

Marsy's Law invoked - CVI present

0526859

2022NM008047 AMS

ARREST / NOTICE TO APPEAR

O. On-View  
S. Summons  
T. Taken into Custody

JUVENILE

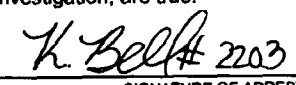
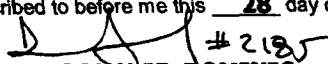
|                                                                |                                                                                                                                                                                                                                                                                                                 |  |                                                                                  |  |                                                                                                             |  |                                                                    |  |                                                                                                                                      |  |                                                                                                              |  |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------|--|
| AD<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>O<br>N | OBTN Number                                                                                                                                                                                                                                                                                                     |  | Agency ORI Number<br><b>0500800</b>                                              |  | Agency Name<br><b>West Palm Beach Police Department</b>                                                     |  | Agency Report Number (N.T.A.'s only)<br><b>9, 4   2022-0015146</b> |  | O. On-View<br>S. Summons<br>T. Taken into Custody                                                                                    |  | JUVENILE                                                                                                     |  |
| D<br>E<br>F<br>E<br>N<br>D<br>A<br>N<br>T                      | Charge Type:<br>Check as many as apply                                                                                                                                                                                                                                                                          |  | 1. Felony<br>2. Traffic Felony                                                   |  | 3. Misdemeanor<br>4. Traffic Misdemeanor                                                                    |  | 5. Ordinance<br>6. Other                                           |  | If Weapon Seized                                                                                                                     |  | Multiple Clearance Indicator                                                                                 |  |
|                                                                | Location of Arrest (Including Name of Business)                                                                                                                                                                                                                                                                 |  | <b>1820 N CONGRESS AVE APT 103 WPB FL 33401</b>                                  |  | Location of Offense (Business Name, Address)                                                                |  | <b>1820 N CONGRESS AVE 103, WEST PALM BEACH, FL 33401</b>          |  | Enter Type<br><b>UNARMED</b>                                                                                                         |  | 1                                                                                                            |  |
|                                                                | Date of Arrest                                                                                                                                                                                                                                                                                                  |  | Time of Arrest                                                                   |  | Booking Date                                                                                                |  | Booking Time                                                       |  | Jail Date                                                                                                                            |  | Jail Time                                                                                                    |  |
|                                                                | <b>09/28/2022</b>                                                                                                                                                                                                                                                                                               |  | <b>21:39</b>                                                                     |  | <b>09/28/2022</b>                                                                                           |  | <b>21:49</b>                                                       |  |                                                                                                                                      |  |                                                                                                              |  |
| C<br>O<br>D<br>E<br>F                                          | Name (Last, First, Middle)                                                                                                                                                                                                                                                                                      |  | <b>FRERICHS, ERIN DONNA</b>                                                      |  | Alias:                                                                                                      |  | Alias (Name, DOB, Soc. Sec. #, Etc.)                               |  |                                                                                                                                      |  |                                                                                                              |  |
|                                                                | Race                                                                                                                                                                                                                                                                                                            |  | W - White<br>B - Black<br>A - Asian                                              |  | Sex                                                                                                         |  | W<br>F                                                             |  | Date of Birth                                                                                                                        |  | Height                                                                                                       |  |
|                                                                |                                                                                                                                                                                                                                                                                                                 |  |                                                                                  |  |                                                                                                             |  |                                                                    |  | <b>02/14/1992</b>                                                                                                                    |  | <b>5'05</b>                                                                                                  |  |
|                                                                | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)                                                                                                                                                                                                                                   |  |                                                                                  |  | Marital Status                                                                                              |  | Religion                                                           |  | Indication of Alcohol Influence<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> |  | Build                                                                                                        |  |
| J<br>U<br>V<br>E<br>N<br>I<br>L<br>E                           | Local Address (Street, Apt. Number)                                                                                                                                                                                                                                                                             |  | (City)                                                                           |  | (State)                                                                                                     |  | (Zip)                                                              |  | Home Phone                                                                                                                           |  | Residence Type                                                                                               |  |
|                                                                | <b>1820 N CONGRESS AVE E103, WEST PALM BEACH, FL 33401</b>                                                                                                                                                                                                                                                      |  |                                                                                  |  |                                                                                                             |  |                                                                    |  | <b>(561) 909-9561</b>                                                                                                                |  | 1. City<br>2. County<br>3. Florida<br>4. Out of State                                                        |  |
|                                                                | Permanent Address (Street, Apt. Number)                                                                                                                                                                                                                                                                         |  | (City)                                                                           |  | (State)                                                                                                     |  | (Zip)                                                              |  | Mobile Phone                                                                                                                         |  | Address Source                                                                                               |  |
|                                                                | <b>1820 N CONGRESS AVE E103, WEST PALM BEACH, FL 33401</b>                                                                                                                                                                                                                                                      |  |                                                                                  |  |                                                                                                             |  |                                                                    |  |                                                                                                                                      |  | <b>Verbal</b>                                                                                                |  |
| C<br>O<br>D<br>E<br>F                                          | Business Address (Name, Street)                                                                                                                                                                                                                                                                                 |  | (City)                                                                           |  | (State)                                                                                                     |  | (Zip)                                                              |  | Work Phone                                                                                                                           |  | Occupation                                                                                                   |  |
|                                                                |                                                                                                                                                                                                                                                                                                                 |  |                                                                                  |  |                                                                                                             |  |                                                                    |  |                                                                                                                                      |  |                                                                                                              |  |
|                                                                | D/L Number, State                                                                                                                                                                                                                                                                                               |  | Soc. Sec. Number                                                                 |  | INS Number                                                                                                  |  | Place of Birth (City, State)                                       |  | Citizenship                                                                                                                          |  |                                                                                                              |  |
|                                                                | <b>F662204925540 / FL</b>                                                                                                                                                                                                                                                                                       |  |                                                                                  |  |                                                                                                             |  | <b>McComb, Mississippi</b>                                         |  | <b>US</b>                                                                                                                            |  |                                                                                                              |  |
| I<br>N<br>T<br>A<br>K<br>E                                     | Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                         |  | Race                                                                             |  | Sex                                                                                                         |  | Date of Birth                                                      |  | 1. Arrested<br>2. At Large                                                                                                           |  | 3. Felony<br>4. Misdemeanor<br>5. Juvenile                                                                   |  |
|                                                                |                                                                                                                                                                                                                                                                                                                 |  |                                                                                  |  |                                                                                                             |  |                                                                    |  |                                                                                                                                      |  |                                                                                                              |  |
