

ADMINISTRATIVE	UBTS Number		ARREST / NOTICE TO APPEAR										1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE												
	Agency ORI Number 0502000		Agency Name Lantana Police Department				Agency Report Number (N.T.A.'s only) 6 4 17-000075																							
	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		If Weapon Seized Enter Type HAND/FEET/FIST										Multiple Clearance Indicator 1													
	Location of Arrest (Including Name of Business) 1221 HYPOLUXO RD LANTANA FL 33462						Location of Offense (Business Name, Address) 1221 HYPOLUXO RD, LANTANA, FL 33462																							
DEFENDANT	Date of Arrest 01/10/2017		Time of Arrest 10:38		Booking Date 01/10/2017		Booking Time 10:48		Jail Date		Jail Time		Location of Vehicle																	
	Name (Last, First, Middle) MATTSON, CHARLES JOHN 3										Alias:										Alias (Name, DOB, Soc. Sec. #, Etc.)									
	Race W - White B - Black		1 - American Indian O - Oriental/Asian		Sex W M		Date of Birth 06/20/1985		Height 6'01		Weight 225		Eye Color BROWN		Hair Color BROWN		Complexion LIGHT		Build Thin											
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status S		Religion CHRISTIAN		Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>															
JUVENILE	Local Address (Street, Apt. Number) (City) (State) (Zip) 1331 S FEDERAL HWY 409, BOYNTON BEACH, FL 33435										Phone (201) 665-2799										Residence Type: 1. City 3. Florida 2. County 4. Out of State 1									
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 1331 S FEDERAL HWY 409, BOYNTON BEACH, FL 33435										Phone (201) 665-2799										Address Source DEFENDANT									
	Business Address (Name, Street) (City) (State) (Zip) IBEW, 65 W CENTURY RD PARAMUS NY 07652										Phone (201) 665-1700										Occupation Electrician									
	D/L Number, State M325150852200 / FL				INS Number				Place of Birth (City, State) RIDGEWOOD, NJ,		Citizenship US																			
CODE	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"/> Other: _____ Name (Last, First, Middle)										Residence Phone																			
	<input type="checkbox"/> Legal Custodian										Business Phone																			
NOTICE TO APPEAR	Address (Street, Apt. Number) (City) (State) (Zip)																													
	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																	
CHARGE	<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. Disperse/ 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 BATTERY - SIMPLE TOUCH / STRIKE										Statute Violation Number 784.03										Violation of ORD #									
	Drug Activity N										Drug Type		Amount / Unit /		Offense # 17-000075		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond							
CHARGE	Charge Description										Statute Violation Number										Violation of ORD #									
	Drug Activity										Drug Type		Amount / Unit /		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond							
	Charge Description										Statute Violation Number										Violation of ORD #									
	Drug Activity										Drug Type		Amount / Unit /		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond							
INTAKE	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"/> Injuries Explain:																			
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail										PROPERTY - Received By										Released By		Released							
	<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health										Date Transported										Time Transported		Other							
	Transported By																													
NOTICE TO APPEAR	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.										Location (Court, Room)																			
											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)										Date Signed										No Photo Available									
ADMIN	HOLD for Other Agency										Signature of Arresting Officer 839										Name Verification (Printed by Arrestee)									
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other										Name of Arresting Officer (Print) TUANG, NGIN S.										I.D. # 839									
	Intake Deputy										Transporting Officer OFC TUANG										I.D. # 839									
											Agency LPD										PAGE 1 OF 1									

