

J# 048 4748

PCH # 575

NH

ARREST / NOTICE TO APPEAR

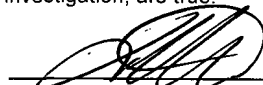

AD MI NI ST RA TION	OBTS Number		Agency ORI Number 0502000		Agency Name Lantana Police Department		Agency Report Number (N.T.A.'s only) 6 4 17-000189		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1		JUVENILE													
	Charge Type: Check as many as apply: <input type="checkbox"/> 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		If Weapon Seized Enter Type HAND/FEET/FIST		Multiple Clearance Indicator 2																			
	Location of Arrest (Including Name of Business) 910 W DREW ST LANTANA FL 33462						Location of Offense (Business Name, Address) 159 WILLOW POND WAY, PENFIELD, NY 14526																	
	Date of Arrest 01/23/2017		Time of Arrest 22:03		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle											
DEF END ANT	Name (Last, First, Middle) BODULOVIC, DENIZ												Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:											
	Race W - White B - Black I - American Indian O - Oriental/Asian W		Sex M		Date of Birth 03/14/1991		Height 6'01		Weight 180		Eye Color BROW		Hair Color BROWN		Complexion LIGHT		Build TALL							
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)												Marital Status S		Religion		Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>							
	Local Address (Street, Apt. Number) 159 WILLOW POND WAY, PENFIELD, NY 14526						(City)		(State)		(Zip)		Phone		Residence Type: 1. City 2. County 3. Florida 4. Out of State									
	Permanent Address (Street, Apt. Number) 159 WILLOW POND WAY, PENFIELD, NY 14526						(City)		(State)		(Zip)		Phone		Address Source									
	Business Address (Name, Street) NONE,						(City)		(State)		(Zip)		Phone		Occupation None									
	D/L Number, State 192005304 / NY				Soc. Sec. Number				INS Number				Place of Birth (City/State) BOSNIA				Citizenship US							
	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							
	J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: VICTIM NOTIFICATION REQUIRED Name (Last, First, Middle) Address (Street, Apt. Number) (City) (State) (Zip) No Bond												Residence Phone		Business Phone								
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														
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												
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:										Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property										
Drug Activity N. N/A P. Possess												S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Disperses/ 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 S. Synthetic		U. Unknown Z. Other						
Charge Description BATTERY - SIMPLE TOUCH / STRIKE										Statute Violation Number 784.03 (1) (A) (1)				Violation of ORD #										
Drug Activity		Drug Type N		Amount / Unit /		Offense # 17-000189		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond										
Charge Description Battery - Simple touch / Strike										Statute Violation Number 784.03(1)(A)(1)				Violation of ORD #										
Drug Activity		Drug Type N		Amount / Unit /		Offense # 17-000189		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond										
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Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond										
IN TA KE	Health / Apparent Physical Condition of Defendant										Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input checked="" type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:													
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health										PROPERTY - Received By		Released By		Released to									
	Transported By										Date Transported		Time Transported		Other									
	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.										Location (Court, Room)		Court Date and Time											
NO TI CE TO AP PE AR	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)		Date Signed		No Photo Available									
	HOLD for Other Agency										Signature of Arresting Officer WALDKOETTER				Name Verification (Printed by Arrestee) (PRINT)									
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other										Name of Arresting Officer (Print) WALDKOETTER, ELIZABETH J.				I.D. # 865		PAGE 1 OF 1							
	Intake Deputy Cpl. H. G. 24716										Pouch # 575		Transporting Officer WALDKOETTER		I.D. # 865		Agency LAD							
<input type="checkbox"/> COURT <input type="checkbox"/> STATE ATTORNEY <input type="checkbox"/> AGENCY <input type="checkbox"/> CENTRAL RECORDS <input type="checkbox"/> JAIL <input type="checkbox"/> CRIME ANALYSIS <input type="checkbox"/> P. I. O. <input type="checkbox"/> DEFENDANT												Witness here if subject signed with an "X".												