|                                                                | Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                         |  | Race                                                                             |  | Sex                                                                                                         |  | Date of Birth                                                      |  | 1. Arrested<br>2. At Large                                                                                                           |  | 3. Felony<br>4. Misdemeanor<br>5. Juvenile                                                                   |  |
|                                                                |                                                                                                                                                                                                                                                                                                                 |  |                                                                                  |  |                                                                                                             |  |                                                                    |  |                                                                                                                                      |  |                                                                                                              |  |
| N<br>O<br>T<br>I<br>C<br>E                                     | <input type="checkbox"/> Parent<br><input type="checkbox"/> Legal Custodian                                                                                                                                                                                                                                     |  | Name (Last, First, Middle)                                                       |  | Address (Street, Apt. Number)                                                                               |  | Residence Phone                                                    |  | Business Phone                                                                                                                       |  |                                                                                                              |  |
|                                                                |                                                                                                                                                                                                                                                                                                                 |  |                                                                                  |  |                                                                                                             |  |                                                                    |  |                                                                                                                                      |  |                                                                                                              |  |
|                                                                | Notified by: (Name)                                                                                                                                                                                                                                                                                             |  | Date                                                                             |  | Relationship                                                                                                |  | Date                                                               |  | Time                                                                                                                                 |  | JUVENILE DISPOSITION<br>1. Handled/Processed within Department and Released<br>2. TOT JAC<br>3. Incorporated |  |
|                                                                |                                                                                                                                                                                                                                                                                                                 |  |                                                                                  |  |                                                                                                             |  |                                                                    |  |                                                                                                                                      |  |                                                                                                              |  |
| C<br>H<br>A<br>R<br>G<br>E                                     | The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents.<br>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                                                                                                       |  | Value of Property                                                  |  |                                                                                                                                      |  |                                                                                                              |  |
|                                                                |                                                                                                                                                                                                                                                                                                                 |  |                                                                                  |  |                                                                                                             |  |                                                                    |  |                                                                                                                                      |  |                                                                                                              |  |
|                                                                | <input type="checkbox"/> Yes, by: <input type="checkbox"/> No:                                                                                                                                                                                                                                                  |  | Drug Activity                                                                    |  | S. Sell<br>N. N/A<br>P. Possess                                                                             |  | R. Seize<br>D. Deliver<br>E. Use                                   |  | K. Disperse/<br>Distribute                                                                                                           |  | M. Manufacture/<br>Produce/<br>Cultivate                                                                     |  |
|                                                                |                                                                                                                                                                                                                                                                                                                 |  |                                                                                  |  |                                                                                                             |  |                                                                    |  |                                                                                                                                      |  |                                                                                                              |  |
| C<br>H<br>A<br>R<br>G<br>E                                     | Charge Description                                                                                                                                                                                                                                                                                              |  | Statute Violation Number                                                         |  | Violation of ORD #                                                                                          |  |                                                                    |  |                                                                                                                                      |  |                                                                                                              |  |
|                                                                | <b>BATTERY - DOMESTIC</b>                                                                                                                                                                                                                                                                                       |  | <b>784.03(1A1)</b>                                                               |  |                                                                                                             |  |                                                                    |  |                                                                                                                                      |  |                                                                                                              |  |
|                                                                | Drug Activity                                                                                                                                                                                                                                                                                                   |  | Drug Type                                                                        |  | Amount / Unit                                                                                               |  | Offense #                                                          |  | Counts                                                                                                                               |  | Domestic Violence                                                                                            |  |
|                                                                |                                                                                                                                                                                                                                                                                                                 |  | <b>N</b>                                                                         |  |                                                                                                             |  |                                                                    |  |                                                                                                                                      |  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                                             |  |
| C<br>H<br>A<br>R<br>G<br>E                                     | Charge Description                                                                                                                                                                                                                                                                                              |  | Statute Violation Number                                                         |  | Violation of ORD #                                                                                          |  |                                                                    |  |                                                                                                                                      |  |                                                                                                              |  |
|                                                                |                                                                                                                                                                                                                                                                                                                 |  |                                                                                  |  |                                                                                                             |  |                                                                    |  |                                                                                                                                      |  |                                                                                                              |  |
|                                                                | Drug Activity                                                                                                                                                                                                                                                                                                   |  | Drug Type                                                                        |  | Amount / Unit                                                                                               |  | Offense #                                                          |  | Counts                                                                                                                               |  | Domestic Violence                                                                                            |  |
|                                                                |                                                                                                                                                                                                                                                                                                                 |  |                                                                                  |  |                                                                                                             |  |                                                                    |  |                                                                                                                                      |  | <input type="checkbox"/> Y <input type="checkbox"/> N                                                        |  |
| C<br>H<br>A<br>R<br>G<br>E                                     | Charge Description                                                                                                                                                                                                                                                                                              |  | Statute Violation Number                                                         |  | Violation of ORD #                                                                                          |  |                                                                    |  |                                                                                                                                      |  |                                                                                                              |  |
|                                                                |                                                                                                                                                                                                                                                                                                                 |  |                                                                                  |  |                                                                                                             |  |                                                                    |  |                                                                                                                                      |  |                                                                                                              |  |
|                                                                | Drug Activity                                                                                                                                                                                                                                                                                                   |  | Drug Type                                                                        |  | Amount / Unit                                                                                               |  | Offense #                                                          |  | Counts                                                                                                                               |  | Domestic Violence                                                                                            |  |
