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ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest 3. Request For Warrant
2. N.T.A. 4. Request For Copies

1

Juvenile

N

OBTS Number		Agency ORI Number FLO 5000000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		16139945	
Charge Type: Check as many as apply		<input checked="" 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		Weapon Seized Enter Type	
Location of Arrest (Including Name of Business) 112 WEYBRIDGE CIR		RPB FL 33411		Location of Offense (Including Name of Business) 112 WEYBRIDGE CIR		RPB FL 33411		Multiple Charge Indicator 0 1	
Date of Arrest Oct 16, 2016		Time of Arrest 2218		Booking Date		Booking Time		Jail Date	
Jail Time		Location of Vehicle		Name (Last, First, Middle) FRITZ DANIELLE KRISTEN		Alias (Name, DOB, Soc. Sec. # Etc.)			
Race W - White B - Black O - Other		Sex F		Date of Birth 03/10/1982		Height 5-05		Weight 127	
Eye Color BRN		Hair Color BRN		Complexion FAIR		Build SML			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATTOO-LEFT BUTTOCKS		Marital Status DIVORCED		Religion NONE		Intoxication of Alcohol/Influences Y <input type="checkbox"/> N <input type="checkbox"/>		Intoxication of Drug Influences Y <input type="checkbox"/> N <input type="checkbox"/>	
Local Address (Street, Apt. Number) 11179 MODEL CIR W		City BOCA RATON		State FL		Zip 33428		Phone 5613503193	
Permanent Address (Street, Apt. Number)		City		State		Zip		Phone	
Business Address (Street, Apt. Number)		City		State		Zip		Phone	
DL Number, State F-632-171-82-590-1, FL		Social Security Number		INS Number		Place of Birth BERWIN, IL		Citizenship U.S.	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		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"/>	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		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 Legal Guardian Other		Name (Last, First, Middle)		City		State		Zip	
Address (Street, Apt. No.)		City		State		Zip		Business Phone	
Notified By (Name)		Date		Time		Arrested/Processed with Dept. and Released		2. TOT HRS/DYS 3. Inconvenient	
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 561 355-2226) informed of any address change.		School Attended		Grade					
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property N/A		Value of Property N/A					
Drug Activity: N. N/A P. Possession		S. Sell B. Buy T. Traffic		R. Struggle 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		P. Pharmaceutical Equipment	
U. Unknown Z. Other		Charge Description Battery (DATING)		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03(1a1)	
Drug Activity N		Drug Type N		Amount/Unit		Offense # 16139945		Warrant/Copies Number	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation or ORD. #	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Copies Number	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation or ORD. #	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Copies Number	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation or ORD. #	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Copies Number	
Location (Court, Address, Room Number)		Court Date and Time Month Day Year Time AM <input type="checkbox"/> PM <input type="checkbox"/>		Signature of Defendant (or Juvenile and Parent/Guardian)		Date Signed		Name Verification (Printed by Arrestee)	
HOLD for Other Agency		Name		Signature of Arresting Officer D/S J. VASQUEZ		ID # 8844		(PRINT)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Restricted Arrest <input type="checkbox"/> Other		Transporting Officer D/S J. VASQUEZ 8844		ID # PBSO		Page 1 of 1	
Intake Deputy		ID # Pouch #		Witness here if subject signed with an "X"					

DBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		1	Juvenile	N
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		16139945		
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		Special Notes						
Defendant Name (Last, First, Middle) FRITZ DANIELLE KRISTEN				Race W		Sex F		Date of Birth 03/10/1982
Charge Battery (DATING)				Charge				
Charge				Charge				
Victim [REDACTED]				Race W		Sex M		Date of Birth 02/27/1988
Local Address [REDACTED]				Address [REDACTED]		Occupation [REDACTED]		
Business Address (Street, Apt. Number) [REDACTED]				City [REDACTED]		State [REDACTED]		Zip [REDACTED]
Phone [REDACTED]				Occupation [REDACTED]				
<p>The undersign 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...</p> <p> <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. </p> <p> <input type="checkbox"/> confessed to admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation. </p> <p>On the 16 day of OCT 20 16 at 2121 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM</p>								

I responded to 112 Weybridge Circle Royal Palm Beach FL 33411, located in Palm Beach County. I was dispatched to this residence in reference to a battery complaint.

The victim was identified as [REDACTED] and the defendant was identified as Danielle Fritz. The victim and the defendant [REDACTED] at [REDACTED]. The victim and the defendant have been in an [REDACTED] for the past two years.

Upon my arrival I spoke to the complainant, Trent Laubscher. Trent advised that he observed the male and the female arguing outside next to a red vehicle. Trent observed the female take a swing at the man who then wrestled her to the ground. Trent advised the subjects that he was going to call the police.

I then made contact with the victim, [REDACTED] said that they had an argument outside and the neighbors got insulted. [REDACTED] stated that they then went inside. [REDACTED] had no other information.

I then made contact with the defendant. The defendant stated that she had, had too much to drink and over reacted when she wanted to go home. She advised that the incident was verbal. She had no other information.

I spoke to other family members that witnessed the incident. Crystal McIntosh and Eugene Boyle advised that there was a verbal argument which escalated when Danielle hit [REDACTED] in the face and then walked out of the residence.

No injuries were observed or reported by either party. Sworn statements were gathered.

DOMESTIC BATTERY

Danielle Fritz did actually and intentionally touch or strike [REDACTED] against the will of [REDACTED] (or) did intentionally cause bodily harm to [REDACTED] contrary to Florida Statute 784.03(1a1).

