

0510933

NR 19 mm 10515 # 238

ARREST / NOTICE TO APPEAR

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

1 JUVENILE N

AD M I N I S T R A T I O N	OSTB Number	Agency ORI Number 0500200	Agency Name Boca Raton Police Department	Agency Report Number (N.T.A.'s only) 3, 2 2019-012331
D E F E N D A N T	Charge Type: Check as many <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	X Wapah School Enter Type None/not Applicable		Multiple Clearance Indicators
	Location of Arrest (Including Name of Business) 136 NW 8TH ST BOCA RATON FL		Location of Offense (Business Name, Address) 798 HIBISCUS ST, BOCA RATON, FL 33486	
C O D E F	Date of Arrest 09/13/2019	Time of Arrest 19:30	Booking Date 09/13/2019	Booking Time 19:40
	Jail Date 09/13/2019	Jail Time 19:33	Location of Vehicle NONE	
J U V E N I L E	Name (Last, First, Middle) BORCHARDT, DAMIEN JOHN		Alias: _____	
	Race W - White B - Black I - American Indian O - Oriental/Asian Y <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> M		Date of Birth 07/01/1979	Height 6'01
C O D E F	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) PIER LO LIP / SILVER STUD; TATT L WRIST / JAPANESE SYMBOL;		Eye Color HAZEL	Hair Color BROWN
	Local Address (Street, Apt. Number) 798 HIBISCUS ST, BOCA RATON, FL 33486		Phone 561-613-9472	Completion LIGHT
J U V E N I L E	Permanent Address (Street, Apt. Number) 798 HIBISCUS ST, BOCA RATON, FL 33486		Phone "	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>
	Business Address (Name, Street) NONE		Phone "	Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>
C O D E F	DL Number, State B626170792410 / FL	INS Number _____	Place of Birth (City, State) BOCA RATON, FL	Citizenship US
	Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth
J U V E N I L E	Name (Last, First, Middle) No Bond		Residence Phone	Business Phone
	Address (Street, Apt. Number)	(State)	(Zip)	
C O D E F	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
C O D E F	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
	Property Crimes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property	Value of Property	
C O D E F	Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Seize D. Deliver E. Use	K. Dispose/ Distribute
	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin
C O D E F	Charge Description SIMPLE BATTERY		State Violation Number 784.03 (1A)	Violation of ORD #
	Drug Activity N	Drug Type N	Amount / Unit N / A	Offense # 2019-01233
C H A R G E	Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond
	Charge Description	State Violation Number	Violation of ORD #	
C H A R G E	Drug Activity	Drug Type	Amount / Unit	Offense #
	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond
J U V E N I L E	Health / Apparent Physical Condition of Detainee GOOD		Any knowledge of the following: Explain: NONE	
	Check which apply: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		PROPERTY - Received By 668	Released By BRPD
N O T I C E T O A P P E A R	Transported By 668	Date Transported 09/13/2019	Time Transported 20:51	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	
A D M I N I S T R A T I O N	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.		No Photo Available	
	Signature of Defendant (or Juvenile and Parent/Custodian) [Signature]		Date Signed 9/13/19	
A D M I N I S T R A T I O N	HOLD for Other Agency NONE	Signature of Arresting Officer [Signature]	Name Verification (Printed by Arrestee) [Signature]	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Subsidial	<input type="checkbox"/> Related Arrest <input type="checkbox"/> Other	Name of Arresting Officer (Print) BRADLEY, C. J.	ID.# 668
A D M I N I S T R A T I O N	Inmate Deputy D/S B. SHATARA #7623	ID.# 7623	Pouch #	Transporting Officer BRADLEY
	ID.# 668	Agency BOCA	Witness here if subject signed with an "X"	

SCANNED

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2019-012331
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Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) BORCHARDT, DAMIEN JOHN	Alias	Race W	Sex M	Date of Birth 07/01/1979
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Charge Description 784.03 SIMPLE BATTERY	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) BORCHARDT, SARAH SHANER	Race W	Sex F	Date of Birth 08/15/1984
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Local Address (Street, Apt. Number) 798 HIBISCUS ST, BOCA RATON, FL 33486	(City)	(State)	(Zip)	Phone (561) 399-6797	Address Source RMS
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Business Address (Name, Street)	(City)	(State)	(Zip)	Phone (561) 400-5230	Occupation NONE
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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 . . .

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.


On the 12 day of September, 2019 at 23:01 (Specifically include facts constituting cause for arrest.)




The following incident is alleged to have taken place on September 12, 2019 in the City of Boca Raton, Palm Beach County, Florida.

On September 13, 2019 at 1644hrs Sarah Borchardt of 798 Hibiscus St arrived at the Boca Raton Police Department to report that she was missing some medication. I escorted Sarah to an interview room where she explained that she was missing 59 pills of 5mg Valium. According to Sarah, she had just received a prescription fill of 60 pills, taken one, and discovered the remainder missing from her bedroom. Sarah believes that her husband, Damien Borchardt, steals her medication. Sarah further explained that Damien is often abusive to her and described the following specific incident:

Sarah reported that on September 12, 2019 at approximately 2300hrs, Damien picked her up by her armpits, lifted her off the ground and threw her back into a wall. Sarah described that this took place in the master bedroom at 798 Hibiscus St. Sarah showed me an injury to her right shoulder blade (photographed by CST Cassandra) that she claims was a result of being thrown into the wall. Sarah gave further detail describing that the drywall was damaged as a result of her impact and that Damien has attempted to repair it.

