0481429

758

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 16132047

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

Weapon Seized / Type: 1. Yes 2. No

Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
17880 KEY VISTA WAY, BOCA RATON, FL 33496	SAME AS ARREST

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
9/27/16	1006					

DEFENDANT

Name (Last, First, Middle): ARNETT, ANDREW

Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	5/12/1974	5'10"	168	BRN	BRN	MED	MED

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): SCARS ON BOTH LEGS

Marital Status: MARRIED | Religion: NONE | Indication of: Alcohol Influence ☐ Y ☐ N ☐ Unk. / Drug Influence ☐ Y ☐ N ☐ Unk.

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
17880 KEY VISTA WAY	BOCA RATON,	FL.	33496	(561) 212-3045	2

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
SAME AS LOCAL				( )	LICENSE

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
				( )	BUSINESS OWNER

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
FL	[redacted]		SUMTER, SOUTH CAROLINA	US

CO-DEF

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: Name (Last) (First) (Middle) — Residence Phone ( )

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

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

Released To: (Name)	Relationship	Date	Time

The above address provided by ☐ defendant and / or ☐ defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2528) informed of any change of address. ☐ Yes, by: (Name) ☐ No: (Reason)

School Attended | Grade

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

CODE

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

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

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
SIMPLE BATTERY(DOMESTIC)	1	☒ Y ☐ N	784.031A1	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	0	16132047		NONE

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

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

SEP 27 PM 12:20

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

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

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

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

NOTICE TO APPEAR

Location (Court, Room Number, Address)

Court Date and Time: Month Day Year Time AM PM

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

Signature of Defendant (or Juvenile and Parent /Custodian) — Date Signed: 9/27/16

ADMIN

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☑ Suicidal ☐ Other:

Intake Deputy I.D. # Pouch #

Signature of Arresting Officer: X

Name of Arresting Officer (Print): TODD BAKER I.D. #: 6202

Transporting Officer: TODD BAKER ID #: 6202 Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an -"X"

PAGE OF

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO #148 REV. 8/97

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

Juvenile: N

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 16132047

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
ARNETT, ANDREW		W	M	5/12/1974

CHARGES

Charge Description		Charge Description	
SIMPLE BATTERY(DOMESTIC)	784.031A1		
Charge Description		Charge Description	

VICTIM

Race	Sex	Date of Birth
[redacted]		

PROBABLE CAUSE STATEMENT

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.

The Person taken into custody

☐ committed the below acts in my presence.

☐ confessed to _____ admitting to the below facts.

☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

☒ was found to have commited the below acts, resulting from my (described) investigation.

On the 27 day of SEPTEMBER 20 16 at 08:10 ☒ A.M. ☐ P.M. (Specifically include facts constituting cause for arrest.)

I WAS DISPATCHED TO THE DISTRICT 7 SUBSTATION, LOCATED AT 17901 STATE ROAD 7, IN UNINCORPORATED BOCA RATON, PALM BEACH COUNTY, IN REFERENCE TO A DELAYED DOMESTIC BATTERY REPORT. UPON MY ARRIVAL, I MADE CONTACT WITH [redacted] WHO REPORTED THAT SHE HAD AN ARGUMENT WITH HER HUSBAND ANDREW ARNETT LAST NIGHT ON 9/26/16 AT ABOUT 1900 HOURS. DURING THE ARGUMENT, ANDREW GRABBED [redacted] BY BOTH ARMS AND SHE TOLD HIM TO LET GO OF HER. WHEN ANDREW WOULD NOT RELEASE HER, [redacted] YELLED FOR HER SON [redacted] STATED, "MY MOM CALLED ME, AND WHEN I WENT INTO THE ROOM MY DAD HAD HIS HANDS AROUND MY MOM AND WAS SQUEEZING." [redacted] STATED, THAT THE REOCCURRING ARGUMENTS ARE CONCERNING A FAMILY TRUST AND THAT ANDREW IS NOT MAKING GOOD DECISIONS REGARDING THEIR FAMILY. THEY HAVE BEEN MARRIED FOR FIFTEEN YEARS AND HAVE RESIDED IN THEIR CURRENT RESIDENCE FOR THE LAST TWO YEARS. [redacted] ADDED, THAT SEVERAL ARGUMENTS OCCURRED DURING THAT EVENING, AND ANDREW PARKED THE LAND ROVER BEHIND HER CADILAC SO THAT SHE COULD NOT DRIVER THE CAR, TOOK HER HOUSE AND CAR KEYS, AND TOOK HER CELLULAR PHONE AWAY FROM HER. THIS MORNING ON 9/27/16, [redacted] HAD TO ASK THE COMMUNITY SECURITY COMPANY TO DRIVE HER AND THEIR THREE CHILDREN TO THE DISTRICT 7 SUBSTATION TO MAKE THE REPORT. BASED ON MY INVESTIGATION, PROBABLE CAUSE EXISTS FOR THE ARREST OF ANDREW ARNETT FOR INTENTIONALLY GRABBING [redacted] AGAINST HER WILL, WITNESSED BY [redacted] WHICH RESULTED IN NO INJURY TO [redacted]