|                                                                |                                                                                                                                                                                                                                                                                                                 |  |                                                                                  |  |                                                                                                             |  |                                                                    |  |                                                                                                                                      |  | <input type="checkbox"/> Y <input type="checkbox"/> N                                                        |  |
| I<br>N<br>T<br>A<br>K<br>E                                     | Health / Apparent Physical Condition of Defendant                                                                                                                                                                                                                                                               |  | Any knowledge of the following:                                                  |  | Mental                                                                                                      |  | Escape Risk                                                        |  | Medication                                                                                                                           |  | Deformities                                                                                                  |  |
|                                                                |                                                                                                                                                                                                                                                                                                                 |  |                                                                                  |  |                                                                                                             |  |                                                                    |  |                                                                                                                                      |  |                                                                                                              |  |
|                                                                | Check which applies:                                                                                                                                                                                                                                                                                            |  | <input type="checkbox"/> Released (O.R.)<br><input type="checkbox"/> Posted Bond |  | <input type="checkbox"/> Released to Parent/Guardian<br><input type="checkbox"/> South County Mental Health |  | <input type="checkbox"/> T.O.T. County Jail                        |  | PROPERTY - Received By                                                                                                               |  | Released By                                                                                                  |  |
|                                                                |                                                                                                                                                                                                                                                                                                                 |  |                                                                                  |  |                                                                                                             |  |                                                                    |  |                                                                                                                                      |  |                                                                                                              |  |
| N<br>O<br>T<br>I<br>C<br>E                                     | Transported By                                                                                                                                                                                                                                                                                                  |  | Date Transported                                                                 |  | Time Transported                                                                                            |  | Other                                                              |  |                                                                                                                                      |  |                                                                                                              |  |
|                                                                |                                                                                                                                                                                                                                                                                                                 |  |                                                                                  |  |                                                                                                             |  |                                                                    |  |                                                                                                                                      |  |                                                                                                              |  |
|                                                                | <input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court<br><input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.                                                                                                 |  | Location (Court, Room)                                                           |  | Court Date and Time                                                                                         |  |                                                                    |  |                                                                                                                                      |  |                                                                                                              |  |
|                                                                |                                                                                                                                                                                                                                                                                                                 |  |                                                                                  |  |                                                                                                             |  |                                                                    |  |                                                                                                                                      |  |                                                                                                              |  |
| T<br>O<br>A<br>P<br>P<br>E<br>A<br>R                           | 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                                                                                                 |  |                                                                    |  |                                                                                                                                      |  |                                                                                                              |  |
|                                                                |                                                                                                                                                                                                                                                                                                                 |  |                                                                                  |  |                                                                                                             |  |                                                                    |  |                                                                                                                                      |  |                                                                                                              |  |
|                                                                | I CONSENT TO RECEIVE REMINDERS OF COURT DATE(S) AND TIMES FOR THIS CASE BY TEXT MESSAGE TO THE NUMBER IDENTIFIED HERE. I UNDERSTAND THAT STANDARD TEXT MESSAGE RATES MAY APPLY AND THAT I MAY REVOKE THIS CONSENT VIA THE TEXT MESSAGE SYSTEM IF I CHOOSE.                                                      |  | (561) 909-9561                                                                   |  | INITIAL                                                                                                     |  |                                                                    |  |                                                                                                                                      |  |                                                                                                              |  |
|                                                                |                                                                                                                                                                                                                                                                                                                 |  |                                                                                  |  |                                                                                                             |  |                                                                    |  |                                                                                                                                      |  |                                                                                                              |  |
| A<br>D<br>M<br>I<br>N                                          | HOLD for Other Agency                                                                                                                                                                                                                                                                                           |  | Signature of Arresting Officer                                                   |  | Name Verification (Printed by Arrestee)                                                                     |  |                                                                    |  |                                                                                                                                      |  |                                                                                                              |  |
|                                                                |                                                                                                                                                                                                                                                                                                                 |  | <b>R. BELL 42263</b>                                                             |  |                                                                                                             |  |                                                                    |  |                                                                                                                                      |  |                                                                                                              |  |
|                                                                | <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Other                                                                                                                                                                                                |  | Name of Arresting Officer (Print)                                                |  | I.D. #                                                                                                      |  | (PRINT)                                                            |  |                                                                                                                                      |  |                                                                                                              |  |
|                                                                |                                                                                                                                                                                                                                                                                                                 |  | <b>BELL, KENTAVIOUS</b>                                                          |  | <b>02203</b>                                                                                                |  |                                                                    |  |                                                                                                                                      |  |                                                                                                              |  |
| A<br>D<br>M<br>I<br>N                                          | Intake Deputy                                                                                                                                                                                                                                                                                                   |  | I.D. #                                                                           |  | Pouch #                                                                                                     |  | Transporting Officer                                               |  | I.D. #                                                                                                                               |  | Agency                                                                                                       |  |
|                                                                | <b>Hanks 6760</b>                                                                                                                                                                                                                                                                                               |  |                                                                                  |  |                                                                                                             |  | <b>OFC. K BELL</b>                                                 |  | <b>2203</b>                                                                                                                          |  | <b>WPBPD</b>                                                                                                 |  |
|                                                                | Witness here if subject signed with a "X"                                                                                                                                                                                                                                                                       |  |                                                                                  |  |                                                                                                             |  |                                                                    |  |                                                                                                                                      |  |                                                                                                              |  |
|                                                                |                                                                                                                                                                                                                                                                                                                 |  |                                                                                  |  |                                                                                                             |  |                                                                    |  |                                                                                                                                      |  |                                                                                                              |  |

