

0494783

2204

ARREST / NOTICE TO APPEAR

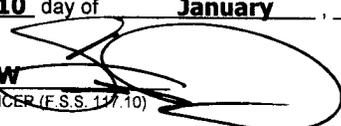
OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2018-000431	1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE	
Charge Type: Check as many as apply. <input checked="" type="checkbox"/> 1. Felony <input 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	Location of Arrest (Including Name of Business) 7751 NE PALM WAY, BOCA RATON, FL, 33487		Location of Offense (Business Name, Address) 7751 NE PALM WAY, BOCA RATON, FL 33487		If Weapon Seized	Enter Type Hands, Feet, Fist, Teeth	Multiple Clearance Indicator			
Date of Arrest 01/09/2018	Time of Arrest 21:03	Booking Date 01/09/2018	Booking Time 22:05	Jail Date 01/10/2018	Jail Time 00:00	Location of Vehicle NONE				
Name (Last, First, Middle) HAYNE, CATHERINE ELIZABETH		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex W	Date of Birth 06/29/1984	Height 5'04	Weight 120	Eye Color BROWN	Hair Color BLONDE	Complexion LIGHT	Build Small	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT R HIP / CHINESE SYMBOL; TATT R HIP / RED HEART; TATT		Marital Status M	Religion NONE	Indication of: Alcohol Influence Drug Influence		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>				
Local Address (Street, Apt. Number) 7751 NE PALM WAY, BOCA RATON, FL 33487		(City)	(State)	(Zip)	Phone		Residence Type: 1. City 2. County 3. Florida 4. Out of State			
Permanent Address (Street, Apt. Number) 7751 NE PALM WAY, BOCA RATON, FL 33487		(City)	(State)	(Zip)	Phone		Address Source			
Business Address (Name, Street) UNEMPLOYED,		(City)	(State)	(Zip)	Phone		Occupation N/a			
D/L Number, State H500125847290 / FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) SLIDELL, LA, United		Citizenship US					
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				
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)		Address (Street, Apt. Number)		(City)	(State)	(Zip)	Residence Phone	
Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 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 parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.				School Attended		Grade				
<input type="checkbox"/> Yes, by:		<input type="checkbox"/> No:		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property		Value of Property			
Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperses/ 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. Synthetic	U. Unknown Z. Other
Charge Description ASSAULT/BATTERY ON ELDERL		Statute Violation Number 784.08(2C)		Violation of ORD #						
Drug Activity N	Drug Type N	Amount / Unit	Offense # 2018-000431	Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond		
Charge Description BATTERY ON A LAW ENFORCEMENT OFFICER		Statute Violation Number 784.07(2B)		Violation of ORD #						
Drug Activity N	Drug Type N	Amount / Unit	Offense # 2018-000431	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond		
Charge Description RESIST ARREST WITH VIOLENCE		Statute Violation Number 843.01		Violation of ORD #						
Drug Activity N	Drug Type N	Amount / Unit	Offense # 2018-000431	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond JAN 10 AM 2:33		
Health / Apparent Physical Condition of Defendant GOOD		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"/> Injuries		Explain: NONE						
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By CROWE		Released By CROWE		Released To COUNTY JAIL
Transported By CROWE		Date Transported 01/10/2018	Time Transported 02:00	Other						
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) 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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.				Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed				
HOLD for Other Agency NONE		Signature of Arresting Officer <i>[Signature]</i> 807		Name Verification (Printed by Arrestee)						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) CROWE, DOUGLAS		ID.# 807		(PRINT)		
Intake Deputy Spann 810		ID.#	Pouch #	Transporting Officer CROWE		ID.# 807	Agency BRPD	Witness here if subject signed with me		
								FILED		
								JAN 10 2018		

JAN 10 2018 (CRIMINAL DIV.)

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 01/10/2018 00:33		Agency ORI Number FL 0500200			Agency Name BOCA RATON POLICE DEPARTMENT			Agency Report Number 3 2 2018-000431		
	Name (Last, First, Middle) HAYNE, CATHERINE ELIZABETH					Alias		Race W	Sex F	Date of Birth 06/29/1984	
D E F	Charge Description 784.08(2C) ASLT/BATT ON 65 YOA/OLDER										
	Victim's Name (Last, First, Middle) HAYNE, DEBORAH WINDHAM					Race W		Sex F	Date of Birth 01/22/1951		
C R I M E	Local Address (Street, Apt. Number) (City) (State) (Zip) 7751 NE PALM WAY, BOCA RATON, FL 33487					Phone (504) 883-1257		Address Source			
	Business Address (Name, Street) (City) (State) (Zip) UNEMPLOYED					Phone		Occupation N/A			
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): GOOD							
	VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
RELATIONSHIP BETWEEN VICTIM & SUSPECT PARENT											
A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS: Scene:		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>							
	Victim:		<input checked="" type="checkbox"/>	<input type="checkbox"/>							
	911 CALL:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: HUSBAND						
	WEAPON USED:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	TYPE:						
	WITNESSES:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	(If YES, attach witness list)						
	INJURIES:		<input type="checkbox"/>	<input checked="" type="checkbox"/>							
	MEDICAL TREATMENT:		<input type="checkbox"/>	<input checked="" type="checkbox"/>							
	AT: Scene:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	PARAMEDICS:						
	Hospital:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:						
	ACT COMMITTED IN PRESENCE OF MINOR(S):		<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAMES/AGES: JULIAN HERMAN (DOB 02/04/2016)						
	H. R. S. NOTIFIED:		<input type="checkbox"/>	<input checked="" type="checkbox"/>							
	VICTIM PREGNANT:		<input type="checkbox"/>	<input checked="" type="checkbox"/>							
VIOLATION OF RESTRAINING ORDER:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #:							
PRIOR HISTORY OF DOMESTIC VIOLENCE:		<input type="checkbox"/>	<input checked="" type="checkbox"/>								
ALCOHOL OR DRUGS INVOLVED:		<input checked="" type="checkbox"/>	<input type="checkbox"/>								
N A R R	On 1/9/2017, at approximately 2049 hours, I responded to 7751 NE Palm Way in reference to a domestic disturbance. Boca Raton Fire Rescue (Medic 4) was already on scene, BRFR checked all parties involved and advised no one had any visible injuries. All parties refused medical assistance. Upon my arrival, all parties were separated and I met with the husband, William Herman.										
	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 OF ARRESTING OFFICER Sworn to and subscribed to before me this <u>10</u> day of <u>January</u> , <u>2018</u> .  DUBINSKY, SETH W NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)										

