

0492212 - NR - / 1529

Rough Arrest Only

OBTS Number		ARREST / NOTICE TO APPEAR				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1		Jvenile		N					
Agency ORI Number FL0500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 06-17-133508											
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		Weapon Seized/Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Multiple Clearance Indicator 0, 1		Type: _____					
Location of Arrest (Including Name of Business) 17689 WOODVIEW TER, Boca Raton, FL 33487						Location of Offense (Business Name, Address) 17689 WOODVIEW TER, Boca Raton, FL 33487											
Date of Arrest 9/29/2017		Time of Arrest 2028		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle					
Name (Last, First, Middle) Greenberg, David T						Alias (Name, DOB, Soc. Sec. #, Etc.)											
Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex M		Date of Birth 8/2/1977		Height 6		Weight 186		Eye Color Blue		Hair Color Blond		Complexion Med		Build Med	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Tattoos - Chest, left arm, right back shoulder, right chest and right thigh						Martial Status Single		Religion Unk		Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk		Residence Type 1. City 3. Florida 2. County 4. Out of State 2					
Local Address (Street, Apt. Number) 17689 WOODVIEW TER				(City) Boca Raton		(State) Florida		(Zip) 33487		Phone (240) 876-0285		Address Source					
Permanent Address (Street, Apt. Number)				(City)		(State)		(Zip)		Phone		Defendant Occupation					
Business Address (Street, Apt. Number)				(City)		(State)		(Zip)		Phone		Occupation					
D/L Number, State G-651-178-77-282-0		Soc. Sec. Number		INS Number		Place of Birth Silver Spring, MD		Citizenship Yes									
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor							
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor							
<input checked="" type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last) (First) (Middle)				Residence Phone () () ()											
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone () () ()									
Notified by: (Name)		Date		Time		Juvenile Disposition Held in Custody <input type="checkbox"/> Released <input type="checkbox"/> Other <input type="checkbox"/> Permitted Release <input type="checkbox"/> Other <input type="checkbox"/>											
Released To: (Name)		Relationship		Date		Time		VICTIM NOTIFICATION REQUIRED									
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.						School Attended		Grade									
<input checked="" type="checkbox"/> Yes, by: (Name)		<input type="checkbox"/> No: (Reason)															
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 R. Smuggle K. Dispense/Distribute		M. Manufacture/Produce/Cultivate		Z. Other		Drug Type		B. Barbituate C. Cocaine H. Hallucinogen M. Marijuana P. Paraphernalia/Equipment S. Synthetic		U. Unknown Z. Other					
Charge Description Simple Battery - Domestic		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number 784.03 (1A1)		Violation of ORD #									
Drug Activity N/A		Drug Type N/A		Amount/Unit		Offense # 17-133508		Warrant/Capias Number		Bond							
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation of ORD #									
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond							
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation of ORD #									
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond							
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation of ORD #									
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond							
Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address)															
Instruction No. 2 You need not appear in Court but must Comply with instructions on reverse side.		Court Date and Time Month _____ Day _____ Year _____ Time _____															
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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.																	
Signature of Defendant (or Juvenile and Parent/Custodian)																	
HOLD for other Agency Name		Signature of Arresting Officer X				Name Verification (Printed by Arrestee) (PRINT)											
Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other <input type="checkbox"/>		Name of Arresting Officer (Print) Robert Peitz				I.D. # 6432				PAGE							
INS. L. BRYANT #8241		Pouch #		Transporting Officer 015 JONES		I.D. # 8057		Agency P12		Witness here if subject signed with an "X".							

2017 SEP 30 AM 5:40
SCANNED
SEP 30 2017

PROBABLE CAUSE AFFIDAVIT

1 Arrest
2 NTA
3 Request for Warrant
4 Request for Capias

1

Juvenile

OBTS Number	Agency ORI Number FLO. 5, 0, 0, 0, 0, 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 17-133508
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

Name (Last, First, Middle) Greenberg, David T	Alias	Race W	Sex m	Date of Birth 8/2/1977
Charge Description Simple Battery - Domestic	Charge Description	Charge Description	Charge Description	Charge Description

Victim's Name (Last, First, Middle) WILLIAMS, LESLIE L	Race W	Sex F	Date of Birth 7/1/1980
Local Address (Street, Apt Number) 17689 WOODVIEW TER	(City) Boca Raton	(State) FL	(Zip) 33487
Phone (561) 235-8300	Address Source Victim	Business Address (Name, Street)	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 taken into custody

committed the below acts in my presence. was observed by _____ who told _____

confessed to _____ admitting to the below facts. that he/she saw the arrested person commit the below acts. _____ was found to have committed the below acts, resulting from my (described) investigation.

On the 29 day of September 2017 at 7:45 A.M P.M (Specifically include facts constituting cause for arrest.)

On the above date and time I was dispatched to 17689 WOODVIEW TER, Boca Raton, FL 33487 (PHEASANT WALK) in reference to a Domestic Call. Upon my arrival I made contact with the Complainant, DAVID T GREENBERG, and LESLIE L WILLIAMS in the driveway of the above location. Both parties are boyfriend / girlfriend who reside together as a couple.

The Complainant, who had an odor of an unknown intoxicating beverage coming from his person, stated at first that nothing physical had happened and that they only had a verbal dispute over his cell phone. The Complainant stated that he would leave the above location and spend the night at a hotel. During my investigation the Complainant changed his story and stated that Williams had bitten his left forearm a few days ago and that she obtained her injuries from his dog that jumped on her to defend him. Since Williams had a strong odor of an unknown intoxicating beverage coming from her person and was unsteady on her feet I had Palm Beach County Fire Rescue Station 52 (Run Number 17-105612) respond to my location and since Williams told the medics that it was 1979 they took her as a precaution to Delray Community Hospital. At the hospital Williams, who had visible scratch marks to her left chest area and on her back, told D/S Farrington ID 6465 that she and the Complainant had gotten into an argument over the Complainant's sexual preference. The argument turned physical and the Complainant pushed her to the ground and while she was on the ground he tried hitting her and she used her feet to defend herself. Williams told D/S Farrington that she was in fear of her life, but she could not recall how she obtained her injuries.

The Complainant was placed under arrest (handcuffs were double locked and checked for fit) and turned over to transport at District 4. Based on the above facts the Complainant is being charged with Simple Battery - Domestic.

STATE OF FLORIDA COUNTY OF PALM BEACH	(Signature of Arresting /Investigative Officer)
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>29</u> day of <u>September</u> 20 <u>17</u> by <u>D/S Peitz ID 6432</u>	Known
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced	Known
<u>Notary Public, Clerk of Court, Officer (F.S.S.) 11 7. 1 0</u>	SCANNED