

## ARREST / NOTICE TO APPEAR

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

1

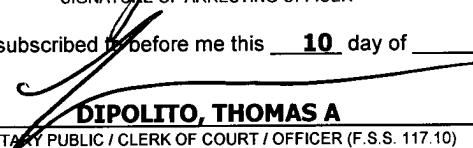
JUVENILE

A	UBTS Number			ARREST / NOTICE TO APPEAR								
D	Agency ORI Number		Agency Name			Agency Report Number (N.T.A.'s only)						
M	0502000		Lantana Police Department			6 1 4 17-000075						
S	Charge Type:		<input type="checkbox"/> 1. Felony		<input checked="" type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance		If Weapon Seized			
T	Check as many as apply.		<input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other		Enter Type <b>HAND/FEET/FIST</b>			
R	Location of Arrest (Including Name of Business)				Location of Offense (Business Name, Address)							
A	Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date			
I	01/10/2017		10:38		01/10/2017		10:48		Jail Time			
O	Location of Vehicle											
N	Name (Last, First, Middle) <b>MATTSON, CHARLES JOHN 3</b>											
Alias:												
D	Race		Sex		Date of Birth		Height		Weight			
E	W - White		M		06/20/1985		6'01		225			
F	B - Black		O - Oriental/Asian									
Marital Status		Religion		Eye Color		Hair Color		Complexion				
S	S		CHRISTIAN		BROWN		BROWN		LIGHT			
Indication of Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input checked="" type="checkbox"/> Drug Influence												
N	Local Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone			
D	1331 S FEDERAL HWY 409, BOYNTON BEACH, FL 33435								(201) 665-2799			
A	Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone			
N	1331 S FEDERAL HWY 409, BOYNTON BEACH, FL 33435								(201) 665-2799			
T	Business Address (Name, Street)		(City)		(State)		(Zip)		Phone			
	IBEW, 65 W CENTURY RD PARAMUS NY 07652								(201) 665-1700			
D/L Number, State	INS Number		Place of Birth (City, State)		Citizenship							
M325150852200 / FL			RIDGEWOOD, NJ,		US							
C	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		Indication of Arrested			
O									<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile			
D	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
E									<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile			
F									<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
J	Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)									
U	Legal Custodian											
V	Address (Street, Apt. Number)		(City)		(State)		(Zip)		Residence Phone			
E												
N	Notified by: (Name)		Date		Time		JUVENILE DISPOSITION					
I							1. Handled/Processed within Department and Released		2. TOT JAC			
L	Released To: (Name)		Relationship		Date		3. Incarcerated					
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		
C	Drug Activity	S. Sell	R. Smuggle	K. Disperses/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type	B. Barbiturate	H. Hallucinogen	P. Paraphernalia/ Equipment	U. Unknown	
O	N. N/A	B. Buy	D. Deliver	E. Use	N. N/A	A. Amphetamine	C. Cocaine	M. Marijuana	O. Opium/Deriv.	S. Synthetic	Z. Other	
D	P. Possess	T. Traffic					E. Heroin					
E	Charge Description <b>BATTERY - SIMPLE TOUCH / STRIKE</b>						Statute Violation Number				Violation of ORD #	
R	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number				Bond	
G	N	/	17-000075	1	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N							
A	Charge Description						Statute Violation Number				Violation of ORD #	
H	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number				Bond	
R	/	/			<input type="checkbox"/> Y <input checked="" type="checkbox"/> N							
G	Charge Description						Statute Violation Number				Violation of ORD #	
A	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number				Bond	
H	/	/			<input type="checkbox"/> Y <input checked="" type="checkbox"/> N							
R	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					
G							Explain: _____					
A	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 To	
H	<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health											
R	Transported By				Date Transported		Time Transported		Other			
G												
A	<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)							
H					Court Date and Time							
R	I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT IF 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.											
G	Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed					
A	HOLD for Other Agency				Signature of Arresting Officer				Name Verification (Printed by Arrestee)			
D	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest				<i>839</i>				(PRINT)			
M	<input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Officer (Print)				I.D. #			
I	Intake Deputy				TUANG, NGIN S.				839			
N	I.D. #				Transporting Officer				Agency			
O	Pouch #				OF C TUANG				LPD			
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## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>01/10/2017 10:38</b>	Agency Name <b>LANTANA POLICE DEPARTMENT</b>			Agency Report Number <b>6   4   17-000075</b>				
D E F	Agency ORI Number <b>FL 0502000</b>	Alias		Race	Sex	Date of Birth			
Name (Last, First, Middle) <b>MATTSON, CHARLES JOHN 3</b>				<b>W</b>	<b>M</b>	<b>06/20/1985</b>			
C H R G	Charge Description <b>784.03 BATTERY - SIMPLE TOUCH / STRIKE</b>								
V I C T I M	Victim's Name (Last, First, Middle) [REDACTED]				Race	Sex	Date of Birth		
Local Address (Street, Apt, Number) [REDACTED]		(City) [REDACTED]	(State) [REDACTED]	(Zip) [REDACTED]	Phone [REDACTED] Address Source				
Business Address (Name, Street) [REDACTED]		(City) [REDACTED]	(State) [REDACTED]	(Zip) [REDACTED]	Phone [REDACTED] Occupation				
DEFENDANT'S STATEMENTS:		Written <input type="checkbox"/>	Taped <input type="checkbox"/>	Oral <input checked="" type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):				
VICTIM'S STATEMENTS:		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>UPSET</b>				
RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>FIANCE</b>									
A D D I T I O N A L I N F O R M A T I O N O N	PHOTOGRAPHS:	Scene: <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>					
	Victim:	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
	911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: <b>COMFORT INN STAFF</b>					
	WEAPON USED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TYPE: <b>HAND</b>					
	WITNESSES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(If YES, attach witness list)					
	INJURIES:	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES/AGES:					
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"/>							
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.									
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.									
 839 SIGNATURE OF ARRESTING OFFICER									
Sworn to and subscribed to before me this <u>10</u> day of <u>January</u> , <u>2017</u> .									
 <b>DIPOLITO, THOMAS A</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)									

SCANNED  
JAN 11 2017

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

Narrative Continuation

A D M I N	Date / Time <b>01/10/2017 10:38</b>	Agency Name <b>LANTANA POLICE DEPARTMENT</b>		Agency Report Number <b>6   4   17-000075</b>
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N  
A  
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V  
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[REDACTED] advised she got into a verbal argument with her fiance, W/M Charles Mattson (DOB 06/20/1985) this morning. When [REDACTED] tried to leave the room, Charles then grabbed her hair and pull her back into the room.

Contact was made with Charles who advised, [REDACTED] was prostituting herself and he was trying to stop that from happening. Charles advised he did grab [REDACTED] and took her back in the room, when [REDACTED] was trying to leave.

I made contact with the housekeeper, B/F Roselen Edwards (DOB 07/01/1970) who advised that she saw [REDACTED] coming out of the room and Charles then grabbed her by her hair and pulled her back into the room.

I observed minor mark on [REDACTED] neck. [REDACTED] refused to write a written statement and refused to provide me with photographs of her injuries. [REDACTED] was given a victim rights brochure. Domestic violence and victim notification form was completed. Roselen completed a written statement.

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.

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]*  
\_\_\_\_\_  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 10 day of January, 2017.

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

SCANNED  
JAN 11 2017

## 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 #: 17-000075  
(FOR WARRANT USE ONLY)