

## **Broward County Sheriff's Office**

23-712







CIS#	59230005	0	BCCN # 959002				!		Booking Sheet Control Date and Time			
OBTS	609266512		Print Clearance 01/21/23 01:15:30 Prints					Yes	01/21/23 03:05:09			
Arrest #	DN 2300050			Offense Report # 022301001900					Agency DANIA BEACH			
Last Name First Middle	DAM	MEYER	R, ANNE	ETTE (	DEEAN				SSN#		IN	
Race	Sex	Height	Weight	Eyes	Hair	Comp.	Age Admitted	DOB	Place of Birth	State	FDLE	
w	F	500	125	BRO	BLK	FAR	52	1/8/1971	SALEM	OREGON	0	
Permanent Address	650 SE 12TH	H ST Apti	#:303 D/	NIA BE		Months of Re	sidence					
Arrest Date	01/20/23 2	3:14:00	Р	lace of A	Arrest 6	50 SE 12T	TH ST Apt# :303	Arro	esting Officer 19223 Co	DLOMINAS		
Inmate Log	ged Date	01/21/2	3 00:28:0	8	Inmate	Log Type	FULL INTAKE	, e <sup>c</sup>	Place Admitted	MAIN		
Intake Com	ments SP/C0	D/29/54 -	<b> 11107</b>	/ WC-	 20341							
Alias Last r	name, First, Mi	ddle, DO	В				~ D					
Warrants Of	fficer Id: bs203	341										

Tattoos

Scars, Marks, Tattoos

Back

TREE

Release Date/Time		Release Reason	Release Authorized By				
Charge No.	Charge Initiation Date	Statute	Warrant/Capias	Level	M.C	В. Туре	Bond Amount
1	01/21/23 02:40	784.045-1a1(HG)		2F	D	HOLD FOR MAG	\$0.00
Charges	AGG BATTERY CAUSE BODIL DOMESTIC	Y HARM/DISABILITY -	Comments				
<b>Booking Of</b>	f. ID bs17054	County		Judge	,		