SEP 29 2022

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                           |                                                |                                                         |  |                                                     |                                        |                                     |                                  |                                           |                               |                                                |  |  |                    |                                     |                                  |                                           |                               |              |  |  |                  |                          |                                     |                                     |                          |                       |  |  |                                 |                          |                                     |                                     |                          |                       |  |  |                                     |                          |                                     |                          |                                     |                               |  |  |                            |                          |                                     |                                     |                          |  |  |  |  |                    |  |                          |                                     |  |  |  |  |     |        |                          |                                     |             |  |  |  |  |           |                          |                                     |                          |  |  |  |
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| A<br>D<br>M<br>I<br>N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Date / Time<br><b>09/28/2022 21:22</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           | Agency ORI Number<br><b>FL FL0500800</b>  |                                                | Agency Name<br><b>WEST PALM BEACH POLICE DEPARTMENT</b> |  | Agency Report Number<br><b>9   4   2022-0015146</b> |                                        |                                     |                                  |                                           |                               |                                                |  |  |                    |                                     |                                  |                                           |                               |              |  |  |                  |                          |                                     |                                     |                          |                       |  |  |                                 |                          |                                     |                                     |                          |                       |  |  |                                     |                          |                                     |                          |                                     |                               |  |  |                            |                          |                                     |                                     |                          |  |  |  |  |                    |  |                          |                                     |  |  |  |  |     |        |                          |                                     |             |  |  |  |  |           |                          |                                     |                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Name (Last, First, Middle)<br><b>FRERICHS, ERIN DONNA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                           |                                           |                                                |                                                         |  | Race<br><b>W</b>                                    | Sex<br><b>F</b>                        | Date of Birth<br><b>02/14/1992</b>  |                                  |                                           |                               |                                                |  |  |                    |                                     |                                  |                                           |                               |              |  |  |                  |                          |                                     |                                     |                          |                       |  |  |                                 |                          |                                     |                                     |                          |                       |  |  |                                     |                          |                                     |                          |                                     |                               |  |  |                            |                          |                                     |                                     |                          |  |  |  |  |                    |  |                          |                                     |  |  |  |  |     |        |                          |                                     |             |  |  |  |  |           |                          |                                     |                          |  |  |  |
| C<br>H<br>A<br>R<br>G<br>E<br>S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Charge Description<br><b>784.03(1A1)   DOM BATTERY - DOMESTIC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                           |                                                |                                                         |  |                                                     |                                        |                                     |                                  |                                           |                               |                                                |  |  |                    |                                     |                                  |                                           |                               |              |  |  |                  |                          |                                     |                                     |                          |                       |  |  |                                 |                          |                                     |                                     |                          |                       |  |  |                                     |                          |                                     |                          |                                     |                               |  |  |                            |                          |                                     |                                     |                          |  |  |  |  |                    |  |                          |                                     |  |  |  |  |     |        |                          |                                     |             |  |  |  |  |           |                          |                                     |                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Victim's Name (Last, First, Middle)<br><b>SIEJACK, RANDY A J</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |                                           |                                                |                                                         |  | Race<br><b>W</b>                                    | Sex<br><b>M</b>                        | Date of Birth<br><b>09/10/1991</b>  |                                  |                                           |                               |                                                |  |  |                    |                                     |                                  |                                           |                               |              |  |  |                  |                          |                                     |                                     |                          |                       |  |  |                                 |                          |                                     |                                     |                          |                       |  |  |                                     |                          |                                     |                          |                                     |                               |  |  |                            |                          |                                     |                                     |                          |  |  |  |  |                    |  |                          |                                     |  |  |  |  |     |        |                          |                                     |             |  |  |  |  |           |                          |                                     |                          |  |  |  |
| V<br>I<br>C<br>T<br>I<br>M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Local Address (Street, Apt. Number) (City) (State) (Zip)<br><b>1820 N CONGRESS AVE, WEST PALM BEACH, FL 33401</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                           |                                                |                                                         |  | Phone<br><b>(561) 856-3311</b>                      |                                        |                                     |                                  |                                           |                               |                                                |  |  |                    |                                     |                                  |                                           |                               |              |  |  |                  |                          |                                     |                                     |                          |                       |  |  |                                 |                          |                                     |                                     |                          |                       |  |  |                                     |                          |                                     |                          |                                     |                               |  |  |                            |                          |                                     |                                     |                          |  |  |  |  |                    |  |                          |                                     |  |  |  |  |     |        |                          |                                     |             |  |  |  |  |           |                          |                                     |                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Business Address (Name, Street) (City) (State) (Zip)<br><b>6704 GARDEN AVE WEST PALM BEACH FL 33405</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           |                                           |                                                |                                                         |  | Occupation                                          |                                        |                                     |                                  |                                           |                               |                                                |  |  |                    |                                     |                                  |                                           |                               |              |  |  |                  |                          |                                     |                                     |                          |                       |  |  |                                 |                          |                                     |                                     |                          |                       |  |  |                                     |                          |                                     |                          |                                     |                               |  |  |                            |                          |                                     |                                     |                          |  |  |  |  |                    |  |                          |                                     |  |  |  |  |     |        |                          |                                     |             |  |  |  |  |           |                          |                                     |                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <table border="0"> <tr> <td>DEFENDANT'S STATEMENTS:</td> <td>Written <input type="checkbox"/></td> <td>Taped <input checked="" type="checkbox"/></td> <td>Oral <input type="checkbox"/></td> <td colspan="4">OBSERVATIONS OF VICTIM (PHYSICAL &amp; EMOTIONAL):</td> </tr> <tr> <td>VICTIM'S STATEMENTS:</td> <td>Written <input type="checkbox"/></td> <td>Taped <input checked="" type="checkbox"/></td> <td>Oral <input type="checkbox"/></td> <td colspan="4"><b>UPSET</b></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                           |                                           |                                                |                                                         |  |                                                     |                                        | DEFENDANT'S STATEMENTS:             | Written <input type="checkbox"/> | Taped <input checked="" type="checkbox"/> | Oral <input type="checkbox"/> | OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): |  |  |                    | VICTIM'S STATEMENTS:                | Written <input type="checkbox"/> | Taped <input checked="" type="checkbox"/> | Oral <input type="checkbox"/> | <b>UPSET</b> |  |  |                  |                          |                                     |                                     |                          |                       |  |  |                                 |                          |                                     |                                     |                          |                       |  |  |                                     |                          |                                     |                          |                                     |                               |  |  |                            |                          |                                     |                                     |                          |  |  |  |  |                    |  |                          |                                     |  |  |  |  |     |        |                          |                                     |             |  |  |  |  |           |                          |                                     |                          |  |  |  |
