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3556

OBTS Number

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Agency ORI Number FLO 5 0 0 0 0 0		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 type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized Enter Type		Multiple Clearance Indicator 0 1													
Location of Arrest (Including Name of Business) 112 WEYBRIDGE CIR				Location of Offense (Including Name of Business) 112 WEYBRIDGE CIR													
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											
Race W- White I- American Indian B- Black O- Other/Asian	Sex W	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											
Indication of Alcohol Influence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Residence Type 1. City 2. County 3. Florida 4. Out of State		Address Source FL DL													
Local Address (Street, Apt. Number) 11179 MODEL CIR W				City BOCA RATON		State Zip FL 33428		Phone 5613503193									
Permanent Address (Street, Apt. Number)				City		State Zip		Phone									
Business Address (Street, Apt. Number)				City		State Zip		Phone									
Occupation SURGICAL COORDINATOR																	
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									
								<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large									
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"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other		Name (Last, First, Middle)															
Address (Street, Apt. No.)				City		State		Zip		Business Phone							
Notified By (Name)				Date		Time		Juvenile Disposition 1. Handled/processed within Dept. and Released 2. TOT HRS/DAYS 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 were told to keep the Juvenile Court Clerk's Office (Phone 561-353-2526) informed of any address change <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No. (Reason)				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/A		S. Bell B. Bay P. Possess.		K. Dispersal D. Deliver E. Use		M. Manufactured Products Cultivate		Z. Other		Drug Type N. NA A. Amphetamine E. Heroin		B. Barbiturates C. Cocaine D. Hallucinogens M. Marijuana		P. Paraphernalia/ 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)		Violation or ORD. #							
Drug Activity N	Drug Type N	Amount/Unit		Offense # 16139945				Warrant/Capts Number		Bond							
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/Capts Number		Bond							
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/Capts Number		Bond							
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/Capts Number		Bond							
Location (Court, Address, Room Number)																	
Court Date and Time																	
Month	Day	Year		Time						AM <input type="checkbox"/> PM <input type="checkbox"/>							
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD FULLY 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)				Signature of Arresting Officer		Date Signed		Name Verification (Printed by Arrestee)									
HOLD for Other Agency Name				Name of Arresting Officer D/S J. VASQUEZ		ID # 8844		(PRINT)									
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other																	
Debt Deputy		ID # Pouch #		Transporting Officer ID # D/S J. VASQUEZ 8844		Agency PBSO		Page 1 of 1									
Witness here if subject signed with an 'X'																	

OBTB Number

PROBABLE CAUSE AFFIDAVIT

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

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Juvenile

N

Agency ORI Number FLO 5 0 0 0 0 0	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 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	Sex W	Sex M	Date of Birth 02/27/1988
Local Address	Address		
Business Address (Street, Apt. Number)	City	State	Zip
			Phone
			Occupation
<p>The undersigned 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.</p> <p><input type="checkbox"/> confessed to admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.</p>			
On the 16 day of OCT 20 16 at 2121	<input type="checkbox"/> AM	<input checked="" type="checkbox"/> PM	

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 - 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 #:	ZONE:	SUSPECT:	DATE & TIME OF ORIGINAL EVENT/OFFENSE:
16039945	4-25	Danielle Fite	8/16/16
EVENT TYPE:	DEPUTY:		ID#:
Domestic Battery	J. Vasquez		8344

COMPLETE EVERYTHING BELOW - PRINT LEGIBLY

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

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

YOUR NAME:	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...	
Trent Launder		
<p>Saw a car pulled up near the front of a unit neighboring mine, a woman was arguing outside of an red/silver/silver sedan. Saw the woman take a swing at the man, who then wrestled her to the ground. I approached and a man driving the car (different from the man in the argument) drove away. I told the male 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>		

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READ AND SIGN

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

YOUR SIGNATURE: X TA

DEPUTY SHERIFF NOTARY PUBLIC FSS: 117.10
SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 8/16/16 TIME: 11:30
SIGNATURE: JKR ID: 17145

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 INITIALLING 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: _____ DOB: 02/27/1988 Race: W Sex: M
 Address: _____
 City: _____
 Home #: _____

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 J ID #: 8844 Date: Oct 16, 2016