

|                  |                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                             |  |                                                                          |  |                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                  |  |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| ADMINISTRATION   | OBTS Number                                                                                                                                                                                                                                                    |  | ARREST / NOTICE TO APPEAR                                                                                                                                                                                   |  |                                                                          |  | 1 Arrest<br>2 NTA<br>3 Request for Warrant<br>4 Request for Capias<br>5 Juvenile Referral                                                                                                                                                                                                                     |  | 1 JUVENILE                                                                                                                                                                                       |  |
|                  | Agency ORI Number<br>0500200                                                                                                                                                                                                                                   |  | Agency Name<br>Boca Raton Police Department                                                                                                                                                                 |  | Agency Report Number (NTA's only)<br>3, 2 2018-014458                    |  |                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                  |  |
| DEFENDANT        | Charge Type<br>Check as many as apply<br><input type="checkbox"/> 1 Felony<br><input type="checkbox"/> 2 Traffic Felony                                                                                                                                        |  | <input checked="" type="checkbox"/> 3 Misdemeanor<br><input type="checkbox"/> 4 Traffic Misdemeanor                                                                                                         |  | <input type="checkbox"/> 5 Ordinance<br><input type="checkbox"/> 6 Other |  | If Weapon Seized<br>Enter Type Hands, Feet, Fist, Teeth                                                                                                                                                                                                                                                       |  | Multiple Clearance Indicator                                                                                                                                                                     |  |
|                  | Location of Arrest (Including Name of Business)<br>999 E CAMINO REAL (WATERSTONE)                                                                                                                                                                              |  | Location of Offense (Business Name, Address)<br>999 E CAMINO REAL, BOCA RATON, FL 33432                                                                                                                     |  | Date of Arrest<br>10/28/2018                                             |  | Time of Arrest<br>20:40                                                                                                                                                                                                                                                                                       |  | Booking Date                                                                                                                                                                                     |  |
| CODER            | Name (Last, First, Middle)<br>VANDAGRIFF, AMY KRISTINE                                                                                                                                                                                                         |  | Alias:<br>Alias (Name, DOB, Soc Sec #, Etc.)                                                                                                                                                                |  | Race<br>W - White<br>B - Black<br>O - Oriental/Asian<br>W F              |  | Date of Birth<br>04/16/1984                                                                                                                                                                                                                                                                                   |  | Height<br>5'08                                                                                                                                                                                   |  |
|                  | Sex<br>F                                                                                                                                                                                                                                                       |  | Weight<br>190                                                                                                                                                                                               |  | Eye Color<br>BROWN                                                       |  | Hair Color<br>RED                                                                                                                                                                                                                                                                                             |  | Complexion<br>LIGHT                                                                                                                                                                              |  |
| JUVENILE         | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)<br>TATT R WRIST/ "VIS"; TATT L WRIST/ "EROS"; TATT BACK                                                                                                                          |  | Marital Status<br>O                                                                                                                                                                                         |  | Religion<br>ATHESIT                                                      |  | Indication of Alcohol Intoxication<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>                                                                                                                                                                    |  | Indication of Drug Intoxication<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>                                                          |  |
|                  | Local Address (Street, Apt. Number)<br>12102 BRANDING IRON CT, WELLINGTON, FL 33414                                                                                                                                                                            |  | (City)<br>(State)<br>(Zip)                                                                                                                                                                                  |  | Phone                                                                    |  | Residence Type<br>1 City<br>2 County<br>3 Florida<br>4 Out of State                                                                                                                                                                                                                                           |  | Address Source<br>FLDL                                                                                                                                                                           |  |
| NOTICE TO APPEAR | Permanent Address (Street, Apt. Number)<br>12102 BRANDING IRON CT, WELLINGTON, FL 33414                                                                                                                                                                        |  | (City)<br>(State)<br>(Zip)                                                                                                                                                                                  |  | Phone                                                                    |  | Occupation<br>FLDL                                                                                                                                                                                                                                                                                            |  | Personal Trainee                                                                                                                                                                                 |  |
|                  | Business Address (Name, Street)<br>ULTIMATE FITNESS, 12799 FOREST HILL BLVD                                                                                                                                                                                    |  | (City)<br>(State)<br>(Zip)                                                                                                                                                                                  |  | Phone<br>(561) 795-2823                                                  |  | Citizenship<br>US                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                  |  |