<sup>\*</sup> End of Report \*

## ☐ COMPLAINT AFFIDAVIT

SHADED FIELDS MUST BE ANSWERED IF DEFENDANT NOT IN CUSTODY BROWARD COUNTY

ARREST FORM

ARREST#								OB	S#			
Filing Agency  BROWARD COUN	TV SO	Offense Re	port 01-001900	Local ID #	A. F. 104	FDLE	Section	FBI	- ∵" ss	#	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Defendant's Last Name	1130	02-23	First	Mid	dle	SUF	Alia	s/Street Name	<u> </u>		Citizenship	
DAMMEYER			ANN	ETTE DEEAN	V						US	
Race Sex Hg	1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	Hair	Eyes	Comp A	lge	DOB	Birth	Place				
	5'01 [12	<i>⊕</i>  8/	oln Brok	MONIFE	52	01/08/197	$\overline{}$					
Permanent Address	03 D 450		2004				Sca	rs, Marks, TT				
650 SE 12TH ST 3 Residence Type (1) City							Plac	ce of Employment			Length	
lesidence Type (1) City (3) Flori	(2) Cou da (4) Out	unty - t of State		650 SE 12TH	ST 303	, DANIA,		, o o Employmon			1-0-3	
	Broothalia	D./CCN		FL 33004			-   ' 	e/Time Arrested	Arrestine	Arresting Officer(s) CCN		
ow long defendant in roward County	Dreamarys	ser By/CCN	Reading	Reading Place of Arrest 650 SE 12TH ST APT 303				01/20/2023 23:14	COLOMINAS, MATTHEW H.			
officer Injured. Y N X	Unit Z	one Bea	at Shift	Trans. Unit			_	sporting Officer/CCN	<del></del>		ime Arrived/BSO	
	PATR 6	0202	ALPH									
TYPE / ACTIVITY:	Type	E-He		P-Paraphernalia/	Activit		Traffic	M-Manufacture/		Indication of	Y N UK	
	N-N/A A-Amphetama		allucinogen aniuana	Equipment S-Synthetic	N-N/A A-		Smuggle Deliver	e Produce/Cultivat K-Dispense/			nce 🗆 🔀 🗆	
1	B-Barbiturate		oium/Denv	U-Unknown	S-Sell	D-	Use	Distribute		Drug Influence	e 🗆 🛛 🗀	
	C-Cocaine	Barca Ages	######################################	Z-Other	B-Buy	2 1 1 3 S	- C	Z-Other	1947 St. 14 19 19 19	- Sa# 5		
Attach	Defendant	s Vehicle l	Make: W.	in the second	/pe:	Yet	ir: <u>4.2</u>	Color Color	VIN#	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Carried to the second	
Defendant's	Vehicle T	owed To:					Ta	g#	Other iden	tifiers or re	marks:	
Photo	l .	•	६ <u> इ.स्ट्र</u> असं स्टा ४४.	المراجع المراجع المراجع المراجع		. s. o 13.43	يخ ج ل			7. 7. 24 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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ome of victim(s), (if comora								- V2 / See 20		1,1		
								<u> </u>				
Count #			Offenses C	harged				WC# / Citation # (if applic	able)	FS or Cap	olas/Warrant #	
1 AGG BA	TTERY CAU	USE BODIL	Y HARM/DISA	BILITY -DOMES	TIC					784.04	15-1A1(HG)	
					- 1							
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			0140145 14	( , , , , , , , , , , , , , , , , , , ,	1	iuse Airiua	Air					
efore me this date persoi				ATTHEW H. (I	(9223)			who being first o	luly sworn o	•		
20 day of Januar		2023	at _	med and the tacts	showing	a probable ca	use to	believe the same are as foll	OME.	(CI	rime location)	
										- 1	++-	
						•		fendant identi			tte	
Dammeyer (W/E	. DOR (	01/08			_			ionally struck		_	h	
1 1-C- 1 1								intention to				
								when a verbal				
		W .	~~~~~ <del>~</del>	<del>-</del>	· • · · · ·			ed, the defend				
nands a tray	WNICH	had a	prate o	r rood on	1 1t.	During	y th	e argument, the				
oder panalties of perius	I declare the	at I have re	and the foregoin	o and that the fac	ete etato	d thoroin are	true on	nd correct to the best of my k			ued * * *	
U A MACA	/ / 0	22	<b>2</b>	-				•	illowieuge 2			
fficer/Affiant's Signature	- 1/	"L		COLOMINAS, Officer's Name/		HEW H(I	9223)		fficer's Divi	Dania Be	eacn	
				Officer's Namer	CCN				micer's Divi	SiOn		
ATE OF FLORIDA OUNTY OF BROWARD												
				•		_						
vorn to (or affirmed) and						January						
COLON	IIKAS, M	ATTHEY	<u> И Н.                                   </u>	(name and t	itle), whi	is personall	y know	n to me or has produced				
	<del></del>	<del></del>						as identification				
M. YUM	m_	20120	5			•	91	5-20125				
tary Public, Deputy Clerk o	f the Court, or	<i></i>		<del></del> -		_	Title	e/Rank and CCN				
1:00			`									
<u> (5116584), (</u>	TEVE	NIM	<u>u</u>							•		
int, Type or Stamp Commiss	sioned Name	of Notary Pu	blic					(SEAL)				
eventeenth Judicial Circi	uit			FIRST APP	PEARAN	ICE/ARREST	FORA	A		<b>~</b>	Court	
oward County							. 5.0	<del>.</del>		Orig 2nd	<ul> <li>Court</li> <li>State Attorney</li> </ul>	
ate of Flonda	(S	HOULD AD	DITIONAL SPAC	E BE NEEDED, US	E THE PR	ROBABLE CAU	JSE AFI	FIDAVIT CONTINUATION (BSC	DB#2a))	3rd	- Filing Agency	
SO DR-#2 (Revised 05/00)										4th	<ul> <li>Arresting Agency</li> </ul>	