The foregoing instrument was sworn to and affirmed before me this 16 day of OCT 20 16 , by:	
DIS C. Padgett #17615 Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	D/S J.VASQUEZ 8844 Name of Arresting/Investigating Officer
DIS C. Padgett #17615 Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	 Signature of Arresting/Investigating Officer
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Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
(Submit this form with the original Probable Cause Affidavit)

Defendant: FRITZ DANIELLE KRISTEN DOB: 03/10/1982 Case #: 16139945
Victim: [REDACTED] DOB: [REDACTED] Race: W Sex: M
Relationship between Victim and Defendant: [REDACTED]

Photographs: Scene ☐ Yes ☒ No Victim ☐ Yes ☒ No Defendant ☐ Yes ☒ No
911 Call: ☒ Yes ☐ No Caller: TRENT LAUBSCHER
Weapon Used: ☐ Yes ☒ No Type: _____
Witness: ☒ Yes ☐ No Name: TRENT LAUBSCHER
Victim Pregnant: ☐ Yes ☒ No If yes, _____ Weeks _____ Months
Injuries: ☐ Yes ☒ No Description: _____
Medical Treatment: ☐ Yes ☒ No
At Scene: ☐ Yes ☒ No Paramedics: _____
At Hospital: ☐ Yes ☒ No Hospital: _____ Physician: _____
Are children living in the home? ☒ Yes ☐ No DCF Notified? ☒ Yes ☐ No
Name: _____ DOB: _____
Name: _____ DOB: _____
Name: _____ DOB: _____

Injunction: ☐ Yes ☒ No Case #: _____
No Contact Order: ☐ Yes ☒ No Case #: _____
Alcohol or Drugs: ☒ Yes ☐ No ☐ Unknown
Prior history of Domestic/Dating Violence ☐ Yes ☒ No
Defendant's statements ☒ Yes ☐ No If yes, ☒ written ☐ recorded ☒ oral
First words Defendant said when you responded to scene: THAT SHE HAD BEEN DRINKING, OVER-REACTED WHEN SHE WANTED TO GO HOME. A VERBAL ARGUMENT ENSUED.

Victim's statements ☒ Yes ☐ No If yes, ☒ written ☐ recorded ☒ oral
First words Victim said when you responded to scene: THAT THERE WAS A VERBAL ARGUMENT ABOUT DEFENDANT WANTING TO LEAVE

Did the Victim contact anyone other than the police within an hour of the incident regarding the incident?
☐ Yes ☒ No If yes, name: _____ phone: _____

Observations of Victim (Physical & Emotional): EMOTIONALLY STABLE, PHYSICALLY UNHARMED
☐ Upset ☐ Crying ☐ Fearful ☐ Hysterical ☐ Afraid ☒ Calm ☐ Nervous
☐ Complained of pain ☐ Other _____

Victim contact information:
Local Address: [REDACTED]
Phone: Home: [REDACTED]
Employer: [REDACTED] n/a
Name of Relative: [REDACTED] n/a Phone: _____

PALM BEACH COUNTY SHERIFF'S OFFICE - SWORN STATEMENT

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



☒ WITNESS ☐ VICTIM ☐ OTHER

CASE #: 160139945	ZONE: 9-21	SUSPECT: Danielle Fraz	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 8/15/11
EVENT TYPE: Domestic Battery		DEPUTY: J. Vasquez	ID#: 8814

COMPLETE EVERYTHING BELOW - PRINT LEGIBLY

LAST NAME: Labscher		FIRST NAME: Trent		MIDDLE INITIAL: N	RACE: C	SEX: M
DATE OF BIRTH: (MM/DD/YYYY) 8/24/1985		YOUR HEIGHT: 5'7	YOUR WEIGHT: 153	YOUR HAIR COLOR: Brown		YOUR EYE COLOR: Brown
YOUR HOME ADDRESS: 121 Weybridge Circle, Unit B		<input type="checkbox"/> CHECK IF HOMELESS		CITY: Royal Palm Beach	STATE: FL	ZIP: 33411
YOUR WORK NAME & ADDRESS: Wellington Community High School		<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY: Wellington	STATE: FL	ZIP: 33411
WORK PHONE: <input type="checkbox"/> CHECK IF NONE	CELL PHONE: <input type="checkbox"/> CHECK IF NONE (407) 808-5367	HOME PHONE: <input type="checkbox"/> CHECK IF NONE	EMAIL: TrentLabscher@gmail.com	<input type="checkbox"/> CHECK IF NONE		

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL - PRINT LEGIBLY

YOUR NAME: 1 Trent Labscher	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>Saw a car pulled up near the front of a unit neighboring mine, a couple was arguing outside of a red/burgundy sedan. Saw the woman take a swing at the man, who then wrestled her to the ground. I approached and a woman driving the car (different from the woman in the argument) drove away. I told the couple I was going to call the cops, and the man said, "to ahead, she tried to run me over in her car with our kids inside" they both walked toward the back of the neighborhood, still yelling.</p>	
PAGE 1 OF 1	

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: X *Trent Labscher*

☒ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10
 SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
 DATE: 10/10/11 TIME: 3:30
 SIGNATURE: *[Signature]* ID: 171015

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. ☐ DO NOT WISH TO PROSECUTE (INITIAL _____)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY

VICTIM NOTIFICATION FORM

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

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

1. Incident Report #: 16139945 Agency: Palm Beach County Sheriff's Office
Offense: Battery (DATING)
Suspect/Offender: FRITZ DANIELLE KRISTEN
DOB: 03/10/1982 Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's Name: [REDACTED] DOB: 02/27/1988 Race: W Sex: M
Address: [REDACTED]
City: [REDACTED]
Home #: [REDACTED]

b. Victim's next of kin, friend or neighbor: N/A
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other #: _____

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY 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: I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Deputy's Name: D/S J.VASQUEZ ID #: 8844 Date: Oct 16, 2016

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #