

2024 CF 3873

AM3

ADMINISTRATION	OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N									
	Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.				Agency Report Number 34-24-006879															
	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											
DEFENDANT	[Redacted]																					
	Date of Arrest 5/5/2024		Time of Arrest 2217		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
	Name (Last, First, Middle) CHOWDHURY, DIANA																					
	Alias (Name, DOB, Soc. Sec. #, Etc)																					
	W - White B - Black		I - American Indian O - Oriental / Asian		Race W		Sex F		Date of Birth 03/28/1967		Height 5'6"		Weight 160		Eye Color brown		Hair Color brown		Complexion light		Build small	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)													Marital Status S		Religion NONE		Indication of: Alcohol Influence Drug Influence		Y N Unk. ☐ ☐ ☐		
	Local Address (Street, Apt. Number) 502 NW 8TH CT				(City) Boynton Beach		(State) FL		(Zip) 33426		Phone (561) 827-8807		Residence Type 1. City 3. Florida 2. County 4. Out of State		1							
	Permanent Address (Street, Apt. Number)				(City)		(State)		(Zip)		Phone		Address Source elvis									
	Business Address (Street, Apt. Number)				(City)		(State)		(Zip)		Phone		Occupation Great Clips									
	D/L Number, State C360174676080, FL				Soc. Sec. Number [Redacted]		INS Number		Place of Birth Boynton Beach, FL		Citizenship yes											
CODEF	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							
JUVENILE	☐ Parent ☐ Legal Custodian ☐ Other		Name (Last) CHOWDHURY		(First) DIANA		(Middle) BURKE		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 ☐ defendant and/or ☐ 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. ☐ Yes, By: (Name) ☐ No, (Reason)										School Attended		Grade									
	Property Crime? Yes ☐ No ☐		Description of Property						Value of Property													
	CODE Drug Activity S. Sell N. N/A P. Possess 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. Barbituate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other																					
	Charge Description Child Abuse				Counts 1		Domestic Violence ☒ Yes ☐ No		Statute Violation Number 827.03.2C		Violation of ORD# -											
	Drug Activity N				Drug Type N		Amount/Unit N/A		Offense # 24-006879		Warrant/Capias Number -		Bond									
	Charge Description				Counts		Domestic Violence ☐ Yes ☐ No		Statute Violation Number		Violation of ORD#											
Drug Activity				Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond										
Charge Description				Counts		Domestic Violence ☐ Yes ☐ No		Statute Violation Number		Violation of ORD#												
Drug Activity				Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond										
Charge Description				Counts		Domestic Violence ☐ Yes ☐ No		Statute Violation Number		Violation of ORD#												
Drug Activity				Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond										
NOTICE TO APPEAR	☐ Instruction No. 1 Mandatory Appearance in Court ☐ Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.		Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444																			
	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.		Court Date and Time Month _____ Day _____ Year _____ Time _____ ☐ A.M. ☐ P.M.																			
ADMIN.	Signature of Defendant (or Juvenile and Parent/Custodian)													Date Signed								
	HOLD for other Agency Name:				Signature of Arresting Officer [Signature]				Name Verification (Printed by Arrestee) (PRINT)													
	☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other:				Name of Arresting Officer (Print) OFC S. Burke				I.D. # 1336		Page 1 OF 1											

MAY 06 2024



DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT
PALM BEACH COUNTY



On the 5th day of May 2024 at 2140

Subject: CHOWDHURY, DIANA DOB: 03/28/1967 Case #: 34-24-006879

Charge Description: Child Abuse

Charge Description: _____ Statute #: 827.03.3C

Victim: _____ DOB: _____ Race: W Sex: F

Local Address: _____ CITY: _____

Personal Contact: _____

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

Observation Of Victim (Physical and Emotional):

Upset

Relationship Between Victim and Suspect:

Narrative:

On Sunday, May 5th 2024, at approximately 2140 hours, I responded to _____ in reference to an assault.

Upon arrival, I met with W/F _____ (DOB 12/08/1998) who stated that _____ W/F Diana Chowdhury (DOB 3/28/1967) who they live with threw a bottle of water at _____ (DOB 4/1/2017). _____ stated that she was in the other room and heard a loud sound and discovered _____ covered in water. _____ stated that _____ was playing a game called "bottle flip" and Chowdhury was unhappy with him getting water into the house.

I then spoke with _____ who stated that he was playing a game with his water bottle. _____ stated that Chowdhury took the water bottle and threw water at him. _____ was offered medical attention to which they refused. Photos of _____ were taken via BWC.

I then spoke with Chowdhury who stated that _____ was throwing water all over the couch. Chowdhury stated that she had cleaned all the water up and then she went outside to clean up outside. Chowdhury stated that when she came back into the residence she saw that _____ had throw water onto the couch again so she took the bottle of water from him and threw water at him from the bottle.

Based on the aforementioned, I find probable cause to charge and arrest Diana Chowdhury with 1 count of child abuse pursuant to FSS 827.03.3C

BWC activated.

RECEIVED
MAY 06 2024

Photographs: Scene: ☐ Yes ☐ No
Victim: ☒ Yes ☐ No
911 Call: ☒ Yes ☐ No Caller: _____
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: [REDACTED] Work: _____
Employer: _____
Relative Name: _____ Phone: _____
Address: _____
City/State: _____

State Of Florida
County Of Palm Beach
Appeared before me, OFC S. Burke, (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 3rd day of May


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

RECEIVED
MAY 06 2024

VICTIM NOTIFICATION FORM

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

-Homicide(Ch.782)

-Sexual Offense(Ch.794)

-Attempted Murder

-Attempted Sexual Offense

-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)

Upon completion, this form must accompany the booking paperwork. If applying for warrant, attach this form to the filing packet.

1. Incident Report# 34 - 24-006879 Agency: Boynton Beach Police Department
Offense: Child Abuse
Offense: _____
Suspect/Offender: Dianna Chowdhury
D.O.B.: March 28 1967 Race: W Sex: F

2. Warrant # (s): _____

3. Complete one (1) of the following:

a.

b.

c. Victim's designated contact other than next of kin: (for example friend or neighbor):

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home phone #: _____ Work Phone #: _____ 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: _____

Officers Name: OFC S. Burke

I.D.#: 1336

Date: 5/5/2024

SUSPECT/OFFENDER:

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



Palm Beach County Sheriff's Office
Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	
	☐	119.071(2)(e)	Confession	
Public Info. Exemptions	☐	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	
	☐	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	☐	119.0712(2)	Personal information contained in a motor vehicle record	
	☐	316.650(11)	Driver information contained in a uniform traffic citation	
	☐	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☐	(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	☐			
	☐			
	☐			
	☐			

REVIEW COMPLETED BY

Booking Number: 2024012149	Date: 5/6/2024
	Specialist Name/ID#: MTopks #8557

RECEIVED
MAY 06 2024