

J# 0492969 17CF10555

P# 1551

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile

ADMINISTRATIVE

OBTS Number	Agency ORI Number FLO 5 0 2 6 0 0	Agency Name PALM BEACH GARDENS POLICE DEPT.	Agency Report Number (N.T.A.'s only) 7 8 1 1 7 1 0 0 6 3 7 7 () ()
Charge Type: Check as many as apply.	<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other
If Weapon Seized		Enter Type	
Date of arrest 10/31/17		Time of Arrest 16:53	Booking Date

DEFENDANT

Name (Last, First, Middle) Rossbach, Ashley, Houghton	Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White B - Black	Sex M F W F	Date of Birth 03/06/74	Height 502
Weight 130	Eye Color BRN	Hair Color BRN	Complexion LGT
Build MED	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Tattoos - both ankles and breast area	Marital Status Single	Religion Christian
Local Address (Street, Apt. Number) 102 Brackenwood Rd.	(City) PBG	(State) FL	(Zip) 33410
Phone (305) 484-4111	Residence Type: 1. City 2. County 3. Florida 4. Out of State	Indication of: Alcohol Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk.	
Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)
Business Address (Name, Street)	(City)	(State)	(Zip)
D/L Number, State R212 008 74 5860 FL	INS Number	Place of Birth (City, State) Memphis, TN	Citizenship US

CO-DEF.

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile

JUVENILE

Parent Name (Last) Other:	(First) (Middle)	Residence Phone () ()
Address (Street, Apt. Number)	(City) (State)	(Zip) Business Phone () ()
Notified by: (Name)	Date	Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT DCF 3. Incarcerated
Released To: (Name)	Relationship	Date Time
The above address was provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parent. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		School Attended Grade
Property Crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 F. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
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CHARGE

Charge Description Domestic Battery on 65 or older	Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 7.8.4.10.8(2)(c)	Violation of ORD #
Drug Activity N	Drug Type N	Amount / Unit	Offense #	Warrant / Capias Number
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number

NOTICE TO APPEAR

<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court	Location (Court, Room Number, Address)
<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.	Court Date and Time Month Day Year 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)	Date Signed

ADMIN.

HOLD for other Agency Name:	Signature of Arresting Officer X [Signature] 478	Name Verification (Printed by Arrestee) OCT 31 PM 7:32
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	(PRINT)
Initials of Report D/S B. SHATARA #7023	Name of Arresting Officer (Print) A. Luciano I.D.# 478	PAGE
Transporting Officer I.D.# A. Luciano 478	Agency PBGPD	Witness here if subject signed with an "X" 1 OF 1

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

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 10/31/2017 18:22		Agency Name PALM BEACH GARDENS POLICE		Agency Report Number 7 8 17-006377	
	Agency ORI Number FL 0502600		Name (Last, First, Middle) ROSSBACH, ASHLEY HOUGHTON		Race W	Sex F
D E F	Charge Description 784.08(2)(C) BATTERY - ON 65 YOA/OLDER		Date of Birth 03/06/1974			
	Victim's Name (Last, First, Middle) [REDACTED]		Race W	Sex F	Date of Birth 08/15/1948	
C H R G	Business Address (Name, Street) [REDACTED]		(City) [REDACTED]	(State) [REDACTED]	(Zip) [REDACTED]	Phone [REDACTED]
	Address Source [REDACTED]		Occupation [REDACTED]			
V I C T I M	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): VISIBLY UPSET			
	VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>					
A D D I T I O N A L	RELATIONSHIP BETWEEN VICTIM & SUSPECT [REDACTED]					
	PHOTOGRAPHS:	Scene: <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>		
	Victim: <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
	911 CALL: <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: [REDACTED] VICTIM		
	WEAPON USED: <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TYPE: HANDS		
	WITNESSES: <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If YES, attach witness list)		
	INJURIES: <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
	MEDICAL TREATMENT: <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
	AT: Scene: <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PARAMEDICS:		
	Hospital: <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:		
I N F O R M A T I O N	ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES/AGES:	
	H. R. S. NOTIFIED: <input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	VICTIM PREGNANT: <input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #:	
	PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
N A R R	On 10/31/2107 at 4:26pm, I responded to [REDACTED] in response to a domestic disturbance.					
	Upon my arrival I made contact with the victim identified as [REDACTED] who was waiting outside of the					
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true. <i>Aug L #478</i> SIGNATURE OF ARRESTING OFFICER Sworn to and subscribed to before me this <u>31</u> day of <u>OCTOBER 2017</u> . <i>Fto B. Guerrero #321</i> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)						

