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ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

1

Juvenile

OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06- 18-064730</b>	
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 2 1. Yes 2. No	
Location of Arrest (Including Name of Business) <b>5413 Rivermill Ln, Lake Worth, FL 33463</b>				Location of Offense (Business Name, Address) <b>5413 RIVERMILL LN, Lake Worth FL, 33463</b>			
Date of Arrest <b>04/20/2018</b>	Time of Arrest <b>0121</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
Name (Last, First, Middle) <b>Strum, David,</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>w</b>	Date of Birth <b>2/24/71</b>	Height <b>6'2</b>	Weight <b>180</b>	Eye Color <b>brn</b>	Hair Color <b>brn</b>	Complexion <b>white</b>
Build <b>med</b>				Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			
Local Address (Street, Apt. Number) <b>5413 Rivermill Ln, Lake Worth, FL 33463</b>		(City) <b>Lake Worth</b>		(State) <b>FL</b>		(Zip) <b>33463</b>	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)	
Business Address (Name, Street)		(City)		(State)		(Zip)	
D/L Number, State <b>S-365-173-71-064-0</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>Philadelph, PA</b>	
Citizenship <b>US citizen</b>		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
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		
Parent Name (Last) (First) (Middle)		Address (Street, Apt. Number) (City) (State) (Zip)		Residence Phone		Business Phone	
Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated			
Released To: (Name)		Relationship		Date	Time		
The above address 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 (Phone 355-2526) informed of any change of address. <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		Value of Property			
Drug Activity N. N/A S. Sell P. Possess		R. Smuggle D. Deliver T. Traffic		K. Dispense/ Distribute		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		U. Unknown Z. Other		S. Synthetics		Violation of ORD #	
Charge Description <b>Domestic Battery</b>		Counts <b>1</b>	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>784.03 (1)(A) (1)</b>		Violation of ORD #	
Drug Activity <b>E</b>	Drug Type <b>O</b>	Amount / Unit	Offense # <b>18-064730</b>	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	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"/> Y <input type="checkbox"/> N	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"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Location (Court, Room Number, Address)							
Court Date and Time Month Day Year Time AM							
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 <b>04/20/2018</b>							
Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed			
HOLD for other Agency Name:		Signature of Arresting Officer <b>M. Alexander</b>		Name Verification (Printed by Arrestee) <b>SCANNED</b>			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>M. Alexander</b>		I.D. # <b>30589</b>	
Marking Pouch <b>M. Alexander</b>		I.D. # <b>30589</b>		AGENCY <b>PDSO</b>		Witness here if subject signed with an -X" <b>1</b> OF <b>1</b>	

