

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	
ADMIN	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06- 18-055032					
	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other			
CHARGES	Name (Last, First, Middle) ROSENBERG CAITLYN		Alias I	Race W	Sex F	Date of Birth 1/3/2000		
	Charge Description BATTERY		784.03 1a1					
VICTIM	Victim's Name (Last, First, Middle) DAVID ZAND		Race W	Sex M	Date of Birth 10/1/89			
	Local Address (Street, Apt. Number) 9779 PORTA LEONA LN		(City) BOYNTON BEACH, FL 33472	(State)	(zip)	Phone (561) 293-9821	Address Source VERBAL	
	Business Address (Name, Street)		(City)	(State)	(zip)	Phone ()	Occupation SELF EMPLOYED	
	<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. 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 type="checkbox"/> confessed to _____ 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 27TH day of MARCH 20 18 at 0948 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>							
<p>I RESPONDED TO 9779 PORTA LEONA LN BOYNTON BEACH, FL 33472 PALM BEACH COUNTY IN REF TO A DISTURBANCE. UPON ARRIVAL I MET WITH DAVID ZAND WHO STATED HE WAS HAVING A VERBAL ARGUEMENT WITH HIS GIRLFRIEND, CAITLYN ROSENBERG. HE SAID THEY HAD BEEN DATING FOR APPROX NINE MONTHS AND HE DID NOT WANT TO TALK TO ME ANY FURTHER REF THIS INCIDENT. I DID OBSERVE REDNESS TO HIS FACE AND A RED MARK ON HIS CHEST.</p> <p>I SPOKE TO CAITLYN WHO STATED THERE WAS ONLY A VERBAL ARGUEMENT BETWEEN THE TWO OF THEM OUTSIDE THE RESIDENCE. SHE WAS COOPERATIVE BUT DID NOT WANT TO FURTHER DISCUSS THIS INCIDENT.</p> <p>FURTHER INVESTIGATION REVEALED A NEIGHBOR, KEVIN DEVERY, WITNESSED AND CALLED IN THE EVENT. HE FILLED OUT A SWORN WRITTEN STATEMENT STATING THE FEMALE, CAITLYN, WAS HITTING A CAR WITH AN OBJECT AND THROWING ROCKS AT IT IN HER DRIVEWAY. HE ALSO WITNESSED CAITLYN GET INTO THE FACE OF DAVID AND THEN PUNCH HIM IN THE FACE. HE STATED DAVID NEVER RAISED HIS HANDS AND TRIED TO BACK AWAY.</p> <p>BASED ON THE INFORMATION GATHERED CAITLYN WAS ARRESTED FOR BATTERY DOMESTIC.</p>								
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		R. Young <i>M. 7449</i> (Signature of Arresting/Investigative Officer)					
	The foregoing instrument was sworn to or affirmed and subscribed before me this		27TH		MARCH		20 18 by R. Young 7449	
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced		KNOWN					
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)		PAGE 1 OF 1						

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PALM BEACH COUNTY SHERIFF'S OFFICE - **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS VICTIM OTHER

CASE #: 18-055832	ZONE: 6.61	SUSPECT: Cathryn Rosenberg	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 0940 hours 03/27/18
EVENT TYPE: BATTERY DOMESTIC		DEPUTY: R. TRAIOR	ID#: 29818

COMPLETE EVERYTHING BELOW - PRINT LEGIBLY

LAST NAME: DEVEREY		FIRST NAME: KEVIN		MIDDLE INITIAL:	RACE: W	SEX: M
DATE OF BIRTH: 05/11/1978	YOUR HEIGHT: 6'	YOUR WEIGHT: 190	YOUR HAIR COLOR: BRN		YOUR EYE COLOR:	
YOUR HOME ADDRESS: 9815 PETA LOMA LN			CITY: Boynton Beach		STATE: FL	ZIP: 33472
YOUR WORK NAME & ADDRESS:			CITY:		STATE:	ZIP:
WORK PHONE: ()	CELL PHONE: (954) 298-6390	HOME PHONE: ()	EMAIL:		CHECK IF NONE	

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL - PRINT LEGIBLY

YOUR NAME: KEVIN DEVEREY	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>I WAS in my Home AND AT 0855 HRS I HEAR LOUD noises OUTSIDE. When I WALKED OUT front I WITNESSED a white female in a BLACK shirt VANDALIZING A CAR. She WAS SWINGING AN OBJECT AND SMASHING the windshield, then THROWING things into the BACK WINDOW. I then called 911. While WAITING for PD, the male STOOD BACK waiting in the STREET. He WAS NOT Aggressive. She continued to get in his face. He told her to BACK OFF. She then punched him in the face. He never raised his hands. He continued to BACK OFF.</p>	

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READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	<input checked="" type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10
YOUR SIGNATURE: X Kevin Devere	SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
	DATE: 3-27-18 TIME: 0939
	SIGNATURE: [Signature] ID: 29818

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. DO NOT WISH TO PROSECUTE (INITIAL _____)

VICTIM NOTIFICATION FORM

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

- **Homicide** (Ch. 782)
- **Attempted Murder**
- **Stalking** (F.S. 784.048)
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**

- **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 #: 18-055032 Agency: PBSO
Offense: BATTERY
Suspect/Offender: ROSENBERG CAITLYN
D.O.B. 1/3/2000 Race: W Sex: F

2. Warrant # (s): _____

3.a. Victim's name: DAVID ZAND D.O.B. 10/1/89 Race: W Sex: M
Address: 9779 PORTA LEONA LN
City: BOYNTON BEACH, FL 33472 State: FL Zip: 33472
Home #- 561 293-9821 Work #: _____ Other: 561-293-9821

b. Victim's next of kin, friend or neighbor: N/A
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: R. Young I.D.# 7449 Date: _____

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

SUSPECT/OFFENDER: _____

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT# _____

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