| DEFENDANT'S STATEMENTS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Written <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Taped <input checked="" type="checkbox"/> | Oral <input type="checkbox"/>             | OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): |                                                         |  |                                                     |                                        |                                     |                                  |                                           |                               |                                                |  |  |                    |                                     |                                  |                                           |                               |              |  |  |                  |                          |                                     |                                     |                          |                       |  |  |                                 |                          |                                     |                                     |                          |                       |  |  |                                     |                          |                                     |                          |                                     |                               |  |  |                            |                          |                                     |                                     |                          |  |  |  |  |                    |  |                          |                                     |  |  |  |  |     |        |                          |                                     |             |  |  |  |  |           |                          |                                     |                          |  |  |  |
| VICTIM'S STATEMENTS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Written <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Taped <input checked="" type="checkbox"/> | Oral <input type="checkbox"/>             | <b>UPSET</b>                                   |                                                         |  |                                                     |                                        |                                     |                                  |                                           |                               |                                                |  |  |                    |                                     |                                  |                                           |                               |              |  |  |                  |                          |                                     |                                     |                          |                       |  |  |                                 |                          |                                     |                                     |                          |                       |  |  |                                     |                          |                                     |                          |                                     |                               |  |  |                            |                          |                                     |                                     |                          |  |  |  |  |                    |  |                          |                                     |  |  |  |  |     |        |                          |                                     |             |  |  |  |  |           |                          |                                     |                          |  |  |  |
| A<br>D<br>D<br>I<br>T<br>I<br>O<br>N<br>A<br>L<br><br>I<br>N<br>F<br>O<br>R<br>M<br>A<br>T<br>I<br>O<br>N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | RELATIONSHIP BETWEEN VICTIM & SUSPECT<br><b>SPOUSE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           |                                           |                                                |                                                         |  |                                                     |                                        |                                     |                                  |                                           |                               |                                                |  |  |                    |                                     |                                  |                                           |                               |              |  |  |                  |                          |                                     |                                     |                          |                       |  |  |                                 |                          |                                     |                                     |                          |                       |  |  |                                     |                          |                                     |                          |                                     |                               |  |  |                            |                          |                                     |                                     |                          |  |  |  |  |                    |  |                          |                                     |  |  |  |  |     |        |                          |                                     |             |  |  |  |  |           |                          |                                     |                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <table border="0"> <tr> <td>PHOTOGRAPHS:</td> <td>Scene:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> </tr> <tr> <td></td> <td>Victim:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> </tr> <tr> <td></td> <td>911 CALL:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">CALLER: <b>VICTIM</b></td> </tr> <tr> <td>WEAPON USED:</td> <td></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">TYPE: <b>PERSONAL</b></td> </tr> <tr> <td>WITNESSES:</td> <td></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td colspan="4">(If YES, attach witness list)</td> </tr> <tr> <td>INJURIES:</td> <td></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> </tr> <tr> <td>MEDICAL TREATMENT:</td> <td></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td colspan="4"></td> </tr> <tr> <td>AT:</td> <td>Scene:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td colspan="4">PARAMEDICS:</td> </tr> <tr> <td></td> <td>Hospital:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td colspan="4">PHYSICIAN(S) / HOSPITAL:</td> </tr> </table> |                                           |                                           |                                                |                                                         |  |                                                     |                                        | PHOTOGRAPHS:                        | Scene:                           | <input checked="" type="checkbox"/>       | <input type="checkbox"/>      |                                                |  |  |                    |                                     | Victim:                          | <input checked="" type="checkbox"/>       | <input type="checkbox"/>      |              |  |  |                  |                          | 911 CALL:                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | CALLER: <b>VICTIM</b> |  |  |                                 | WEAPON USED:             |                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | TYPE: <b>PERSONAL</b> |  |  |                                     | WITNESSES:               |                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (If YES, attach witness list) |  |  |                            | INJURIES:                |                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |  |  |  | MEDICAL TREATMENT: |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |  |  |  | AT: | Scene: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | PARAMEDICS: |  |  |  |  | Hospital: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | PHYSICIAN(S) / HOSPITAL: |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PHOTOGRAPHS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Scene:                                    | <input checked="" type="checkbox"/>       | <input type="checkbox"/>                       |                                                         |  |                                                     |                                        |                                     |                                  |                                           |                               |                                                |  |  |                    |                                     |                                  |                                           |                               |              |  |  |                  |                          |                                     |                                     |                          |                       |  |  |                                 |                          |                                     |                                     |                          |                       |  |  |                                     |                          |                                     |                          |                                     |                               |  |  |                            |                          |                                     |                                     |                          |  |  |  |  |                    |  |                          |                                     |  |  |  |  |     |        |                          |                                     |             |  |  |  |  |           |                          |                                     |                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Victim:                                   | <input checked="" type="checkbox"/>       | <input type="checkbox"/>                       |                                                         |  |                                                     |                                        |                                     |                                  |                                           |                               |                                                |  |  |                    |                                     |                                  |                                           |                               |              |  |  |                  |                          |                                     |                                     |                          |                       |  |  |                                 |                          |                                     |                                     |                          |                       |  |  |                                     |                          |                                     |                          |                                     |                               |  |  |                            |                          |                                     |                                     |                          |  |  |  |  |                    |  |                          |                                     |  |  |  |  |     |        |                          |                                     |             |  |  |  |  |           |                          |                                     |                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 911 CALL:                                 | <input checked="" type="checkbox"/>       | <input type="checkbox"/>                       | CALLER: <b>VICTIM</b>                                   |  |                                                     |                                        |                                     |                                  |                                           |                               |                                                |  |  |                    |                                     |                                  |                                           |                               |              |  |  |                  |                          |                                     |                                     |                          |                       |  |  |                                 |                          |                                     |                                     |                          |                       |  |  |                                     |                          |                                     |                          |                                     |                               |  |  |                            |                          |                                     |                                     |                          |  |  |  |  |                    |  |                          |                                     |  |  |  |  |     |        |                          |                                     |             |  |  |  |  |           |                          |                                     |                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | WEAPON USED:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           | <input checked="" type="checkbox"/>       | <input type="checkbox"/>                       | TYPE: <b>PERSONAL</b>                                   |  |                                                     |                                        |                                     |                                  |                                           |                               |                                                |  |  |                    |                                     |                                  |                                           |                               |              |  |  |                  |                          |                                     |                                     |                          |                       |  |  |                                 |                          |                                     |                                     |                          |                       |  |  |                                     |                          |                                     |                          |                                     |                               |  |  |                            |                          |                                     |                                     |                          |  |  |  |  |                    |  |                          |                                     |  |  |  |  |     |        |                          |                                     |             |  |  |  |  |           |                          |                                     |                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | WITNESSES:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           | <input type="checkbox"/>                  | <input checked="" type="checkbox"/>            | (If YES, attach witness list)                           |  |                                                     |                                        |                                     |                                  |                                           |                               |                                                |  |  |                    |                                     |                                  |                                           |                               |              |  |  |                  |                          |                                     |                                     |                          |                       |  |  |                                 |                          |                                     |                                     |                          |                       |  |  |                                     |                          |                                     |                          |                                     |                               |  |  |                            |                          |                                     |                                     |                          |  |  |  |  |                    |  |                          |                                     |  |  |  |  |     |        |                          |                                     |             |  |  |  |  |           |                          |                                     |                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | INJURIES:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                           | <input checked="" type="checkbox"/>       | <input type="checkbox"/>                       |                                                         |  |                                                     |                                        |                                     |                                  |                                           |                               |                                                |  |  |                    |                                     |                                  |                                           |                               |              |  |  |                  |                          |                                     |                                     |                          |                       |  |  |                                 |                          |                                     |                                     |                          |                       |  |  |                                     |                          |                                     |                          |                                     |                               |  |  |                            |                          |                                     |                                     |                          |  |  |  |  |                    |  |                          |                                     |  |  |  |  |     |        |                          |                                     |             |  |  |  |  |           |                          |                                     |                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | MEDICAL TREATMENT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                           | <input type="checkbox"/>                  | <input checked="" type="checkbox"/>            |                                                         |  |                                                     |                                        |                                     |                                  |                                           |                               |                                                |  |  |                    |                                     |                                  |                                           |                               |              |  |  |                  |                          |                                     |                                     |                          |                       |  |  |                                 |                          |                                     |                                     |                          |                       |  |  |                                     |                          |                                     |                          |                                     |                               |  |  |                            |                          |                                     |                                     |                          |  |  |  |  |                    |  |                          |                                     |  |  |  |  |     |        |                          |                                     |             |  |  |  |  |           |                          |                                     |                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | AT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Scene:                                    | <input type="checkbox"/>                  | <input checked="" type="checkbox"/>            | PARAMEDICS:                                             |  |                                                     |                                        |                                     |                                  |                                           |                               |                                                |  |  |                    |                                     |                                  |                                           |                               |              |  |  |                  |                          |                                     |                                     |                          |                       |  |  |                                 |                          |                                     |                                     |                          |                       |  |  |                                     |                          |                                     |                          |                                     |                               |  |  |                            |                          |                                     |                                     |                          |  |  |  |  |                    |  |                          |                                     |  |  |  |  |     |        |                          |                                     |             |  |  |  |  |           |                          |                                     |                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Hospital:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                  | <input checked="" type="checkbox"/>       | PHYSICIAN(S) / HOSPITAL:                       |                                                         |  |                                                     |                                        |                                     |                                  |                                           |                               |                                                |  |  |                    |                                     |                                  |                                           |                               |              |  |  |                  |                          |                                     |                                     |                          |                       |  |  |                                 |                          |                                     |                                     |                          |                       |  |  |                                     |                          |                                     |                          |                                     |                               |  |  |                            |                          |                                     |                                     |                          |  |  |  |  |                    |  |                          |                                     |  |  |  |  |     |        |                          |                                     |             |  |  |  |  |           |                          |                                     |                          |  |  |  |
| <table border="0"> <tr> <td>ACT COMMITTED IN PRESENCE OF MINOR(S):</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="5">NAMES/AGES: <b>CASEY LYNN SIEJACK (2)</b></td> </tr> <tr> <td>H. R. S. NOTIFIED:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="5"></td> </tr> <tr> <td>VICTIM PREGNANT:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td colspan="5"></td> </tr> <tr> <td>VIOLATION OF RESTRAINING ORDER:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td colspan="5">CASE #:</td> </tr> <tr> <td>PRIOR HISTORY OF DOMESTIC VIOLENCE:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td colspan="5"></td> </tr> <tr> <td>ALCOHOL OR DRUGS INVOLVED:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td colspan="5"></td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                           |                                                |                                                         |  |                                                     | ACT COMMITTED IN PRESENCE OF MINOR(S): | <input checked="" type="checkbox"/> | <input type="checkbox"/>         | NAMES/AGES: <b>CASEY LYNN SIEJACK (2)</b> |                               |                                                |  |  | H. R. S. NOTIFIED: | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |                                           |                               |              |  |  | VICTIM PREGNANT: | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |                          |                       |  |  | VIOLATION OF RESTRAINING ORDER: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | CASE #:                             |                          |                       |  |  | PRIOR HISTORY OF DOMESTIC VIOLENCE: | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                          |                                     |                               |  |  | ALCOHOL OR DRUGS INVOLVED: | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |                          |  |  |  |  |                    |  |                          |                                     |  |  |  |  |     |        |                          |                                     |             |  |  |  |  |           |                          |                                     |                          |  |  |  |
| ACT COMMITTED IN PRESENCE OF MINOR(S):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                  | NAMES/AGES: <b>CASEY LYNN SIEJACK (2)</b> |                                                |                                                         |  |                                                     |                                        |                                     |                                  |                                           |                               |                                                |  |  |                    |                                     |                                  |                                           |                               |              |  |  |                  |                          |                                     |                                     |                          |                       |  |  |                                 |                          |                                     |                                     |                          |                       |  |  |                                     |                          |                                     |                          |                                     |                               |  |  |                            |                          |                                     |                                     |                          |  |  |  |  |                    |  |                          |                                     |  |  |  |  |     |        |                          |                                     |             |  |  |  |  |           |                          |                                     |                          |  |  |  |