JAN 24 AM 1:43

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 01/23/2017 22:40	Agency ORI Number FL 0502000		Agency Name LANTANA POLICE DEPARTMENT	Agency Report Number 6 4 17-000189																																																																																																																										
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C H E R G	Charge Description 784.03 BATTERY - SIMPLE TOUCH / STRIKE																																																																																																																														
	Victim Name (Last, First, Middle) [REDACTED]																																																																																																																														
V I C T I M	Business Address (Name, Street) NONE				(City)	(State)	(Zip)	Phone																																																																																																																							
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A D D I T I O N A L	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): DISTRESS, PANIC																																																																																																																											
	VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																																																																																														
I N F O R M A T I O N	RELATIONSHIP BETWEEN VICTIM & SUSPECT BOYFRIEND/GIRL																																																																																																																														
	<table border="0"><tr><td>PHOTOGRAPHS:</td><td>Scene:</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td>YES</td><td>NO</td><td colspan="2"></td></tr><tr><td></td><td>Victim:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td></td><td></td><td colspan="2"></td></tr><tr><td></td><td>911 CALL:</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td colspan="4">CALLER: FATHER & NEIGHBORS</td></tr><tr><td></td><td>WEAPON USED:</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td colspan="4">TYPE: HANDS, FIST, FEET</td></tr><tr><td></td><td>WITNESSES:</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td colspan="4">(If YES, attach witness list)</td></tr><tr><td></td><td>INJURIES:</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td colspan="4"></td></tr><tr><td></td><td>MEDICAL TREATMENT:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td colspan="4"></td></tr><tr><td></td><td>AT: Scene:</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td colspan="4">PARAMEDICS: PBCFR</td></tr><tr><td></td><td>Hospital:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td colspan="4">PHYSICIAN(S) / HOSPITAL:</td></tr><tr><td></td><td>ACT COMMITTED IN PRESENCE OF MINOR(S):</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td colspan="4">NAMES/AGES:</td></tr><tr><td></td><td>H. R. S. NOTIFIED:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td colspan="4"></td></tr><tr><td></td><td>VICTIM PREGNANT:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td colspan="4"></td></tr><tr><td></td><td>VIOLATION OF RESTRAINING ORDER:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td colspan="4">CASE #:</td></tr><tr><td></td><td>PRIOR HISTORY OF DOMESTIC VIOLENCE:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td colspan="4"></td></tr><tr><td></td><td>ALCOHOL OR DRUGS INVOLVED:</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td colspan="4"></td></tr></table>								PHOTOGRAPHS:	Scene:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	YES	NO				Victim:	<input type="checkbox"/>	<input checked="" type="checkbox"/>						911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: FATHER & NEIGHBORS					WEAPON USED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TYPE: HANDS, FIST, FEET					WITNESSES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(If YES, attach witness list)					INJURIES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>						MEDICAL TREATMENT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>						AT: Scene:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PARAMEDICS: PBCFR					Hospital:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:					ACT COMMITTED IN PRESENCE OF MINOR(S):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES/AGES:					H. R. S. NOTIFIED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>						VICTIM PREGNANT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>						VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #:					PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>						ALCOHOL OR DRUGS INVOLVED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
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N A R R	On January 23, 2017 at approximately 2100hrs, I Ofc. Waldkoetter (ID 865) was dispatched to the [REDACTED] in reference to a W/F in distress, involved in a disturbance.																																																																																																																														
	Upon arrival I observed a W/M standing in the front yard and a W/F running toward the marked police vehicles.																																																																																																																														
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.  SIGNATURE OF ARRESTING OFFICER Sworn to and subscribed to before me this <u>23</u> day of <u>January</u> , <u>2017</u> .  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 147.10)																																																																																																																															