| INVESTIGATOR     | D/L Number, State<br>VS32011846361 / FL                                                                                                                                                                                                                        |  | Soc. Sec. Number                                                                                                                                                                                            |  | INS Number                                                               |  | Place of Birth (City, State)<br>PALAKA, FL                                                                                                                                                                                                                                                                    |  | Citizenship<br>US                                                                                                                                                                                |  |
|                  | Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                        |  | Race                                                                                                                                                                                                        |  | Sex                                                                      |  | Date of Birth                                                                                                                                                                                                                                                                                                 |  | <input type="checkbox"/> 1 Arrested<br><input type="checkbox"/> 2 At Large<br><input type="checkbox"/> 3 Felony<br><input type="checkbox"/> 4 Misdemeanor<br><input type="checkbox"/> 5 Juvenile |  |
| NOTICE TO APPEAR | Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                        |  | Race                                                                                                                                                                                                        |  | Sex                                                                      |  | Date of Birth                                                                                                                                                                                                                                                                                                 |  | <input type="checkbox"/> 1 Arrested<br><input type="checkbox"/> 2 At Large<br><input type="checkbox"/> 3 Felony<br><input type="checkbox"/> 4 Misdemeanor<br><input type="checkbox"/> 5 Juvenile |  |
|                  | Parent <input type="checkbox"/> Other <input type="checkbox"/>                                                                                                                                                                                                 |  | Name (Last, First, Middle)                                                                                                                                                                                  |  | Residence Phone                                                          |  | Business Phone                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                  |  |
| NOTICE TO APPEAR | Legal Custodian <input type="checkbox"/>                                                                                                                                                                                                                       |  | Address (Street, Apt. Number)                                                                                                                                                                               |  | (City)<br>(State)<br>(Zip)                                               |  | Notified by (Name)                                                                                                                                                                                                                                                                                            |  | Relationship                                                                                                                                                                                     |  |
|                  | Released To (Name)                                                                                                                                                                                                                                             |  | Relationship                                                                                                                                                                                                |  | Time                                                                     |  | JUVENILE DISPOSITION<br>1 Handled/Processed within Department and Released<br>2 TOT IAC<br>3 Incarcerated                                                                                                                                                                                                     |  |                                                                                                                                                                                                  |  |
| NOTICE TO APPEAR | 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<br>(Phone 355-2526) informed of any change of address. |  | Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                         |  | Description of Property                                                  |  | Value of Property                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                  |  |
|                  | Drug Activity<br>N N/A<br>P Possess                                                                                                                                                                                                                            |  | S Sell<br>B Buy<br>T Traffic                                                                                                                                                                                |  | R Smuggle<br>D Deliver<br>E Use                                          |  | K Dispense/<br>Distribute                                                                                                                                                                                                                                                                                     |  | M Manufacture/<br>Produce/<br>Cultivate                                                                                                                                                          |  |
| NOTICE TO APPEAR | Charge Description<br>BATTERY                                                                                                                                                                                                                                  |  | Statute Violation Number<br>784.03(1A1)                                                                                                                                                                     |  | Violation of ORD #                                                       |  | Charge Description                                                                                                                                                                                                                                                                                            |  | Statute Violation Number                                                                                                                                                                         |  |
|                  | Drug Activity                                                                                                                                                                                                                                                  |  | Drug Type                                                                                                                                                                                                   |  | Amount / Unit                                                            |  | Offense #                                                                                                                                                                                                                                                                                                     |  | Counts                                                                                                                                                                                           |  |