CERTIFIED COPY

SCANNED

JAN 10 2018

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N N A R R A T I V E	Date / Time 01/10/2018 00:33
	Agency ORI Number FL 0500200
	Agency Name BOCA RATON POLICE DEPARTMENT
	Agency Report Number 3 2 2018-000431

According to Herman, his wife, Catherine Hayne, had been drinking all evening and was very intoxicated. William stated that Catherine's mother, Deborah Hayne, who also lives at the residence, takes care of William and Catherine's 2 year old son, Julian Herman. Herman advised that he saw Deborah in the kitchen preparing the bottles for Julian. Catherine came downstairs from her bedroom and started yelling and cursing at Deborah in the kitchen. Herman stated that Catherine pushed Deborah to the ground and kicked her while she was on the floor in the hallway. William separated the parties and called the police. William completed and signed a sworn witness statement which was placed into BRPD evidence.

According to Deborah, she was in the kitchen preparing bottles for Julian. Deborah stated, Catherine entered the kitchen and started cursing and yelling at her. Catherine took the bottles out of her hand and threw them at her. Deborah explained that, Catherine then proceeded to push her to the floor of the hallway in the kitchen and kicked her in her hip while she was on the floor. Deborah stated that she got up and went outside to the patio, and Catherine followed her. Catherine pushed her into the lounge chair and hit her again. Deborah said that William stepped in and separated the parties. There were no visible injuries on Deborah. Deborah was photographed and completed and signed a sworn witness statement which was placed into BRPD evidence.

While officers were on scene, Officer Radford was with Catherine while she was seated on the staircase. I observed Catherine stand up and proceed to start walking towards the adjacent room where the victim was. Officer Radford positioned his body in front of hers to prevent her from entering the room. Catherine continued to walk past Officer Radford and he stopped her by placing his hands on her shoulders gave her lawful commands to sit down or she would be handcuffed. Catherine verbally resisted Officer Radford's commands and proceeded to push away Officer Radford's hands with her arms, intentionally striking Officer Radford's hands. At that time Officer K. Cohen controlled Catherine's arm and movements and placed her on the ground. Applying handcuffs.

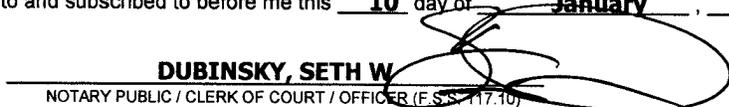
Based on the information obtained during my investigation and the statements from the parties involved, I arrested Catherine Hayne for Domestic Felony Battery to an elderly woman in violation of F.S.S. 784.08(2)(c) because Deborah is over 65 years of age. Catherine is also being charged with Simple Battery to a Law Enforcement Officer in violation of 784.07(2B) due to her intentionally striking Officer Radford's arms. Additionally, Catherine is being charged with Resisting with Violence F.S.S 843.01. Photographs of the scene and of Deborah's injuries were taken by Ofc. Crowe and submitted to BRPD Evidence. I additionally provided Deborah with a Domestic and Dating Violence Notice of Legal Rights and Remedies pamphlet. Catherine was transported to BRPD for booking and then turned over to Palm Beach County Jail.

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 OF ARRESTING OFFICER

Sworn to and subscribed to before me this 10 day of January, 2018.


DUBINSKY, SETH W
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED
JAN 10 2018

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#: 2018-000431 Agency: Boca Raton Police Department
Offense: Domestic Felony Battery
Suspect/Offender: Catherine Hayne
D.O.B. 06/29/1984 Race: W Sex: F
2. Warrant#(s): _____
- 3.a. Victim's name: Deborah Hayne D.O.B. 1/22/51 Race: W Sex: F
Address: 7751 NE Palm Way
City: Boca Raton State: FL Zip: 33487
Home#: 504 983 1257 Work#: _____ Other: _____
- b. Victim's next of kin, friend or neighbor: William Herman
Address: 7751 NE Palm Way
City: Boca Raton State: FL Zip: 33487
Home#: 954 234 4250 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: _____

SCANNED

JAN 10 2018

Printed name of person waiving notification: _____

Officer's Name: _____ I.D.# _____ Date: _____
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER:

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#: