

16MM13852 AMB

Rough
Arrest:
Only

ADMINISTRATION	OBTS Number			ARREST / NOTICE TO APPEAR Juvenile Referral Report						1 Arrest 3 Request for Warrant 1 Juvenile			
	Agency ORI Number FL0500700			Agency Name RIVIERA BEACH POLICE DEPARTMENT			2 NTA 4 Request for Capias			Agency Report Number 84-16-08992			
DEFENDANT	Charge Type: Check as many as apply			<input type="checkbox"/> 1 Felony <input type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 2 Traffic Felony <input type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 6 Other			Weapon Seized/Type 1 Yes 2 No 2 N/A			Multiple Clearance Indicator 1			
	Location of Arrest: (Including Name of Business) 6210 Seminole Garden Circle, Riviera			Location of Offense (Business Name Address) 6210 Seminole Garden Circle Riviera Beach FL									
	Date of Arrest: 11/10/2016	Time of Arrest 0356	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle						
	Name (Last, First, Middle) Shultz Coley J						Alias (Name DOB, Soc Sec #, Etc)						
	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W M	Date of Birth 10/27/1974	Height 6'1	Weight 200	Eye Color Hazel	Hair Color Grey	Complexion Fair	Build Heavy			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Martial Status Single	Religion None	Indication of Alcohol Influence <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>				
	Local Address (Street, Apt. Number) 6210 Seminole Garden			(City) Riviera Beach	(State) FL	(Zip) 33404	Phone 203-520-8585	Residence Type 1 City 3 Florida 2 County 4 Out of State					
	Permanent Address (Street, Apt. Number) Same			(City)	(State)	(Zip)	Phone	Address Source FL DL					
	Business Address (Street, Apt. Number) N/A			(City)	(State)	(Zip)	Phone	Occupation					
	S/L Number, State S432-110-74-387-0			Soc Sec Number	INS Number			Place of Birth Lego 1st	Citizenship USA				
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	<input type="checkbox"/> 6 Other			
	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"/> 6 Other			
JUVENILE	Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other			Name (Last) (First) (Middle)			Residence Phone			VICTIM NOTIFICATION REQUIRED			
	Address (Street, Apt. Number)			(City)	(State)	(Zip)	Business Phone						
	Notified by (Name)			Date	Time	Arrest/Disposition 1 Handled/Processed within Dept. and Released 2 TOT HRS/CYF 3 Incarcerated							
	Released To (Name)			Relationship	FCIC/NCIC			Date	Time				
The above address was provided by defendant and/or defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office informed of any change of address <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)						School Attended			Grade				
CODE	Recovery Information												
	0 N/A 1 Voluntary	2 Located Not Returned	3 Hospitalized	4 HRS Custody	5 Law Enforcement Custody	6 Returned to Parent	7 Deceased	8 Other					
Drug Activity S. Sell N. N/A P. Possess	R. Smuggle B. Buy T. Traffic	K. Dispense/ D. Deliver E. Use	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	J. Unknown Z. Other			
Charge Description Domestic Battery Domestic					Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number 784.03 (1A1)			Violation of ORD #			
Drug Activity N		Drug Type N	Amount/Unit N/A	Offense # 16-08992				Warrant/Capias Number			Bond		
Charge Description					Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number			Violation of ORD #			
Drug Activity		Drug Type	Amount/Unit	Offense #				Warrant/Capias Number			Bond		
Charge Description					Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number			Violation of ORD #			
Drug Activity		Drug Type	Amount/Unit	Offense #				Warrant/Capias Number			Bond		
Charge Description					Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number			Violation of ORD #			
Drug Activity		Drug Type	Amount/Unit	Offense #				Warrant/Capias Number			Bond		
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court			Location (Court, Room Number, Address)								10/10/2016	
	<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 10/10/2016								10/10/2016	
	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 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											10/10/2016	
Signature of Defendant (or Juvenile and Parent/Custodian)												Date Signed	
ADMIN.	HOLD for other Agency Name			Signature of Arresting Officer X 6330			Name Verification (Printed by Arrestee) (PRINT)						
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			Name of Arresting Officer (Print) L. Wright			ID # 6330			SCANNED			
	Intake Deputy			ID #	Pouch #	Transporting Officer A. Smith	ID # 5634 RERO	Agency	Witness here is subject signed with an "X"			NOV 10 2016	

OBTS Number:		PROBABLE CAUSE AFFIDAVIT					
Agency Off. Number: FL0500700		Agency Name RIVIERA BEACH POLICE DEPARTMENT			1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request for Capias		
Charge Type: Check As Many As Apply		1. <input type="checkbox"/> Felony 2. <input type="checkbox"/> Traffic Felony		3. <input type="checkbox"/> Misdemeanor 4. <input type="checkbox"/> Traffic Misdemeanor		5. <input type="checkbox"/> Ordinance 6. <input type="checkbox"/> Other	
Name (Last, First, Middle): Shultz		Alias			Race	Sex	Date Of Birth
Charge Description: Domestic Battery Domestic 784.03 (1a)		Charge Description:					
Charge Description:		Charge Description:					
Victim's Name (Last, First, Middle): Motta		Holleigh F			Race	Sex	Date of Birth
Local Address (Street, Apt. Number): 6210 Seminole Garden		(City) Riviera Beach	(State) 3340	(Zip)	Phone 561-719-0601	Address Source Victim	
Business Address (Name, Street): N/A		(City)	(State)	(Zip)	Phone	Occupation	
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 in custody...							
<input type="checkbox"/> committed the below acts in my presence <input type="checkbox"/> confessed to _____ <input type="checkbox"/> admitting the below facts				<input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrest person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation			
On the 10 day of November , 2016 at 03:56 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)							

In the City of Riviera Beach, Palm Beach County, Florida, the following incident occurred;

On Thursday, November 10, 2016 at approximately 0324 hours, I was dispatched to 6210 Seminole Garden in reference to a domestic incident.

Upon my arrival, I received the victim Holleigh F Motta (W/F 12/23/1973) statement from the first officer on scene. Motta who was visible upset advised that she and her boyfriend Coley J Schultz (W/M 10/27/1974) got into a physical altercation. Motta advised that after returning home after an outing Schultz was very agitated she advised that she tried to calm him down but he wouldn't listen to her. Motta threw a diet coke across the room which infuriated Schultz who grabbed her head and started punching her in the side of her head, which caused her to suffer bruises at the side of her face. Motta was also struck in her arms several times. Motta advised that this isn't the first time that this has occurred and is normally able to calm him but he wouldn't tonight. Motta was able to escape running out of the residence to her neighbors screaming for them to open the door and to call the Police. Motta lost one of her shoes in the middle of the roadway during that process. Motta and Schultz has been together for one year.

Motta was issued a Victim's Rights Brochure along with a case number in reference to this incident. Pursuant to F.S.S 784.03(1) Domestic Battery Schultz was transported to the Riviera Beach Police Department for processing, He was later transported to the Palm Beach County Jail.

~~SWORN AND SUBSCRIBED BEFORE ME~~

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

L. Wright

DATE

NAME OF OFFICER (PLEASE PRINT)

11/10/2014

DATE

PAGE

1 of 1