CERTIFIED COPY

SCANNED
NOV 01 2017

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

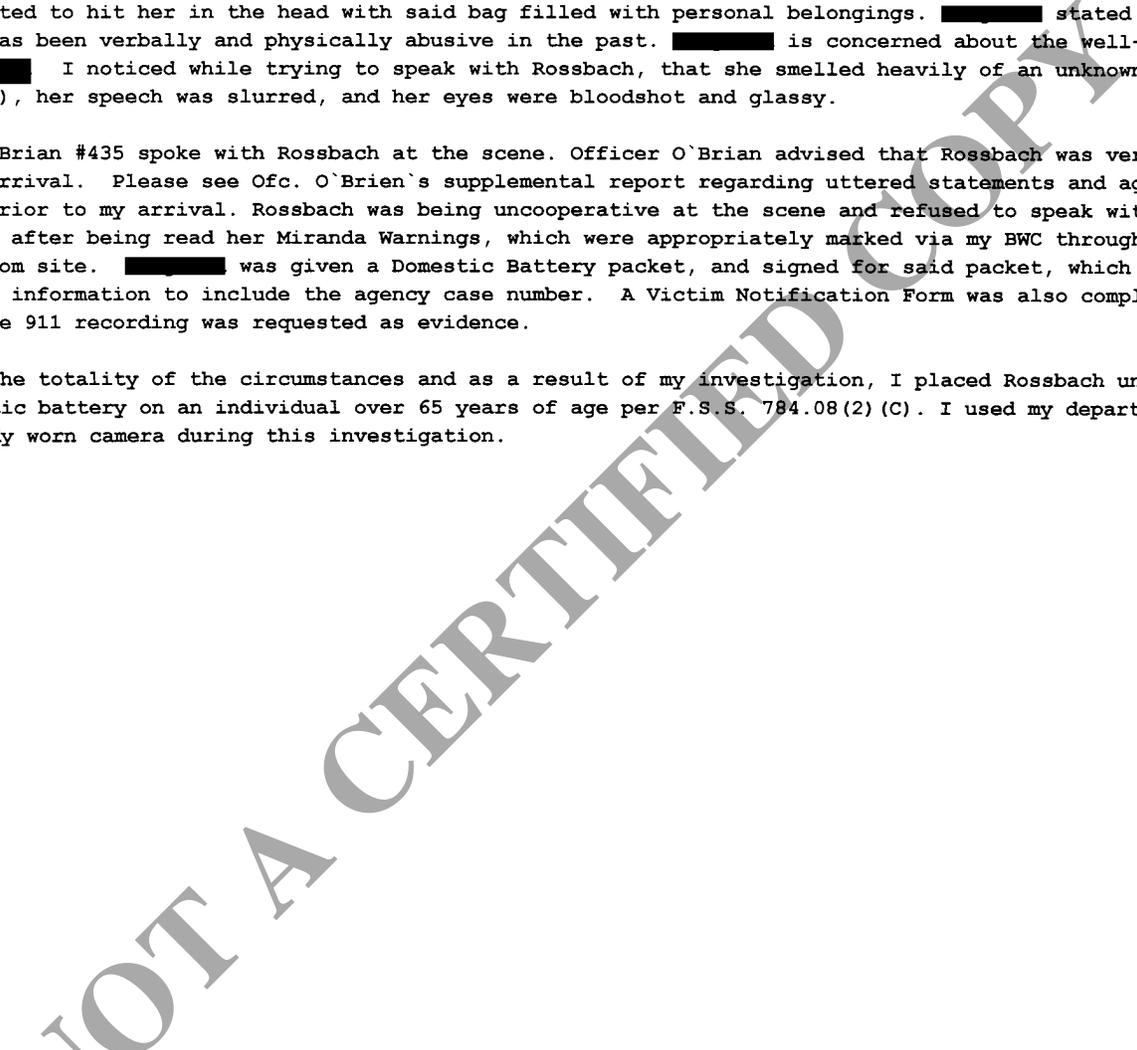
Palm Beach County
Narrative Continuation