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

6202 TODD BAKER
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27 day of SEPTEMBER 20 16 by TODD BAKER

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

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

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

PALM BEACH COUNTY SHERIFF'S OFFICE
DOMESTIC VIOLENCE PROBABLE CAUSE SUPPLEMENTAL FORM
(SUBMIT WITH STATE ATTORNEY'S COPY OF PROBABLE CAUSE AFFIDAVIT)

CASE NUMBER# 16132047

DEFENDANT'S NAME: ARNETT, ANDREW

DEFENDANTS STATEMENT ☒ YES ☐ NO (IF YES: ☐ WRITTEN ☐ TAPED ☒ ORAL)

SYNOPSIS: THAT HIS WIFE PUSHED HIS CHEST AND SHE WAS IN HIS FACING YELLING AT HIM. THAT HE WAS TRYING TO PULL HIS WIFE OFF OF HIM WHEN HIS SON WALKED IN.

VICTIM'S NAME: [redacted]

VICTIM'S STATEMENTS: ☑ YES ☐ NO (IF YES) ☑ WRITTEN ☐ TAPED ☐ ORAL)

OBSERVATIONS OF VICTIM: (PHYSICAL & EMOTIONAL) SHE WAS CRYING AND WAS CONCERNED ABOUT WHERE THE CHILDREN WOULD STAY.

RELATIONSHIP BETWEEN VICTIM AND SUSPECT: HUSBAND AND WIFE

PHOTOGRAPHS: SCENE: ☐ YES ☒ NO VICTIM (S): ☐ YES ☒ NO

911 CALL: ☐ YES ☒ NO WHO CALLED:

WEAPON USED: ☐ YES ☒ NO TYPE:

MEDICAL TREATMENT: ☐ YES ☒ NO

AT SCENE: ☐ YES ☒ NO PARAMEDICS:

AT HOSPITAL: ☐ YES ☒ NO HOSPITAL: PHYSICIAN:

ARE CHILDREN LIVING IN HOME: ☒ YES ☐ NO

NAME: [redacted]

NAME:

NAME:

WAS ACT(S) COMMITTED IN PRESENCE OF MINOR(S): ☑ YES ☐ NO (IF YES ☐ SAME AS ABOVE OR SPECIFY)

NAME: [redacted] DOB: [redacted]

NAME: DOB:

NAME: DOB:

DCF NOTIFIED: (IF CHILD ABUSE) ☑ YES ☐ NO

VICTIM PREGNANT- ☐ YES ☑ NO

PRIOR HISTORY OF DOMESTIC VIOLENCE: ☐ YES ☑ NO

ALCOHOL OR DRUGS INVOLVED: ☐ YES ☑ NO

VIOLATION OF RESTRAINING ORDER: ☐ YES ☑ NO CASE #:

ALTERNATE VICTIM CONTACT INFORMATION: (IF VICTIM DECIDES TO LEAVE RESIDENCE)

RELATIVE/FRIEND NAME: NONE PHONE:

RELATIVE/FRIEND ADDRESS:

VICTIM NOTIFICATION FORM

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

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

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

SUSPECT/OFFENDER: _____ COURT CASE/WARRANT#. _____ (FOR WARRANTS USE ONLY)

1. Incident Report #: 16132047 Agency: PBSO
   Offense: SIMPLE BATTERY(DOMESTIC)
   Suspect/Offender: ARNETT, ANDREW
   D.O.B. 5/12/1974 Race: W Sex: M

2. Warrant # (s): _____

3.a. [redacted]

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

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Deputy's Name: TODD BAKER I.D.# 6202 Date: 9/27/16

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

PBSO 00029A REV. 4199