| NOTICE TO APPEAR | Charge Description                                                                                                                                                                                                                                             |  | Statute Violation Number                                                                                                                                                                                    |  | Violation of ORD #                                                       |  | Charge Description                                                                                                                                                                                                                                                                                            |  | Statute Violation Number                                                                                                                                                                         |  |
|                  | Drug Activity                                                                                                                                                                                                                                                  |  | Drug Type                                                                                                                                                                                                   |  | Amount / Unit                                                            |  | Offense #                                                                                                                                                                                                                                                                                                     |  | Counts                                                                                                                                                                                           |  |
| NOTICE TO APPEAR | Charge Description                                                                                                                                                                                                                                             |  | Statute Violation Number                                                                                                                                                                                    |  | Violation of ORD #                                                       |  | Charge Description                                                                                                                                                                                                                                                                                            |  | Statute Violation Number                                                                                                                                                                         |  |
|                  | Drug Activity                                                                                                                                                                                                                                                  |  | Drug Type                                                                                                                                                                                                   |  | Amount / Unit                                                            |  | Offense #                                                                                                                                                                                                                                                                                                     |  | Counts                                                                                                                                                                                           |  |
| NOTICE TO APPEAR | Health / Apparent Physical Condition of Defendant                                                                                                                                                                                                              |  | Any knowledge of the following <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Scars |  | Explain                                                                  |  | Check which applies <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> TOT County Jail                                                                                                                                                      |  | PROPERTY - Received By                                                                                                                                                                           |  |
|                  | Transported By                                                                                                                                                                                                                                                 |  | Date Transported                                                                                                                                                                                            |  | Time Transported                                                         |  | Other                                                                                                                                                                                                                                                                                                         |  | Released By                                                                                                                                                                                      |  |
| NOTICE TO APPEAR | INSTRUCTION NO. 1 - Mandatory appearance in court<br><input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court<br>but must comply with instructions on Page 2.                                                                      |  | Location (Court, Room)<br>South County 200 W Atlantic Ave Delray Beach, FL 33444                                                                                                                            |  | Court Date and Time                                                      |  | 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)                                                                                                                                        |  |
|                  | Signature of Defendant (or Juvenile and Parent/Custodian)                                                                                                                                                                                                      |  | Date Signed                                                                                                                                                                                                 |  | Name Verification (Printed by Arrestee)                                  |  | Signature of Arresting Officer                                                                                                                                                                                                                                                                                |  | Name of Arresting Officer (Print)                                                                                                                                                                |  |
| NOTICE TO APPEAR | HOLD at Other Agency                                                                                                                                                                                                                                           |  | Signature of Arresting Officer                                                                                                                                                                              |  | Name of Arresting Officer (Print)                                        |  | ID #                                                                                                                                                                                                                                                                                                          |  | Agency                                                                                                                                                                                           |  |
|                  | Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Other <input type="checkbox"/>                                                                                                                                                            |  | Pouch #                                                                                                                                                                                                     |  | Witness here if subject signed with an "X"                               |  | Page                                                                                                                                                                                                                                                                                                          |  | 1 of 1                                                                                                                                                                                           |  |

