox"/> No							
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond	
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation of ORD#			
				<input type="checkbox"/> Yes <input type="checkbox"/> No							
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond	
Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) <b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b>									
Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.		Court Date and Time		Month		Day		Year		Time	
		<b>March</b>		<b>Day 11</b>		<b>Year 2020</b>		<b>Time 9:30</b>		<input type="checkbox"/> A.M. <input type="checkbox"/> 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 Name:		Signature of Arresting Officer <b>T. Posey 1104</b>				Name Verification (Printed by Arrestee) <b>BU# 114852</b>					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>T. Posey</b>				I.D.# <b>1104</b>		Agency <b>BOPD</b>	
Intake Deputy <b>JAW 810</b>		I.D.#		Pouch #		Transposing Officer <b>T. Posey</b>		I.D.# <b>1104</b>		Witness here is subject Signed with <b>SCANNED</b>	

FEB 08 2020

**DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT  
PALM BEACH COUNTY**

On the 7th day of February 2019 at 0350 Hours  
Subject: Petchers, Stephanie Michelle DOB: 11/20/1991 Case #: 20-007235  
Charge Description: Simple Battery (Domestic) Statute #: 784.03.1A1  
Victim: Tapia, Christopher DOB: 10/17/1981 Race: W Sex: M  
Local Address: 441 Tiffany Oaks Way, Boynton Beach, FL, 33435  
Personal Contact: (561) 305-6794

**Narrative:**

I responded to 441 Tiffany Oaks Way, Boynton Beach, FL, 33435, in reference to a disturbance. Caller, who wish to remain anonymous, stated he/she observed a physical altercation between a a W/M and W/F outside the aforementioned residence.

Upon arrival, I observed a W/M later identified as Christopher Tapia (DOB 10/17/1981) and W/F Stephanie Petchers (DOB 11/20/1991) standing outside their residence. Petchers stated she and her live in boyfriend of approximately 7 months, Tapia, had just been in a physical altercation. Petchers stated her and Tapia had returned home from a night put with friends when an argument ensued between the two. Petchers stated Tapia was following her around the house using derogatory and degrading terms towards her. Petchers stated she then went up stairs to gather some belongings for the evening at which point Tapia continued to follow her. Petchers stated Tapia continued to yell degrading terms at her from the base of the stairs to which Petchers admitted she grabbed a dog bone and threw it in the direction of Tapia. Petchers stated her and Tapia then became physical, however could not provide any details to the fight as she "blacked out". Petchers stated she did remember Tapia threw his forearm (unknown which one) striking her in the stomach causing her to lose her breath and fall to the floor. Petchers could not articulate when or how this happened during the altercation. I inspected Petchers for any evidence of a physical altercation and observed a small cut on her right wrist. No other injuries were observed. Petchers was offered medical assistance to which she refused.

I then made contact with Tapia who confirmed an argument ensued between him and Petchers. Tapia stated during the argument Petchers had thrown a dog bone at him from atop the stairs. Tapia then stated as Petchers was gathering her belongings, she attacked him by grabbing and tearing his shirt and scratching his face. Tapia denied touching Petchers. I inspected Tapia for any evidence of a physical altercation and observed a torn and tattered tee shirt as well as several fresh scratches om his face. Tapia was offered medical assistance on scene to which he refused.

Based on Tapia's and Petcher's statement coupled with the observed injuries on ,Tapia I found probable cause to charge and arrest Stephanie Petchers with 1 count of Simple Battery Domestic pursuant to FSS 784.03.1A1. Arel was transported to BBPD for processing and later transported to Palm Beach County Jail for her crime.

The entire incident was captured via my BWC.

Defendant's Statement: Taped Victim's Statement: Taped

Observation Of Victim (Physical and Emotional):

Tapia was extremely emotional and had a a torn shirt and several scratches on his face

Relationship Between Victim and Suspect:

Tapia and Petchers have been dating for 7 months and currently live together

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Photographs: Scene:  Yes  No  
 Victim:  Yes  No  
 911 Call:  Yes  No Caller: Unknown  
 Tape Requested:  Yes  No  
 Weapon Used:  Yes  No Type: \_\_\_\_\_  
 Witnesses:  Yes  No  
 Injuries:  Yes  No  
 Medical Treatment:  Yes  No  
 At Scene  Yes  No Paramedics: \_\_\_\_\_  
 At Hospital  Yes  No Physician(s): \_\_\_\_\_  
 Hospital: \_\_\_\_\_

Act Committed In Presence Of Minor(s):  Yes  No  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 F.D.C.F. Notified:  Yes  No Victim Pregnant:  Yes  No  
 Violation Of Restraining Order:  Yes  No Case #: \_\_\_\_\_  
 Prior History Of Domestic Violence:  Yes  No  
 Alcohol Or Drugs Involved:  Yes  No  Unknown

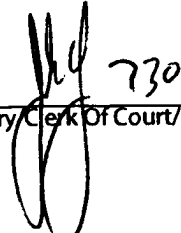
**Victim Contact Information:**

Phone Home: 561 305-6794 Work: \_\_\_\_\_  
 Employer: Self Employed Realtor  
 Relative Name: N/A Phone: \_\_\_\_\_  
 Address: Unknown  
 City/State: \_\_\_\_\_

State Of Florida  
 County Of Palm Beach  
 Appeared before me, T. Posey, (print name) personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

  
 Signature Of Arresting Officer

Sworn to and subscribed to me before this 7th day of February 2020

  
 Notary Clerk Of Court/Officer (F.S.S. 117 10)

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**VICTIM NOTIFICATION FORM**

This form must be filled out in a case involving one of the following crimes:

- **Homicide (Ch. 782)**
- **Attempted Murder**
- **Stalking (S. 784.084)**
- **Domestic Violence** (This includes any Assault, Agg. Assault, Battery, Agg. Battery, Sexual Assault, Sexual Battery, Stalking, Agg. 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 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 #: 20-007235 Agency: Boynton Beach Police Department  
 Offense: Simple Battery (Domestic)  
 Suspect/Offender: Petchers, Stephanie Michelle  
 DOB: 11/20/1991 Race: W Sex: F

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

3. Complete one (1) of the following:  
 A. Victim's Name: Tapia, Christopher  
 Address: 441 Tiffany Oaks Way  
 City: Boynton Beach State: FL Zip: 33435  
 Home #: 561 305-6794 Work #: \_\_\_\_\_ Other: \_\_\_\_\_

B. Victim's Next of Kin: N/A  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_

C. Victim's designated contact other than next of kin (for example: a friend or neighbor):  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_

4. Relevant identification or case numbers assigned to the case (please specify):  
\_\_\_\_\_

**WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.**

Signature of Victim: \_\_\_\_\_

Printed Name of Victim: Tapia, Christopher

Officer's Name: T. Posey I.D.# 1104 Date: 02/07/2020

SUSPECT/OFFENDER:

Petchers, Stephanie Michelle

COURT CASE/ WARRANT #:  
(FOR WARRANTS USE ONLY)

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**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**

<b>Booking Number:</b> 2020004242	<b>Date:</b> 02/08/2020
	<b>Specialist Name/ID:</b> AM/31562

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