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NIP

BMMS160
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OBT Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1 Arrest 3 Request For Warrant 2 NTA 4 Request For Capias		1 Juvenile	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		18-077584	
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 Offenses 1 0 1			
Location of Arrest (Including Name of Business) 14340 ARDEL DR PBG, FL 33410		Location of Offense (Including Name of Business) 14340 ARDEL DR PBG, FL 33410					
Date of Arrest May 23, 2018		Time of Arrest 7:10 PM		Booking Date		Booking Time	
Jail Date		Jail Time		Location of Vehicle			
Name (Last, First, Middle) LARK ALEXANDRA LAUREN		Alias (Name, DOB, Sex, etc.)					
Race W White B Black O Other		Sex F		Date of Birth 04/18/2000		Height 5'4	
Weight 130		Eye Color BLUE		Hair Color BLONDE		Complexion FAIR	
Build MEDIUM		Mental Status SINGLE		Religion CHRISTIAN		Indication of Alcohol Influence Drug Influence	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATTOO ON NECK							
Local Address (Street, Apt. Number) 14340 ARDEL DR PBG FL 33410		City		State		Zip	
Phone 561-319-2751		Residence Type 1 City 2 County 3 Rural 4 Out of State				2	
Permanent Address (Street, Apt. Number) 14340 ARDEL DR PBG FL 33410		City		State		Zip	
Phone 561-319-2751		Address Source SELF					
Business Address (Street, Apt. Number)		City		State		Zip	
Phone		Occupation UNEMPLOYED					
DL Number, State L-420-012-00-638-0		Social Security Number		INS Number		Place of Birth WEST PALM BEACH, FL	
Citizenship USA							
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Parent Legal Guardian Other		Name (Last, First, Middle)		Phone			
Address (Street, Apt. No.)		City		State		Zip	
Business Phone							
Notified By (Name)		Date		Time		Juvenile Disposition 1 Released/Processed within Court and Released 2 TOT HRS/DAYS 3 Incarcerated	
Released To (Name)		Relationship		Date		Time	
The above address was provided by ☐ defendant's order ☐ defendant's parent's. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561-395-2500) informed of any address change.		School Attended		Grade			
Property Crime? ☐ Yes ☐ No		Description of Property		Value of Property			
Drug Activity N NA P Possess		S Sell B Buy T Traffic		H Smuggle D Deliver E Use		K Dispense/ Distribute	
M Manufacture/ Produce Cultivate		Z Other		Drug Type N NA A Amphetamine		B Barbiturate C Cocaine E Heroin	
H Haloperidol M Marijuana		P Paraphernalia/ Equipment		U Unknown Z Other			
Charge Description SIMPLE BATTERY		Counts 1		Domestic Violence ☐ Y ☐ N		Statute Violation Number 784.03(1)(A)(2)	
Violation or ORD #							
Drug Activity N		Drug Type N		Amount/Unit		Offense # 18-077584	
Warrant/Capias Number				Bond			
Charge Description		Counts		Domestic Violence ☐ Y ☐ N		Statute Violation Number	
Violation or ORD #							
Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number				Bond			
Charge Description		Counts		Domestic Violence ☐ Y ☐ N		Statute Violation Number	
Violation or ORD #							
Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number				Bond			
Charge Description		Counts		Domestic Violence ☐ Y ☐ N		Statute Violation Number	
Violation or ORD #							
Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number				Bond			
Location (Court, Address, Room Number)		*** TO BE SET ***		MAY 23 PM 8:00			
Court Date and Time		Month		Day		Year	
Time		AM		PM			
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.							
Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed					
HOLD for Other Agency		Signature of Arresting Officer		Date Signed		Name Verification (Printed by Arrestee)	
Name		D/S R. GUZMAN		25654		(PRINT)	
Transporting Officer		ID #		Agency		Page	
D/S R. GUZMAN 25654		PBSD				1 of 1	

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MAY 24 2018

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 3 Request For Warrant 2 NTA 4 Request For Capias		1 Juvenile	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		18-077584	
Charge Type Check as many as apply: ☐ 1 Felony ☐ 2 Traffic Felony ☒ 3 Misdemeanor ☐ 4 Traffic Misdemeanor ☐ 5 Ordinance ☐ 6 Other		Special Notes					
Defendant Name (Last, First, Middle) LARK ALEXANDRA		Race W		Sex F		Date of Birth 04/18/2000	
Charge SIMPLE BATTERY		Charge					
Victim Name (Last, First, Middle) Moore Cheryl		Race A		Sex F		Date of Birth 11/12/1967	
Local Address (Street, Apt. Number) 14340 ARDEL DR		City PBG		State Zip FL 33410		Phone 561-635-8991	
Business Address (Street, Apt. Number)		City		State Zip		Occupation TEACHER	
The undersign swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law The person taken into custody ☐ committed the below acts in my presence ☒ confessed to admitting to the below facts ☐ was observed by _____ who told that he/she saw the arrested person commit the below acts ☒ was found to have committed the below acts, resulting from (described) investigation On the 23 day of May 20 18 at 6:46 ☐ AM ☒ PM							

I responded to 14340 ARDEL DR located within the City of Palm Beach Gardens in reference to domestic disturbance.