| PROBABLE CAUSE AFFIDAVIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                |                                                    |                                                                                                     | 1 Arrest<br>2 N.T.A.                                                                                                                                                                                                                | 3 Request for Warrant<br>4. Request for Capias                           | 1                                  | JUVENILE                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------|------------------------------------|
| OBS Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                |                                                    |                                                                                                     |                                                                                                                                                                                                                                     |                                                                          |                                    |                                    |
| Agency ORI Number<br><b>FL 0500200</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Agency Name<br><b>BOCA RATON POLICE DEPARTMENT</b>                             | Agency Report Number<br><b>3   2   2018-014458</b> |                                                                                                     |                                                                                                                                                                                                                                     |                                                                          |                                    |                                    |
| Charge Type<br>Check as many as apply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> 1 Felony<br><input type="checkbox"/> 2 Traffic Felony |                                                    | <input checked="" type="checkbox"/> 3 Misdemeanor<br><input type="checkbox"/> 4 Traffic Misdemeanor |                                                                                                                                                                                                                                     | <input type="checkbox"/> 5 Ordinance<br><input type="checkbox"/> 6 Other |                                    | Special Notes                      |
| Name (Last, First, Middle)<br><b>VANDAGRIFF, AMY KRISTINE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                |                                                    |                                                                                                     | Alias                                                                                                                                                                                                                               | Race<br><b>W</b>                                                         | Sex<br><b>F</b>                    | Date of Birth<br><b>04/16/1984</b> |
| Charge Description<br><b>784.03(1A1) BATTERY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                | Charge Description                                 |                                                                                                     |                                                                                                                                                                                                                                     |                                                                          |                                    |                                    |
| Charge Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                | Charge Description                                 |                                                                                                     |                                                                                                                                                                                                                                     |                                                                          |                                    |                                    |
| Victim's Name (Last, First, Middle)<br><b>GRIQUA, GARRETT JUSTIN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                |                                                    |                                                                                                     | Race<br><b>W</b>                                                                                                                                                                                                                    | Sex<br><b>M</b>                                                          | Date of Birth<br><b>04/17/1981</b> |                                    |
| Local Address (Street, Apt. Number) (City) (State) (Zip)<br><b>12102 BRANDING IRON CT, WELLINGTON, FL 33414</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                |                                                    |                                                                                                     | Phone<br><b>(954) 913-5555</b>                                                                                                                                                                                                      |                                                                          | Address Source                     |                                    |
| Business Address (Name, Street) (City) (State) (Zip)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                |                                                    |                                                                                                     | Phone                                                                                                                                                                                                                               |                                                                          | Occupation                         |                                    |
| <p>The undersigned certifies and 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</p> <p>The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> confessed to <b>OFc. BOHAN</b> admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation</p> <p>On the <b>28</b> day of <b>October</b>, <b>2018</b> at <b>20:40</b> (Specifically include facts constituting cause for arrest)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                |                                                    |                                                                                                     |                                                                                                                                                                                                                                     |                                                                          |                                    |                                    |
| <p>On 10/28/18 I was dispatched to 999 E Camino Real (Waterstone Hotel) in response to a domestic disturbance. Upon arrival, I spoke to the witness who observed the incident, Anthony Washko.</p> <p>Washko advised he is the valet manager at the hotel and was walking in the parking lot towards his car at the time the incident occurred. He stated he observed one of his co-workers, Garrett Grioua, standing next to his car in a verbal argument with his girlfriend, Amy Vandagriff. He said he could hear Grioua, who is a bouncer at the hotel, telling Vandagriff she was too intoxicated to drive home. Washko said he observed Vandagriff attempt to retrieve the keys from Grioua so she could drive, but he wasn't letting her. He then stated the argument escalated and he observed Vandagriff attempt to slap Grioua across the face with an open hand. He said he was not sure if she actually made contact with his face because it was too dark. That's when Vandagriff, who was heavily intoxicated, began to scream at Grioua. Her screams were heard by Ofc. Bissoon who was parked in a near-by area. Ofc. Bissoon then arrived on scene and separated Vandagriff and Grioua (see his supplement for further).</p> <p>I then spoke to Garrett Grioua about the incident.</p> <p>Grioua advised he is the bouncer at Waterstone Hotel and brought his girlfriend, Amy Vandagriff, to the hotel so she could drink for free. He advised she drank a little too much and needed to go home. He stated they got into a verbal argument over her not being able to drive because she was too intoxicated, but nothing physical occurred. Grioua said she kept trying to reach for the keys but he wouldn't let her have them. He stated she never struck him in the face.</p> <p>I then met with Amy Vandagriff and advised her of her constitutional warnings, which I read from my department issued Miranda Card. She stated she understood and</p> |                                                                                |                                                    |                                                                                                     |                                                                                                                                                                                                                                     |                                                                          |                                    |                                    |
| SWORN AND SUBSCRIBED BEFORE ME<br><br><b>FRENZ, JONATHAN RYAN</b><br>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)<br><b>10/28/2018</b><br>DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                |                                                    |                                                                                                     | <br>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER<br><b>BOHAN, ANDREW (810)</b><br>NAME OF OFFICER (PLEASE PRINT)<br><b>10/28/2018</b><br>DATE |                                                                          |                                    |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                |                                                    |                                                                                                     | PAGE                                                                                                                                                                                                                                |                                                                          | 1 of 2                             |                                    |

