

0519046 20MM-17937 652

OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest		3. Request for Warrant		Jvenile		
Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)						
FLO, 5, 0, 2, 6, 0, 0		PALM BEACH GARDENS POLICE DEPT.		7, 8, 1-12, 01-10, 04, 5, 5, 011, 11						
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
Location of Arrest (Including Name of Business)				Location of Offense (Business Name, Address)						
2809 Amalei Drive Apt 101				2809 Amalei Drive Apt 101 PB6 FL 33410						
Date of arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time
10.11.20		22.5.8								
Name (Last, First, Middle)										
Grechen, Tristian, Johann										
Alias (Name, DOB, Soc. Sec. #, Etc.)										
Race		Sex		Date of Birth		Height		Weight		Eye Color
W - White B - Black		M		1.2.0.3.7.1		69		185		Hrz
1 - American Indian O - Oriental										Hair Color
										BRO
Complexion		Build								
Fair		red								
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										
Local Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Residence Type:
2809 Amalei Drive Apt 101 PB6 FL		PB6 FL		FL		33410		(561)626664		1. City 2. County 3. Florida 4. Out of State
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Address Source
2809 Amalei Dr Apt 101 PB6 FL		PB6 FL		FL		33410		()		Defendant
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		Occupation
D/L Number, State		INS Number		Place of Birth (City, State)		Citizenship				
G632810714430				Canton, OH		US				
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile
Parent Legal Custodian 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 DCF 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 parent. 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						
<input type="checkbox"/> Yes, by: (Name)		<input type="checkbox"/> No: (Reason)								
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		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						
P. Possess		T. Traffic		E. Use						
Drug Type		N. N/A		B. Barbiturate		C. Cocaine		F. Heroin		H. Hallucinogen
										M. Marijuana
										O. Opium/deriv.
										P. Paraphernalia/Equipment
										S. Synthetic
										U. Unknown
										Z. Other
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #		
Simple Battery		1				7.8.4.1.0.3		(11.A.1.1)		
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond
A		N								
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
Instruction No. 1 Mandatory Appearance in Court		Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		Location (Court, Room Number, Address)		Court Date and Time		Month		Day
<input type="checkbox"/>		<input type="checkbox"/>								
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		Name Verification (Printed by Arrestee)						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print)		I.D. #		(PRINT)		PAGE
				A. Rodriguez		448				
Inmate Input		LD #		Pouch #		Agency		Witness here if subject signed with me		PAGE

VICTIM NOTIFICATION REQUIRED

NO BOND

SCANNED

OCT 12 2020

A. Rodriguez #448

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBT# Number	Agency ORI Number FL 0502600		Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 20-004550
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Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) GERDES, TRISTINN JOHANN	Alias	Race W	Sex M	Date of Birth 12/03/1971
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Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) PINHEIRO DO NASCIMENTO, GISELE MARIANA	Race W	Sex F	Date of Birth 12/25/1984
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Local Address (Street, Apt. Number) 2809 AMALEI DR 101, PALM BEACH GARDENS, FL 33410	(City)	(State)	(Zip)	Phone (561) 662-6663	Address Source
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Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
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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 . . .

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 11 day of October, 2020 at 23:36 (Specifically include facts constituting cause for arrest.)

On 10/11/2020 at approximately 10:25 pm I was dispatched to 2809 Amalei Drive Apt. 101 in Palm Beach Gardens, Palm Beach County FL. in reference to a domestic disturbance. My body worn camera was activated for this call. The results of the call are below.

Upon arrival I made contact with the male half, Tristinn Gerdes (w/m 12/3/71), who opened the door. Gerdes spoke with Officer Redding while I made contact upstairs with the female half, Gisele Pinheiro-Gerdes (h/f 12/25/84). Gisele Gerdes advised she and her husband, Tristinn Gerdes, were laying in bed when an argument continued from earlier in the evening. She advised they were arguing about past relationships when Tristinn Gerdes sat up and began yelling at her. He then forcefully grabbed her around her neck and jaw area as he continued to yell. She then pushed him off of her with two hands to the chest. Gisele Gerdes then grabbed her cell phone to call 911. As she called 911, she advised Tristinn Gerdes grabbed the phone out of her hand and hung it up. Dispatch called back the number and a male answered saying everything is fine, it was just an argument between he and his wife, and she did not want to talk to the police. There were visible red marks around the neck and jaw area of Gisele Gerdes. She advised he changed his clothes when he knew the police were coming. PBGFR (run#20009353) arrived on scene per request of the victim at approximately 10:45pm. She was evaluated for the marks on her neck and then cleared the scene after Giselle Gerdes refused transport.

Tristinn Gerdes stated he and his wife laid down to go to bed, and he put his headphones in to lay and go to sleep. He advised Gisele Gerdes then kept continuing to argue and yell at him which made him get up and change his clothes to go stay at a hotel. He first claimed the argument never got physical in any way, and then while in transport while arrested, he spontaneously uttered that she punched him in the face with a closed fist. There were no physical signs of Tristinn Gerdes being physically battered.

SWORN AND SUBSCRIBED BEFORE ME	<i>[Signature]</i> #448
<i>[Signature]</i>	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	RODRIGUEZ, ANGEL L (448)
DATE 10/11/2020	NAME OF OFFICER (PLEASE PRINT)
	DATE 10/11/2020

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

OBTS Number	Agency Name PALM BEACH GARDENS POLICE		Agency Report Number 7 8 20-004550
Agency ORI Number FL 0502600			

Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) GERDES, TRISTINN JOHANN	Alias	Race W	Sex M	Date of Birth 12/03/1971
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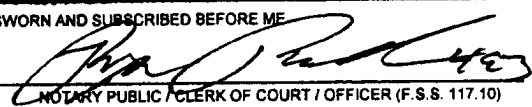

Tristinn Gerdes' statements were not consistent when recounting the details of what happened to myself and Officer Redding. There were marks around the neck and jaw area of Gisele Gerdes which are consistent with being grabbed by a larger hand. Therefore, based on my investigation I find probable cause exists to charge Tristinn Gerdes with Simple Domestic Battery pursuant with F.S.S 784.103(1) (A) (1).

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SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) _____ 10/11/2020 DATE	 #448 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER RODRIGUEZ, ANGEL L (448) NAME OF OFFICER (PLEASE PRINT) _____ 10/11/2020 DATE	PAGE 2 OF 2
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COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

SCANNED
OCT 12 2020

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. 784.048)
- 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 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 #: 20004550 Agency: PBGPD
 Offense: Simple Battery (Domestic)
 Suspect/Offender: Gerdes, Kristin
 D.O.B. 12/03/71 Race: W Sex: M

2. Warrant #(s): _____

3. Complete one (1) of the following:

a. Victim's name: Pinheiro - Gerdes, Gisele
 Address: 2809 Amalei Pkwy Apt 101
 City: PB State: FL Zip: 33416
 Home #: 5613356123 Work #: _____ Other: _____

b. Victim's next of kin: _____
 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 person waiving notification: _____
 Printed name of person waiving notification: _____

Officer's Name : A. Rodriguez I.D.: 448 Date: 10/11/20

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	<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

Booking Number: 2020024092	Date: 10/12/2020
	Specialist Name/ID: T Howard/7185

SCANNED
OCT 12 2020