JF 05416 53 23CF5708MB PF 3150

☒ Marsy's Law CVI FL. Const. Art.1 § 16(b) ☐ Check if Supplement is Attached

OBTS Number

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

01 Juvenile N

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number
FL0 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	0 6 - 23-083769 ( )

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

If Weapon Seized — Enter Type

Multiple Clearance Indicator: 0 1

Location of Arrest (including Name of Business): 17901 S. State RD, Boc Raton, Florida 33498

Location of Offense (Business Name, Address): [redacted]

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
07/04/2023	1140	07/04/2023				

DEFENDANT

Name (Last, First, Middle): SCHERRER, YOLANDA,

Alias (Name, DOB, Soc. Sec. #, Etc.): [redacted]

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	[redacted]	5'10	160	Brown	Black	White	Medium

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): Unknown

Marital Status: Married — Religion: NONE — Indication of: Alcohol Influence ☐ Y ☐ N ☒ Unk; Drug Influence ☐ Y ☐ N ☒ Unk

Local Address (Street, Apt. Number) (City) (State) (Zip): [redacted] — Mobile Phone: [redacted]

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 01

Permanent Address (Street, Apt. Number) (City) (State) (Zip): [redacted] — Phone: [redacted]

Address Source: FCIC/NCIC

Business Address (Name, Street) (City) (State) (Zip): [redacted] — Phone: ( ) — Occupation:

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
S660972866320,	[redacted]		Margate, Florida	U.S

CO-DEF

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: Name (Last) (First) (Middle) — No Bond — Residence Phone ( )

Address (Street, Apt. Number) (City) (State) (Zip) — Business Phone ( )

Notified by: (Name) — Date — Time — Juvenile Disposition: 1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS 3. Incarcerated

Released To: (Name) — Relationship — Date — Time

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

School Attended — Grade

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

CODE

Drug Activity: N. N/A; P. Possess; S. Sell; B. Buy; T. Traffic; R. Smuggle; D. Deliver; E. Use; K. Dispense/ Distribute; M. Manufacture/ Produce/ Cultivate; Z. Other

Drug Type: N. N/A; A. Amphetamine; B. Barbiturate; C. Cocaine; E. Heroin; H. Hallucinogen; O. Opium/Deriv.; M. Marijuana; P. Paraphernalia/ Equipment; S. Synthetic; U. Unknown; Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
BATTERY (DOMESTIC) - 65 YEARS AND OVER	01	☒ Y ☐ N	784.08(2)(c)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		23-083769		

CHARGE

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

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

CHARGE

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

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

CHARGE

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

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

NOTICE TO APPEAR

Location (Court, Room Number, Address)

FILED PBC - CIRCUIT CRIM
23 JUL 5 AM 7:24

Court Date and Time: Month Day Year Time A.M. ☐ P.M. ☐

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED

Signature of Defendant (or Juvenile and Parent/Custodian) — 07/04/2023 Date Signed

I consent to receive text reminders of court date(s) and times for this case by automated technology to the mobile number identified above. I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose. Signature

ADMIN

HOLD for other agency:

☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other:

Intake Deputy I.D. # Pouch #

Signature of Arresting Officer: Bethel, Yolanda Troiana C. Digitally signed by Bethel, Yolanda Troiana C. Date: 2023.06.29 11:10:13 -04'00' X

Name of Arresting Officer (Print): Deputy Bethel I.D. #: 26689

Transporting Officer I.D. # Agency

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X"

PAGE 1 OF 1

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PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

01

Juvenile: N

ADMIN

Agency ORI Number: FLO 5 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 23-083769

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

Special Notes:

DEF

Name (Last, First, Middle): [redacted]

Alias:

Race: W | Sex: F | Date of Birth: [redacted]

CHARGES

Charge Description: BATTERY (DOMESTIC) - 65 YEARS AND OVER 784.08(2)(c)

Charge Description:

Charge Description:

Charge Description:

VICTIM

Victim's Name (Last, First, Middle): [redacted]

Race: W | Sex: F | Date of Birth: [redacted]

Local Address (Street, Apt Number) (City) (State) (Zip): [redacted] Phone: [redacted] Address Source:

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

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

[ ] committed the below acts in my presence

[ ] confessed to _____ admitting to the below facts

[X] was observed by [redacted] who told [redacted] that he/she saw the arrested person commit the below acts

[X] was found to have committed the below acts, resulting from my (described) investigation

On the 29 day of June 20 23 at 0943 [X] A.M [ ] P.M (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

[X] Marsy's Law CVI
FL. Const. Art.1 § 16(b)

On June 29, 2023, at approximately 0800 hours. I responded to [redacted] about a Simple Battery (domestic) 65 years of age and over.

Upon arrival at the scene, I spoke with [redacted] who stated that [redacted] had gotten into a heated argument, and harsh words were exchanged. [redacted] advised she touched [redacted] on the face, and she got upset. [redacted] then stated, "Do touch my face." [redacted] grabbed her hand and bit her on the finger. I observed a puncture wound on the finger with blood coming from it.

After that, I spoke with [redacted], who stated that he did not witness the incident but received a call from [redacted] who noted that the [redacted] slapped her twice. [redacted] advised that [redacted] did not mention anything about biting her [redacted].

[redacted] left the residence before law enforcement arrived on scene. I attempted to call [redacted] on the cell phone, but she did not answer. I left a voicemail for a call back.