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

| OBT Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                               | PROBABLE CAUSE AFFIDAVIT<br>SUPPLEMENT |                                                                                                                                                                                                                                                                   | 1 Arrest<br>2 N.T.A. |                                                    | 3 Request for Warrant<br>4 Request for Capias |                                    | 1                     | JUVENILE |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------|-----------------------------------------------|------------------------------------|-----------------------|----------|
| ADMINISTRATIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Agency ORI Number<br><b>FL 0500200</b>                        |                                        | Agency Name<br><b>BOCA RATON POLICE DEPARTMENT</b>                                                                                                                                                                                                                |                      | Agency Report Number<br><b>3   2   2018-014458</b> |                                               |                                    |                       |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Charge Type<br>Check as many as apply                         |                                        | <input type="checkbox"/> 1 Felony<br><input type="checkbox"/> 2 Traffic Felony<br><input checked="" type="checkbox"/> 3 Misdemeanor<br><input type="checkbox"/> 4 Traffic Misdemeanor<br><input type="checkbox"/> 5 Ordinance<br><input type="checkbox"/> 6 Other |                      | Special Notes                                      |                                               |                                    |                       |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Name (Last, First, Middle)<br><b>VANDAGRIFF, AMY KRISTINE</b> |                                        | Alias                                                                                                                                                                                                                                                             |                      | Race<br><b>W</b>                                   | Sex<br><b>F</b>                               | Date of Birth<br><b>04/16/1984</b> |                       |          |
| <p>wished to speak to me.</p> <p>Vandagriff advised she had been drinking all day and got into a verbal argument with Grioua because he wasn't letting her drive home. She said she got mad at him and struck him in the face with her open hand. She said she only struck him once and then continued to scream at him, which is when Ofc. Bissoon arrived on scene and separated them. She apologized for her actions, but believed she needed to be arrested for what she had done. She stated Grioua never put his hands on her.</p> <p>I returned and spoke to Grioua about what Vandagriff said happened during the incident. Grioua then admitted to me that Vandagriff did in fact slap him across the face, but he didn't want to tell me when I originally spoke to him because he didn't want her to go to jail. Grioua advised he did not obtain any injuries or marks and denied BRFD treatment.</p> <p>Vandagriff is being charged with FSS 784.03(1a) Simple Battery. A photo of Grioua's face was placed into BRPD evidence. Washko provided a written witness statement of the incident which was also placed into evidence. Grioua was given a Domestic Violence Pamphlet and a Victim Notification Form was completed. Vandagriff was transported to Palm Beach County Jail for processing.</p> |                                                               |                                        |                                                                                                                                                                                                                                                                   |                      |                                                    |                                               |                                    |                       |          |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><b>FRENZ, JONATHAN RYAN</b></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 117 10)</p> <p><b>10/28/2018</b></p> <p>DATE</p> </div> <div style="width: 45%;"> <p></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><b>BOHAN, ANDREW (810)</b></p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><b>10/28/2018</b></p> <p>DATE</p> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                               |                                        |                                                                                                                                                                                                                                                                   |                      |                                                    |                                               |                                    |                       |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                               |                                        |                                                                                                                                                                                                                                                                   |                      |                                                    |                                               |                                    | PAGE<br><b>2 of 2</b> |          |

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

# VICTIM NOTIFICATION FORM

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

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- 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.)

Upon completion, this form must accompany the booking paperwork.

If applying for a warrant, attach this form to the filing packet.

1. Incident Report#: 2018-014458 Agency: Bella Kinton PD  
Offense: Simple Battery (Domestic)  
Suspect/Offender: Amy Vandagriff  
D.O.B. 04/16/84 Race: W Sex: F

2. Warrant#(s): \_\_\_\_\_

3.a. Victim's name: Garrett Grioux D.O.B. 9/17/81 Race: W Sex: M  
Address: 12102 Branding Iron Court  
City: Wellington State: FL Zip: 33414  
Home#: N/A Work#: N/A Other: 954-913-5555

b. Victim's next of kin, friend or neighbor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
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: Pursuant to F.S. 119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).  
Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: \_\_\_\_\_

Printed name of person waiving notification: \_\_\_\_\_

Officer's Name: Buham I.D.# 860 Date: 10/28/18

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

SUSPECT/OFFENDER: \_\_\_\_\_

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#: \_\_\_\_\_



**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) |
|--------------------------------------------------------------------|-------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| <b>L/E Exemptions</b>                                              | <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.                                                                                                                                                                |                |
| <b>Public Info. Exemptions</b>                                     | <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.                                            |                |
| <b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b> | <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"/>            |                                         |                                                                                                                                                                            |                |
| <b>Other</b>                                                       | <input type="checkbox"/>            | 119.014(3A)(13)(1-3C)                   | Other: Keep Separate - Court Documents/Official Records                                                                                                                    |                |
|                                                                    | <input type="checkbox"/>            | 119.071(2c)                             | Other: Active Criminal Intelligence Information                                                                                                                            |                |

**REVIEW COMPLETED BY**

|                                   |                                        |
|-----------------------------------|----------------------------------------|
| <b>Booking Number:</b> 2018036146 | <b>Date:</b> 10/29/2018                |
|                                   | <b>Specialist Name/ID:</b> WATSON/6665 |