| H. R. S. NOTIFIED:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                  |                                           |                                                |                                                         |  |                                                     |                                        |                                     |                                  |                                           |                               |                                                |  |  |                    |                                     |                                  |                                           |                               |              |  |  |                  |                          |                                     |                                     |                          |                       |  |  |                                 |                          |                                     |                                     |                          |                       |  |  |                                     |                          |                                     |                          |                                     |                               |  |  |                            |                          |                                     |                                     |                          |  |  |  |  |                    |  |                          |                                     |  |  |  |  |     |        |                          |                                     |             |  |  |  |  |           |                          |                                     |                          |  |  |  |
| VICTIM PREGNANT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/>       |                                           |                                                |                                                         |  |                                                     |                                        |                                     |                                  |                                           |                               |                                                |  |  |                    |                                     |                                  |                                           |                               |              |  |  |                  |                          |                                     |                                     |                          |                       |  |  |                                 |                          |                                     |                                     |                          |                       |  |  |                                     |                          |                                     |                          |                                     |                               |  |  |                            |                          |                                     |                                     |                          |  |  |  |  |                    |  |                          |                                     |  |  |  |  |     |        |                          |                                     |             |  |  |  |  |           |                          |                                     |                          |  |  |  |
| VIOLATION OF RESTRAINING ORDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/>       | CASE #:                                   |                                                |                                                         |  |                                                     |                                        |                                     |                                  |                                           |                               |                                                |  |  |                    |                                     |                                  |                                           |                               |              |  |  |                  |                          |                                     |                                     |                          |                       |  |  |                                 |                          |                                     |                                     |                          |                       |  |  |                                     |                          |                                     |                          |                                     |                               |  |  |                            |                          |                                     |                                     |                          |  |  |  |  |                    |  |                          |                                     |  |  |  |  |     |        |                          |                                     |             |  |  |  |  |           |                          |                                     |                          |  |  |  |
| PRIOR HISTORY OF DOMESTIC VIOLENCE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/>       |                                           |                                                |                                                         |  |                                                     |                                        |                                     |                                  |                                           |                               |                                                |  |  |                    |                                     |                                  |                                           |                               |              |  |  |                  |                          |                                     |                                     |                          |                       |  |  |                                 |                          |                                     |                                     |                          |                       |  |  |                                     |                          |                                     |                          |                                     |                               |  |  |                            |                          |                                     |                                     |                          |  |  |  |  |                    |  |                          |                                     |  |  |  |  |     |        |                          |                                     |             |  |  |  |  |           |                          |                                     |                          |  |  |  |
| ALCOHOL OR DRUGS INVOLVED:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/>       |                                           |                                                |                                                         |  |                                                     |                                        |                                     |                                  |                                           |                               |                                                |  |  |                    |                                     |                                  |                                           |                               |              |  |  |                  |                          |                                     |                                     |                          |                       |  |  |                                 |                          |                                     |                                     |                          |                       |  |  |                                     |                          |                                     |                          |                                     |                               |  |  |                            |                          |                                     |                                     |                          |  |  |  |  |                    |  |                          |                                     |  |  |  |  |     |        |                          |                                     |             |  |  |  |  |           |                          |                                     |                          |  |  |  |
| N<br>A<br>R<br>R<br>A<br>T<br>I<br>O<br>N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | On Wednesday, September 28, 2022, at 1930 hours I responded to 1820 N Congress Ave Apt 103 in reference to a domestic trouble call.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                           |                                                |                                                         |  |                                                     |                                        |                                     |                                  |                                           |                               |                                                |  |  |                    |                                     |                                  |                                           |                               |              |  |  |                  |                          |                                     |                                     |                          |                       |  |  |                                 |                          |                                     |                                     |                          |                       |  |  |                                     |                          |                                     |                          |                                     |                               |  |  |                            |                          |                                     |                                     |                          |  |  |  |  |                    |  |                          |                                     |  |  |  |  |     |        |                          |                                     |             |  |  |  |  |           |                          |                                     |                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Upon arrival I made contact with W/M Randy Siejack DOB 09/10/1991 who advised me of the following. Today's                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                                |                                                         |  |                                                     |                                        |                                     |                                  |                                           |                               |                                                |  |  |                    |                                     |                                  |                                           |                               |              |  |  |                  |                          |                                     |                                     |                          |                       |  |  |                                 |                          |                                     |                                     |                          |                       |  |  |                                     |                          |                                     |                          |                                     |                               |  |  |                            |                          |                                     |                                     |                          |  |  |  |  |                    |  |                          |                                     |  |  |  |  |     |        |                          |                                     |             |  |  |  |  |           |                          |                                     |                          |  |  |  |
| STATE OF FLORIDA<br>COUNTY OF PALM BEACH<br>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.<br><br>SIGNATURE OF ARRESTING OFFICER<br>Sworn to and subscribed to before me this <u>28</u> day of <u>September</u> , 2022.<br><br>KOTOCVAGE, DOMINIC<br>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                           |                                                |                                                         |  |                                                     |                                        |                                     |                                  |                                           |                               |                                                |  |  |                    |                                     |                                  |                                           |                               |              |  |  |                  |                          |                                     |                                     |                          |                       |  |  |                                 |                          |                                     |                                     |                          |                       |  |  |                                     |                          |                                     |                          |                                     |                               |  |  |                            |                          |                                     |                                     |                          |  |  |  |  |                    |  |                          |                                     |  |  |  |  |     |        |                          |                                     |             |  |  |  |  |           |                          |                                     |                          |  |  |  |