**COURT COPY** 

BSO DB-#2 (Revised 05/00)

129/54-11109 WC-2034/1

\*\*\*\* FILED: BROWARD COUNTY, FL Brenda D. Forman, CLERK 1/23/2023 12:55:02 PM.\*\*\*\*

☐ COMPLAINT AFFIDAVIT

· · · · **BROWARD COUNTY** 

BSO DB-#2a (Revised 05/00)

## PROBABLE CAUSE AFFIDAVIT CONTINUATION

ARREST FORM

ARREST #		Ý	t	OBT	S#
Filing Agency  BROWARD COUNTY S	Offense Report 02-2301-001	900 Local ID # )	FDLE ( & -PA H		198. SS# 7. 2007 17 2007 200 1000
Defendant's Last Name		First Middle	SUF Alia	s/Street Name	Citizenship
DAMMEYER Name of victim(s) (if corporation,		ANNETTE DEEAN			US
Name of victim(s) (ii corporation;	exact legal flame and state of it				=
				·	
Count #	Offer	nses Charged		WC# / Citation # (if applica	ble) FS or Capias/Warrant #
		* * * SEE	PAGE	1 * * *	
-			IZIGE	<b>4.</b>	
		Probable	Cause Affidavit	·]	
Refore me this date personalli	v appeared COLOMIN	AS, MATTHEW H. (19223	APPEAR & SCIENCE WITH COMPANY	∰ uto boing first d	uly sworn deposes and says that on
		115) 1111111111111111111111111111111111	/	wild being first o	(crime location)
he above named defendant of	committed the above offens	es charged and the facts show	ing probable cause t	o believe the same are as follo	ows:
		ray causing the			
					ed to strike the
		wooden food tray	which caus	ed a laceration	to the rear
right-side port	ion of his hea	ad.		× 1/2	
The victim was	treated for hi	s injuries by P	SO Fire Pos	oue 1 nersonnol	(Run # 497). The
personnel advis		_			n order to fully
•			_		t disfigurement to
the victim.					
	•		~\\.		
re	fused to have	images captured	of his inj	uries, as well	as refused to
provide a recor	ded sworn tapp	ped statement in	regard to	the incident.	
It should be no	tod that both	portion are man	nied se we	ll og mogido bo	gether in a common
		ch makes this in			
		. C.I. MUNCO CI.I.C. I.	nordenc bon	eptic violence	In nacure.
The defendant w	as subsequent]	y transported to	o the BSO M	ain Jail for fu	rther processing.
N. 611 1.6.		<b>*</b>			
No lurther into	rmation at thi	s time, BWC Ope	rated.		
~(· \					
					•
		afamilia lada a th fi f		<del>_</del>	
Wear the above statement is	19223	of my knowledge and belief.			
officer/Affiant's Signature	1706	COLOMINAS, M.	ATTHEW H. (1		Dania Beach
54/ /5 * <del>-</del>		Officer's Name/CCN		Off	icer's Division
TATE OF FLORIDA OUNTY OF BROWARD					
worn to (or affirmed) and sub-	scribed before me this	day of	January	2023 (year),	
y <u>COLOMIN</u>	AS/MATTHEW H.	(name and title), wh	no is personally know	n to me or has produced	
				as identification	
- Lo Juli	W Ja0125	-	<u>}</u>	15:20125	
otary Public, Deputy Clerk of the	Court, or Assistant State Attorne	еу	Title	/Rank and CCN	
GIBSON, E	ERON IM	<u> </u>			
nnt, Type or Stamp Commissioned	d Name of Notary Public			(SEAL)	
eventeenth Judicial Circuit roward County		FIRST APPEARAN	NCE/ARREST FORM	I	Ong - Court
State of Florida					2nd - State Attorney

**COURT COPY** 

3rd - Filing Agency 4th - Arresting Agency