22mm 28 03

☐ Marsy's Law CVI FL. Const. Art.1 § 16(b)

☐ Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
	FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 22066406

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

If Weapon Seized — Enter Type

Multiple Clearance Indicator: 01

Location of Arrest (including Name of Business)	Location of Offense (Business Name, Address)
21674 FALL RIVER DR BOCA RATON, FL 33433	21674 FALL RIVER DR BOCA RATON, FL 33433

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
5/11/2022	2140			05/11/2022		

DEFENDANT

Name (Last, First, Middle)	Alias (Name, DOB, Soc. Sec. #, Etc.)
SCHERR TRACEY	

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	11/02/63	5'05"	160	BRO	BLK	MED	MED

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)	Marital Status	Religion	Indication of:	Y	N	Unk
NONE	MARRIED	CHRISTIAN	Alcohol Influence	☐	☐	☐
			Drug Influence	☐	☐	☒

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
21674 FALL RIVER DR BOCA RATON, FL 33433	(561) 654-3655	2

Permanent Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
21674 FALL RIVER DR BOCA RATON, FL 33433	( )	DHSMV

Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation
	( )	RETIRED

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
S600812639020	[redacted]		QUEENS, NY	US

CO-DEF

Co-Defendant (Last, First, Middle)	Race	Sex	Date of Birth	☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
Co-Defendant (Last, First, Middle)	Race	Sex	Date of Birth	☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ 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. To HRS/DYS 3. Incarcerated
	05/11/2022		VICTIM NOTIFICATION REQUIRED

Released To: (Name) Relationship — Date — Time

The above address was provided by ☐ defendant and / or ☐ defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone (561) 355-6511) informed of any change of address. ☐ Yes, by: (Name) ☐ No (Reason) — School Attended — Grade

Property Crime? ☐ Yes ☐ No — Description of Property — Value of Property

CODE

Drug Activity: N. N/A, P. Possess, S. Sell, T. Traffic, B. Buy, D. Deliver, R. Smuggle, 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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Battery (Domestic)	01	■ Y ☐ N	784.03(1)(A)(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		22066406		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
			22066406		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Numbe	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
			22066406		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
			22066406		

NOTICE TO APPEAR

Location (Court, Room Number, Address)

Court Date and Time

Month Day Year Time 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: MAY 12 AM 12:33

ADMIN

HOLD for other agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy I.D. # Pouch #

Signature of Arresting Officer: X — I.D. # 7784

Name of Arresting Officer (Print): J. DORY

Transcribing Officer: J. DORY I.D. # 7784 Agency PBSO

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X"

SCANNED MAY 12 2022

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0531 5/11

1241

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT

1 Arrest, 2 NTA, 3 Request for Warrant, 4 Request for Capias: 1

Juvenile: N

Agency ORI Number	Agency Name	Agency Report Number
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	22066406

Charge Type (Check as many as apply): ☐ 1 Felony ☐ 2 Traffic Felony ☐ 3 Misdemeanor ☐ 4 Traffic Misdemeanor ☐ 5 Ordinance ☐ 6 Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
SCHERR	TRACEY	W	F	11/02/63

CHARGES

Charge Description	Charge Description
BATTERY (DOMESTIC RELATED) 784. 03(1)(A)	

VICTIM

Victim s Name (Last, First, Middle)	Race	Sex	Date of Birth
COHEN RICHARD	W	M	03/23/61

Local Address (Street, Apt Number) (City) (State) (Zip)	Phone	Address Source
21674 FALL RIVER DR BOCA RATON, FL 33433	(561) 8705991	DHSMV
Business Address (Name, Street) (City) (State) (Zip)	**Phone**	**Occupation**
	( )	NONE

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that I have just and reasonable grounds to believe, and do believe that the above named Defendant committed the listed violation(s) of law.
The Person taken into custody:

☐ committed the below acts in my presence
☐ confessed to _____ admitting to the below facts.
☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 11TH day of MAY 20 22 at 930 ☐ A.M ☒ P.M (Specifically include facts constituting cause for arrest.)