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

 CRIME ANALYSIS  
 SEP 29 2022

P. I. O.

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County  
Narrative Continuation

|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                          |  |                                                         |                                                     |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--|---------------------------------------------------------|-----------------------------------------------------|
| A<br>D<br>M<br>I<br>N<br><br>N<br>A<br>R<br>R<br>A<br>T<br>I<br>V<br>E | Date / Time<br><b>09/28/2022 21:22</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Agency ORI Number<br><b>FL FLO500800</b> |  | Agency Name<br><b>WEST PALM BEACH POLICE DEPARTMENT</b> | Agency Report Number<br><b>9   4   2022-0015146</b> |
|                                                                        | <p>date at an unknown time his girlfriend of 4 years W/F Erin Frerichs DOB 02/14/1992 asked if she could use their vehicle to run an errand. Randy stated that he agreed to let her go and gave her the keys. Randy then stated for an unknown reason, Erin started to become irate with him causing him to decide that he would leave the residence instead. Randy stated that he went inside of Erin's purse looking for the keys at which time she began to choke and strike him, and even threw her phone at him. Randy advised that at one point, Erin placed her thumb inside of his mouth and snatched it out, scratching the corner of his mouth and the outside of his cheek. It should be noted that Randy did have abrasions on the right side of his face and mouth, as well as redness on his neck consistent with his allegations.</p> <p>Post sworn statement, Erin advised that she and Randy had got into an argument over Randy wanting to see her phone. Erin stated that it was in reference to Randy accusing her of being unfaithful and talking to other men. Erin advised that Randy smashed her phone and a physical altercation ensued. Erin stated that Randy was on top of her, so she scratched and struck him so he would get off. Erin advised that during the altercation, Randy bit her thumb. It should be noted that there is an abrasion on Erin's left thumb.</p> <p>Due to both parties having injuries consistent with their statements, and no independent witnesses present that witnessed the incident, probable cause exists to charge both parties with one (1) count of Domestic Battery pursuant to F.S.S. 784.03 (1A1)   DOM</p> |                                          |  |                                                         |                                                     |
|                                                                        | <p>STATE OF FLORIDA<br/>COUNTY OF PALM BEACH</p> <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p><u>K. Bell #2263</u><br/>SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>28</u> day of <u>September</u>, <u>2022</u>.</p> <p><u>D. J. #2185</u><br/><b>KOTOCavage, DOMINIC</b><br/>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |  |                                                         |                                                     |

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

SEP 29 2022

## 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. 784.048)

- **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.

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

1. Incident Report #: 20220015146 Agency: WPBPD  
Offense: Domestic Battery  
Suspect/Offender: Erin French  
D.O.B. 02/14/1992 Race: White Sex: female
2. Warrant #(s) \_\_\_\_\_
3. Complete one (1) of the following:
  - a. Victim's name: Randy Siejack  
Address: 1826 N Congress Ave Apt 103  
City: West Palm Beach State: FL Zip: 33461  
Home #: 561-856-3311 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: Ofc. K. Bell I.D.: 2263 Date: 09/28/2022



**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),<br>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),<br>(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),<br>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"/>            |                                         |                                                                                                                                                                            |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
| Other                                                       | <input type="checkbox"/>            |                                         | Other:                                                                                                                                                                     |                |
|                                                             | <input type="checkbox"/>            |                                         | Other:                                                                                                                                                                     |                |

**REVIEW COMPLETED BY**

Booking Number: 2022025421

Date: 9/29/2022

Specialist Name/ID: Pinkney/7796

SCANNED  
SEP 29 2022