A D M I N I S T R A T I V E	Date / Time 10/31/2017 18:22	Agency ORI Number FL 0502600	Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 17-006377
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above listed residence sitting on a curb. [REDACTED] stated that she had been in a verbal argument with [REDACTED] Ashley Rossbach. [REDACTED] stated that Rossbach had been drinking alcoholic beverages, and that she becomes very emotional when she is under the influence of alcohol. [REDACTED] continued to explain that Rossbach has been dealing with depression, along with stress from studying for exams. [REDACTED] stated that she began to collect some personal items during an attempt to leave the residence. [REDACTED] stated that Rossbach began to hit her repeatedly with her hands as she attempted to gather her belongings. [REDACTED] also stated that she was on the phone with 911 operators while Rossbach was hitting her. She stated and showed to me, that she was hit on both of her arms (specifically both forearms), and that [REDACTED] grabbed the bag she was holding, and attempted to hit her in the head with said bag filled with personal belongings. [REDACTED] stated that Rossbach has been verbally and physically abusive in the past. [REDACTED] is concerned about the well-being of [REDACTED]. I noticed while trying to speak with Rossbach, that she smelled heavily of an unknown alcoholic beverage(s), her speech was slurred, and her eyes were bloodshot and glassy.

Officer O`Brian #435 spoke with Rossbach at the scene. Officer O`Brian advised that Rossbach was very agitated upon her arrival. Please see Ofc. O`Brien`s supplemental report regarding uttered statements and aggressive behavior prior to my arrival. Rossbach was being uncooperative at the scene and refused to speak with me, especially after being read her Miranda Warnings, which were appropriately marked via my BWC through the Evidence.com site. [REDACTED] was given a Domestic Battery packet, and signed for said packet, which included my contact information to include the agency case number. A Victim Notification Form was also completed. A copy of the 911 recording was requested as evidence.

Based on the totality of the circumstances and as a result of my investigation, I placed Rossbach under arrest for domestic battery on an individual over 65 years of age per F.S.S. 784.08(2)(C). I used my department issued body worn camera during this investigation.



STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

[Signature] #478
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 31 day of OCTOBER, 2017

[Signature] #321
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED
NOV 01 2017

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

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

1. Incident Report #: 17-006377 Agency: PBGPD
 Offense: Domestic Battery
 Suspect/Offender: Ashley H. Rossbach
 D.O.B. 3/6/74 Race: White Sex: Female

2. Warrant #(s): _____

3. Complete one (1) of the following:

a. Victim _____
 Address _____
 City: _____ Zip: _____
 Home _____ Other: _____

b. Victim's next of kin: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Other: _____

c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Other: _____

4. Relevant identification or case numbers assigned to the case (please specify):

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: _____
 Printed name of person waiving notification: _____

Officer's Name : A. Luciano I.D.: 478 Date: 10/31/17

SUSPECT/OFFENDER: Ashley H. Rossbach

COURT CASE/WARRANT #:
 (FOR WARRANTS USE ONLY)