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO #148 REV. 8/97

APR 20 AM 3:18

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest	3. Request for Warrant	1	Juvenile
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		2. N.T.A.	4. Request for Capias		
Agency Report Number <b>06-18-064730</b>		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					
Name (Last, First, Middle) <b>Strum, David.</b>		Alias		Race <b>w</b>	Sex <b>m</b>	Date of Birth <b>2/24/71</b>	
Charge Description <b>Domestic Battery</b>		784.03 (1)(A) (1)		Charge Description			
Victim's Name (Last, First, Middle) <b>Geraci, Carolyn, Roseanna</b>		Race <b>W</b>		Sex <b>F</b>	Date of Birth <b>06/21/1973</b>		
Local Address (Street, Apt. Number) <b>5413 Rivermill Ln, Lake Worth, FL 33463</b>		(City)	(State)	(zip)	Phone <b>(954) 632-2425</b>	Address Source	
Business Address (Name, Street)		(City)	(State)	(zip)	Phone ( )	Occupation	
<p>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</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 my (described) investigation.</p> <p>On the <b>April</b> day of <b>19</b> 20 <b>18</b> at <b>2245</b> <input type="checkbox"/> A. M. <input checked="" type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)</p>							
<p><b>On the above date and time I responded to 5413 Rivermill Ln in unincorporated Lake Worth, Palm Beach County in reference to a domestic standby/dispute. Upon my arrival I met and spoke with Carolyn Geraci.</b></p> <p><b>Carolyn stated her and her husband, David Strum, had been married for over 13 years and have been going through a divorce. Carolyn explained she was attempting to get her jewelery from her draw in her bedroom. Carolyn further explained David was irritated and began to start a verbal argument with her. Carolyn told me she noticed David had an amazon package from the mail and what she explained to be a "stack of \$100 bills". Carolyn then saw David go in the door and she believed he put money in there. Carolyn stated she went to try get some money from the draw to go grocery shopping. At the point Carolyn explained David grabbed her from behind putting her in a bear hug and threw both of them backwards with her landing on the bed. Carolyn told me David proceeded to yell in her face telling her to get out of the house but she did not want to leave without her belongings. David then shoved Carolyn into the door frame with her falling to the ground. Carolyn explained her 7 year old daughter, Lainey, saw the altercation occur and tried to stop it. Carolyn told me she was able to get her daughter and her son Steven into a separate room away from David. Carolyn stated she took her kids to her friend Rachel's house to watch the kids. Carolyn then called the police. I then relocated to Rachel's address at 4346 Pomelo blvd in the city of Boynton Beach.</b></p> <p><b>Upon arrival I met and spoke with Rachel and Lainey. Lainey stated she saw David push Carolyn at the residence.</b></p> <p><b>Due to the above facts of the case I have found probable cause David Strum has violated F.S.S 784.03 (1) (A) Domestic Battery.</b></p>							
STATE OF FLORIDA COUNTY OF PALM BEACH		<b>M. Alexander</b>					
(Signature of Arresting/Investigative Officer)							
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>20</u> day of <u>April</u> 20 <u>18</u> by <u>Michael Alexander</u>							
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced		<u>Known LEO</u>					
Notary Public, Clerk of Court, Officer (F. S. S. 117.10)							
		PAGE 1 OF 1					

**SCANNED**  
**APR 20 2018**

# VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER:

**Strum, David,**

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#:

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 #: 18-064730 Agency: PBSO  
Offense: Domestic Battery  
Suspect/Offender: Strum, David,  
D.O.B. 2/24/71 Race: w Sex: m

2. Warrant # (s): \_\_\_\_\_

3 a. Victim's name: Geraci, Carolyn, Roseanna D.O.B. 06/21/1973 Race: W Sex: F  
Address: 5413 Rivermill Ln  
City: Lake Worth, FL 33463  
Home #- (954) 632-2425 Work #: 0 Other: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
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:** 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: Geraci, Carolyn, Roseanna

Deputy's Name: Michael Alexander I.D.# 30589 Date: 04/20/2018  
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

**SCANNED**  
**APR 20 2018**

**Palm Beach County Sheriff's Office**  
**DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM**  
 (Submit this form with the original Probable Cause affidavit)

Suspect: Strum, David, DOB: 2/24/71/ Case #: 18-064730

Victim: Geraci, Carolyn, Roseanna DOB: 06/21/1973 Race: W Sex: F

Relationship between Victim and Defendant: husband and wife

Photographs: Scene  Yes  No Victim  Yes  No Defendant  Yes  No

911 Call:  Yes  No Caller: \_\_\_\_\_

Weapon Used:  Yes  No Type: \_\_\_\_\_

Witness:  Yes  No Name: \_\_\_\_\_

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 Home?  Yes  No DCF Notified?  Yes  No

Name: Laieny Strum DOB: 1/3/2011

Name: Steven Strum DOB: 3/10/09

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: \_\_\_\_\_

Victim's Statements  Yes  No If yes,  written  recorded  oral

First words Victim said when you responded to scene: \_\_\_\_\_

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

Yes  No If yes, name: \_\_\_\_\_ phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Observations of Victim (Physical & Emotional): \_\_\_\_\_

Upset  Crying  Fearful  Hysterical  Afraid  Calm  Nervous

Complained of pain  Other \_\_\_\_\_

Victim Contact Information:

Local Address: 5413 Rivermill Ln, Lake Worth, FL 33463

Phone: Home (954) 632-2425 Work (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Employer: \_\_\_\_\_

Name of Relative: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_

**SCANNED**  
**APR 20 2018**