Due To the above Aforementioned Facts, I Find Probable Cause Does Exist to Arrest [redacted] DOB: [redacted] with the Violation of Florida State Statute 784.08(2)(c) Domestic Battery (over 65 years old). [redacted] completed a sworn statement by a body worn camera. A PBSO Victim Rights Brochure and Case Information Form were provided to the victim. Photos were taken by taken and uploaded to the Domestic Violence portal. [redacted] appeared to have a bite mark and wound on her index finger. A Domestic Advocate (Level 2) and DCF notification were submitted. There is no additional information at this time.

This case remains inactive pending the arrest of [redacted] or charges will be filed with the State Attorney's Office.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

Bethel, Troiana C.
(Signature of Arresting /Investigative Officer)

Digitally signed by Bethel, Troiana C.
Date: 2023.06.29 09:43:06 -04'00'

Deputy Bethel

The foregoing instrument was sworn to or affirmed and subscribed before me this 29 day of June 20 23 by Deputy Bethel

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

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

PAGE 1 OF 1

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

PBSO #0004 REV. 04/22

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Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Suspect: [redacted] **DOB:** [redacted] **Case #:** 23-083769

Victim: [redacted] **DOB:** [redacted] **Race:** W **Sex:** F

Relationship between Victim and Defendant: _____

Photographs: Scene ☒ Yes ☐ No Victim ☐ Yes ☐ No Defendant ☐ Yes ☐ No

911 Call: ☒ Yes ☐ No **Caller:** _____

Weapon Used: ☐ Yes ☒ No **Type:** _____

Witness: ☐ Yes ☒ No **Name:** _____

Victim Pregnant: ☐ Yes ☒ No **If yes,** ___ **weeks** _____ **months**

Injuries: ☒ Yes ☐ No **Description:** Punture wound on index finger

Medical Treatment: ☒ Yes ☐ No

At Scene: ☐ Yes ☒ No **Paramedics:** _____

At Hospital: ☐ Yes ☒ No **Hospital:** _____ **Physician:** _____

Are Children Living in Home? ☐ Yes ☒ No **DCF Notified?** ☐ Yes ☒ No

Name: _____ **DOB:** ___/___/_____

Name: _____ **DOB:** ___/___/_____

Name: _____ **DOB:** ___/___/___

Injunction ☐ Yes ☒ No **Case #:** _____

No Contact Order ☐ Yes ☒ No **Case #:** _____

Alcohol or Drugs ☐ Yes ☐ No ☒ Unknown

Prior History of Domestic/Dating Violence ☐ Yes ☒ No

Defendant's Statements ☐ Yes ☒ No **If yes,** ☐written ☐recorded ☐oral

First words Defendant said when you responded to scene: _____

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

First words Victim said when you responded to scene: My [redacted] bite me

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

☐ Yes ☒ No **If yes, name:** _____ **phone** (___)___ -_____

Observations of Victim (Physical & Emotional): _____

☒ Upset ☒ Crying ☒ Fearful ☐ Hysterical ☒ Afraid ☐ Calm ☒ Nervous

☐ Complained of pain ☐ Other _____

Victim Contact Information:

Local Address: [redacted]

Phone: Home [redacted] **Work** (___)___ -_____ **Cell** (___)___ -_____

Employer: Retired

Name of Relative: _____ **Phone** (___)_____-_____

Address: _____

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VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been commited:

- **Homicide** (Ch. 782)
- **Attempted Murder**
- **Stalking** (F.S. 784.048)
- **Domestic Violence** - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.)
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**

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

SUSPECT/OFFENDER: [redacted] COURT CASE/WARRANT#. (FOR WARRANTS USE ONLY)

1. Incident Report #: **23-083769** Agency: _____
   Offense: **BATTERY (DOMESTIC) - 65 YEARS AND OVER**
   Suspect/Offender: [redacted]
   D.O.B. [redacted] Race: **W** Sex: **F**

2. Warrant # (s): _____

3.a. Victim's name [redacted] D.O.B. [redacted] Race: **W** Sex: **F**
   Address: [redacted]
   City: [redacted]
   Home #- [redacted] Work #: 0 Other: _____

b. Victim's next of kin, friend or neighbor: _____
   Address: _____
   City: _____
   Home #: _____ Work #: _____ Other: _____

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY.

Victim/Relation Notification Waiver and Confidential Information Request.

(check applicable boxes)

☑ **Waiver:** I choose not to be notified when the arrestee is released from custody.

☒ **Confidential:** I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: _____

Printed name of person waiving notification: [redacted]

Deputy's Name: **Deputy Bethel** I.D.# **26689** Date: **07/04/2023**

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

PBSO 00029A REV. 4199

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PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☒	Art.I s.16 (b)(5)	Other: Marsy's Law	1-6
	☒	119.071(2)(J)	Other: Victims of Specified Crimes	1-5

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REVIEW COMPLETED BY

Booking Number: 2023017380	**Date:** 7/5/2023
	Specialist Name/ID: Chantel Daniels/30347

PALM BEACH COUNTY
SHERIFF'S OFFICE

Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
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	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
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	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
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Florida Rules of Judicial Administration 2.420 (Rule of 23)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
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	☐			
	☐			
	☐			
	☐			
	☐			
Other	☒	415.107(1)	Other: Vulnerable adult abuse records and reports	1-6
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2023017380	**Date:** 7/5/2023
	Specialist Name/ID: Chantel Daniels/30347