☐ **Marsy's Law CVI**
FL. Const. Art.1 § 16(b)

On Wednesday, 05/11/2022, at approximately 2130 hours, I responded to 21674 Fall River Drive, Boca Raton, FL in reference to a domestic dispute in progress. Upon arrival I met with Tracy Scherr in the driveway and she advised me the following:

She was involved in a physical altercation with her husband, Richard Cohen over him cheating with other women and maxing out their credit cards on paying other women online. Tracy stated that she confronted Ricard about his actions. The argument escalated and Richard threw a cup at her and grabbed her arm. I did not observe any fresh mark or bruises on her body.

Deputy Johnson ID# 7655 met with Richard inside the home and Richard stated the following:

His wife Tracey just had an argument with him which led into a physical altercation. Richard said that he was watching tv in the study room when Tracey entered the room and started to argue with him about a credit card bill she received. Richard advised that he tried to calmly talk to Tracey about the bill, but Tracey wouldn't calm down. Richard told me that he didn't want things with his to escalate any further so he proceeded to leave the room and locked himself in the bathroom. Richard said that a short time later he exited the bathroom but Tracey was still standing in front of the door shouting at him . Richard advised that he proceeded to then go into his bedroom where Tracey who was still following him approached him in an aggressive manner and began to slap him in his head with her hands multiple times. Richard said that he he defended himself by pushing her away so he could leave the room and call the police.

Tracey and Richard are married and live together as a family. Based on my investigation, I believe that probable cause exists to charge Tracey with the crime of Battery(domestic related) per FSS784. 03(1)(A)(1)

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

_____ 7784
(Signature of Arresting /Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this _____ day of _____ 20 _____ by J. Dory

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____

D/S M. Johnson 7655
Notary Public, Clerk of Court, Officer (F.S S). 117. 10)

SCANNED
MAY 12 2022

PAGE 1 OF 1

DISTRIBUTION WHITE – Court Copy GREEN – State Attorney YELLOW – Agency PINK – Agency

PBSO #0004 REV. 04/22

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Suspect: TRACEY SCHERR **DOB:** 11/02/63 **Case #:** 22066406

Victim: RICHARD COHEN **DOB:** 03/23/61 **Race:** W **Sex:** M

Relationship between Victim and Defendant: _____

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

911 Call: ☑ Yes ☐ No **Caller:** Richard Cohen

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: _____ **DOB:** _____

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: My husband threw a cup at me and held my hand

_____

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

First words Victim said when you responded to scene: My wife attacked me and hit me over the head sever times

_____

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: 21674 FALL RIVER DR BOCA RATON, FL 33433

_____

Phone: **Home** _____ **Work** _____ **Cell** 8705991

Employer: _____

Name of Relative: _____ **Phone** 561 8705991

Address: _____

Palm Beach County Sheriff's Office
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)
--Sexual Offense (Ch. 794)
--Attempted Sexual Offense
--Dating Violence
--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.

Agency Report #:	**22066406**	Agency:	**PBSO**		
Incident Type:	**DOMESTIC BATTERY**				
Suspect/Offender:	**TRACEY**	**SCHERR**			
DOB: **11/02/63**	Race: **W**	Sex: **F**			

Warrant # (s):

Victim:	**RICHARD**	**COHEN**	DOB: **03/23/61** Race: **W**	Sex: **M**	
Address:	**21674 FALL RIVER DR BOCA RATON, FL 33433**				
City: **WPB**	State: **FL**	Zip: **33415**			
Home #:	Work #:	Other: **561 8705991**			

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.

Mark Yes for applicable boxes

____ Waiver: I choose not to be notified when the arrestee is release 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: **J. Dory** I.D.# **7784** Date: **05/11/2022**

Suspect/Offender:

Court Case/Warrant #: (FOR WARRANTS USE ONLY)

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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2022012361	**Date:** 5/12/2022
	Specialist Name/ID: Chantel Daniels/30347