Upon my arrival, I met with the Complainant/Victim W/F Cheryl Moore who told me her daughter, W/F Alexandra Lark had an argument that became physical.

My investigation reveals the following:

Alexandra was planning on moving to New York to live with her boyfriend. She had just graduated High School today and was asking to borrow the money to buy the plane ticket. Cheryl explained that after she said to Alexandra that she would not buy the plane ticket Alexandra who has been diagnosed Bi-polar became highly agitated and irate. She stated Alexandra started to shout curse words at her and threw a soda can in her direction. Cheryl went to her room to try and get away and Alexandra went behind her, kicked her door in and then pulled her hair and punched Cheryl several times in the nose.

I observed blood coming from Cheryl's nose and EMS (run # 18-56015 engine 16) responded to the scene to treat Cheryl's injury. I looked around the residence where the incident happened and observed the door to Cheryl's room damages and blood on the floor. Cheryl advised the blood was hers from being punched in the nose.

I then met with Alexandra who stated the following:

Alexandra was very emotional and crying uncontrollably. She stated she does not remember what exactly happened between her and her mom. She only remembers arguing with her about trying to borrow some money to buy a plane ticket to New York.

Based on my investigations, I arrested Alexandra Lark for Simple battery in violation of F.S.S. 784.03(1)(a)(2). I placed her in handcuffs which were checked for tightness and proper fit and double locked. I transported her to the Palm Beach County Jail without incident. This case is cleared by arrest.

The foregoing instrument was sworn to and affirmed before me this 23 day of May 20 18 , by	
<i>[Signature]</i> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	D/S R. GUZMAN 25654 Name of Arresting/Investigating Officer
<i>[Signature]</i> Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<i>[Signature]</i> 25654 Signature of Arresting/Investigating Officer
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Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
(Submit this form with the original Probable Cause Affidavit)

Defendant: LARK ALEXANDRA LAUREN DOB: 04/18/2000 Case #: 18-077584
Victim: Moore Cheryl A DOB: 11/12/1967 Race: W Sex: F
Relationship between Victim and Defendant: mother / daughter

Photographs: Scene ☒ Yes ☐ No Victim ☒ Yes ☐ No Defendant ☐ Yes ☐ No
911 Call: ☒ Yes ☐ No Caller: WILBERT JOSEPH
Weapon Used: ☒ Yes ☐ No Type: hands / fists
Witness: ☐ Yes ☒ No Name: _____
Victim Pregnant: ☐ Yes ☒ No If yes, _____ Weeks _____ Months
Injuries: ☒ Yes ☐ No Description: bloody nose
Medical Treatment: ☒ Yes ☐ No
At Scene: ☒ Yes ☐ No Paramedics: PALM BEACH GARDENS FIRE ENGINE 16 RUN # 18-56015
At Hospital: ☐ Yes ☒ No Hospital: _____ Physician: _____
Are children living in the 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: I DONT REMEMBER WHAT HAPPEN
Victim's statements ☒ Yes ☐ No If yes, ☒ written ☐ recorded ☒ oral
First words Victim said when you responded to scene: SHE PULLED MY HAIR AND PUNCHED ME IN THE NOSE
Did the Victim contact anyone other than the 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: 14340 ARDEL DR
PBG FL 33410
Phone: Home: 561-635-8991 Work: _____ Cell: _____
Employer: TEACHER
Name of Relative: Guy Moore Phone: 561-319-2751

VICTIM NOTIFICATION FORM

- 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
- Dating Violence

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

1. Incident Report #: 18-077584 Agency: Palm Beach County Sheriff's Office
Offense: SIMPLE BATTERY
Suspect/Offender: LARK ALEXANDRA LAUREN
DOB: 04/18/2000 Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's Name: Moore Cheryl A DOB: 11/12/1967 Race: W Sex: F
Address: 14340 ARDEL DR
City: PBG State: FL Zip: 33410
Home #: 561-635-8991 Work #: _____ Other #: _____

b. Victim's next of kin, friend or neighbor: GUY Moore
Address: 14340 ARDEL DR
City: PBG State: FL Zip: 33410
Home #: 561-635-8991 Work #: _____ Other #: _____

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY 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: _____

Deputy's Name: D/S R.GUZMAN ID #: 25654 Date: May 23, 2018

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

PBSO #0029A REV 05/11

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #

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MAY 24 2018



**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	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2018017318

Date: 5/24/18

Specialist Name/ID: L. Rosales, 4489

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MAY 24 2018