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 01/10/2017 10:38		Agency ORI Number FL 0502000		Agency Name LANTANA POLICE DEPARTMENT		Agency Report Number 6 4 17-000075	
	Name (Last, First, Middle) MATTSON, CHARLES JOHN 3						Race W	Sex M
C I T I Z E N	Charge Description 784.03 BATTERY - SIMPLE TOUCH / STRIKE							
	Victim's Name (Last, First, Middle) [REDACTED]							
V I C T I M	Local Address (Street, Apt. Number) [REDACTED]				(City) [REDACTED]	(State) [REDACTED]	(Zip) [REDACTED]	Phone [REDACTED]
	Business Address (Name, Street) [REDACTED]				(City) [REDACTED]	(State) [REDACTED]	(Zip) [REDACTED]	Phone [REDACTED]
A D D I T I O N A L	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): UPSET				
	VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>							
I N F O R M A T I O N	RELATIONSHIP BETWEEN VICTIM & SUSPECT FIANCE							
	<p>PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>Victim: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CALLER: COMFORT INN STAFF</p> <p>WEAPON USED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> TYPE: HAND</p> <p>WITNESSES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> (If YES, attach witness list)</p> <p>INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>MEDICAL TREATMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>AT: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARAMEDICS: <input type="checkbox"/></p> <p>Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PHYSICIAN(S) / HOSPITAL: <input type="checkbox"/></p> <p>ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NAMES/AGES: <input type="checkbox"/></p> <p>H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> CASE #: <input type="checkbox"/></p> <p>PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/></p>							
N A R R	On 01/10/2017 at approximately 1020 hrs, I Ofc Tuang #839 of the Lantana Police Department responded to 1221 Hypoluxo Rd Lantana, FL 33462, room 123 in reference to a domestic violence. Upon my arrival I made contact with [REDACTED] who advised the following.							
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p>_____ SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>10</u> day of <u>January</u>, <u>2017</u>.</p> <p>_____ DIPOLITO, THOMAS A NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>								

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

SCANNED
CRIME ANALYSIS
JAN 11 2017

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

ADMINISTRATIVE	Date / Time 01/10/2017 10:38		
	Agency ORI Number FL 0502000	Agency Name LANTANA POLICE DEPARTMENT	Agency Report Number 6 4 17-000075
	<p>██████████ advised she got into a verbal argument with her fiancé, W/M Charles Mattson (DOB 06/20/1985) this morning. When ██████████ tried to leave the room, Charles then grabbed her hair and pull her back into the room.</p> <p>Contact was made with Charles who advised, ██████████ was prostituting herself and he was trying to stop that from happening. Charles advised he did grab ██████████ and took her back in the room, when ██████████ was trying to leave.</p> <p>I made contact with the housekeeper, B/F Roselen Edwards (DOB 07/01/1970) who advised that she saw ██████████ coming out of the room and Charles then grabbed her by her hair and pulled her back into the room.</p> <p>I observed minor mark on ██████████ neck. ██████████ refused to write a written statement and refused to provide me with photographs of her injuries. ██████████ was given a victim rights brochure. Domestic violence and victim notification form was completed. Roselen completed a written statement.</p> <p>Probable cause exists to charge Charles with a domestic battery. Charles was handcuffed with his hands behind his back (checked for tightness and double locked). He was subsequently transported and lodged at the Palm Beach County Jail.</p>		

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, 2017.

DIPOLITO, THOMAS A
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

NOT A CERTIFIED COPY

SCANNED
JAN 11 2017

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

VICTIM NOTIFICATION FORM

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

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

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

1. Incident Report#: 17-000075 Agency: LANTANA PD
Offense: DOMESTIC VIOLENCE
Suspect/Offender: CHARLES J. MATTSON III
D.O.B. 06/20/85 Race: W Sex: M
2. Warranty #(s): _____
3. Complete one (1) of the following:
 - a. Victim's name: _____
Address: _____
City: _____
Home: _____
 - b. Victim's next of kin: _____
Address: _____
City: _____ Zip: _____
Home #: _____ 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: N. TUANG I.D.: 639 Date: 01/10/17

SUSPECT/OFFENDER: MATTSON CHARLES
COURT CASE/WARRANT #: _____
(FOR WARRANT USE ONLY)

SCANNED
JAN 11 2017