After speaking with Sarah at BRPD, Ofc Jalil, CST Cassandra and I went to 798 Hibiscus St to photograph the crime scene. Upon arrival at the house, Sarah stated that Damien was at the house and had just left prior to our arrival. While at the house, I did observe damage to the drywall in the upstairs master bedroom. There was a hole in the wall with a size and shape consistent with a shoulder/back impacting it. There was a piece of green drywall screwed into the middle of the hole and there was drywall dust on the floor beneath the hole. The hole in the wall was at an approximate height consistent with a shoulder. CST Cassandra photographed the scene.

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER 
VAZQUEZ-BELLO, YVETTE NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)	BRADLEY, CHRISTOPHER JAMES (668) NAME OF OFFICER (PLEASE PRINT)
<u>09/13/2019</u> DATE	<u>09/13/2019</u> DATE

OETS Number AGENCY ORI Number FL 0500200	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Captives	1	JUVENILE		
Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2019-012331					
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input checked="" 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			Special Notes:			
Name (Last, First, Middle) BORCHARDT, DAMIEN JOHN		Race W	Sex M	Date of Birth 07/01/1979		
<p>It should be noted that Sarah`s demeanor during this investigation made gathering information difficult. Sarah was very hesitant to provide details and stated that she "didn`t want to deal with this".</p> <p>After viewing the house, I called Damien and he agreed to meet with me at 136 NW 8th St, Boca Raton (his mother`s house). Ofc Forbes and I met with Damien and he explained that he and Sarah have been having marital problems for the better part of their 1+ year marriage. Damien denies having taken or hidden any of Sarah`s medications. When I asked Damien specifically about fighting with Sarah, he stated that "it was a blur" and he could not recall exactly which night it was, but his recollection was that Sarah came home intoxicated and upset that he wanted to go to bed, so she struck him in the left eye with her palm, which caused him to wrap her up, and according to Damien, they both fell into the wall. There were no visible injuries to Damien`s eye where he described being hit.</p> <p>Damien stated that there were three juveniles at the home when the physical altercation took place, however, all of them were in bed and did not witness the violence: w/f/j Liv Borchardt 8/31/11, w/f/j Gwen Borchardt 4/5/13, and w/f/j Elle Lykens 11/15/12. DCF notified.</p> <p>After speaking with both parties, I found probable cause to arrest Damien for simple battery, a violation of FSS 784.03. Damien and Sarah are married, and such a domestic relationship eliminates the victim`s wishes of a refused arrest. Although there were conflicting statements, Sarah`s injuries were consistent with having been thrown against the wall, and the damage to the wall was in a place and at a height that is consistent with Sarah`s shoulder impacting it.</p>						
ADMINISTRATIVE	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> SWORN AND SUBSCRIBED BEFORE ME <u>VAZQUEZ-BELLO, YVETTE D</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (E.S. 111.04(1)) <u>09/13/2019</u> DATE </td> <td style="width:50%; border: none; text-align: center;">  SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <u>BRADLEY, CHRISTOPHER JAMES (668)</u> NAME OF OFFICER (PLEASE PRINT) <u>09/13/2019</u> DATE </td> </tr> </table>				SWORN AND SUBSCRIBED BEFORE ME <u>VAZQUEZ-BELLO, YVETTE D</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (E.S. 111.04(1)) <u>09/13/2019</u> DATE	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <u>BRADLEY, CHRISTOPHER JAMES (668)</u> NAME OF OFFICER (PLEASE PRINT) <u>09/13/2019</u> DATE
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				PAGE 2 OF 2		

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

SCANNED
SEP 14 2019

SCANNED

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#: 2019-012331 Agency: Boca Raton PD
Offense: SIMPLE BATTERY DOMESTIC
Suspect/Offender: BORCHARDT, JAMIE
D.O.B. 7/1/79 Race: W Sex: M

2. Warrant#(s): _____

3.a. Victim's name: BORCHARDT, SARAH D.O.B. 8/15/84 Race: W Sex: F
Address: 798 MIRISLUC ST
City: Boca Raton State: FL Zip: 33486
Home#: 561-400-5230 Work#: _____ Other: _____

b. Victim's next of kin, friend or neighbor: _____
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: 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: _____

Printed name of person waiving notification: _____

Officer's Name: BRADLEY I.D.# 668 Date: 9/17/19
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

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

SCA
SEP 14
SEP 14 2019



PALM BEACH COUNTY SHERIFF'S OFFICE

Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
I/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(vii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2019029969	Date: 09/14/2019
	Specialist Name/ID: AM/31562

SCANNED
SEP 14 2019