COURT

STATE ATTORNEY

CENTRAL RECORDS

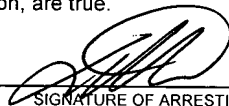

JAIL

CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 01/23/2017 22:40	Agency ORI Number FL 0502000		Agency Name LANTANA POLICE DEPARTMENT	Agency Report Number 6 4 17-000189
	<p>I made contact with [REDACTED] who was extremely upset and crying. She was trembling and barely able to complete a sentence. [REDACTED] was screaming and crying, stating that "he" her boyfriend Deniz Bodulovic (DOB 03/14/1991), had "beat her ass". [REDACTED] stated that Deniz dragged her by her hair from the bed, threw her on the floor, choked her and kicked her in the sides and back. Deniz took her phone from her, threw it out of the bedroom and shattered it against the window in the dining room. [REDACTED] was not bleeding but had Deniz's blood on her throat and chest. She had red marks on her skin around her throat, chest and shoulders. [REDACTED] stated that she ran from the residence to escape his physical abuse. [REDACTED] stated that Deniz "beats her ass all the time" and the entire time officers were present [REDACTED] was upset, crying and trying to find her phone to call her parents.</p> <p>I made contact with W/M Deniz Bodulovic (DOB 03/14/1991) who stated that he and his girl [REDACTED] were hanging out on the bed, she was eating ice cream and stated that "she wanted to go suck a drug dealers cock for dope, and was it ok?" Deniz stated that he got upset and when he got upset [REDACTED] threw his TV on the floor. Deniz stated that he grabbed her by her shoulders to control her from throwing the tv on the ground, and then [REDACTED] broke her phone and then hid it. Deniz was continuously talking about irrelevant details that were not in reference to the incident that had occurred at that time. I had to ask him to stay on topic of the events of the evening. Deniz stated that [REDACTED] was the one who was attacking him. Deniz had an injury to his hand and was bleeding from the knuckle area of his hand. Deniz had an area of skin on his bare chest that was red but there were no scratches or bruises. Deniz appeared to be under the influence of an unknown substance. He was slow to comply and argumentative. He was not cooperative with officers.</p> <p>I made entry into the residence and observed the scene. The bedroom was in disarray, the TV was on the floor and there was blood splatter everywhere. There were signs of violence consistent with [REDACTED] statement. The roommates/housemates stated that they also witnessed the events and showed officers where Deniz had thrown the phone and broken the blinds on the window in the dining room. The witnesses who share the house as roommates stated that the violence is ongoing and that Deniz physically abuses [REDACTED] on a regular basis. There was blood splatter in the bedroom on the floor, bed, and walls. This is consistent with the injury to his hands and the physical movements of which [REDACTED] stated that he attacked her. There was blood splatter on the hallway wall and floor, on the dining room and kitchen floor consistent with the movement of throwing the phone and having the injury to his hand. Deniz had stated that [REDACTED] hid her phone, however, there was blood from his knuckle on the liner where the phone was placed between the mattress, and blood on the phone, however, Deniz stated he did not touch her phone at all and that she hid it herself. After speaking with Deniz I entered the residence with the house manager to look under the mattress to see if Deniz's story was consistent. The phone was under the mattress but with his blood as stated above.</p> <p>I spoke to [REDACTED] stated that the abuse has gotten out of control and he was able to supply a video that he had just received from the manager of the previous Halfway House of which they both were staying located at 530 S. 13th Pl. Lantana, FL 33462. I observed the video sent by [REDACTED]. I witnessed Deniz grab [REDACTED] out of a vehicle by her hair and throw her to the ground, it appears that he struck her in the head or face a couple times with witnesses present. The individuals attempted to help [REDACTED] up and walk, however, she was unable to walk from the attack and then collapsed to the ground.</p> <p>After viewing the video, I asked Deniz if he had ever put his hands on [REDACTED] pulled her hair or struck her. Deniz stated that he has never laid a hand on her and swore on allah and his mother. Deniz stated that the only time he has ever put his hands on any woman was to "control them" by grabbing their shoulders.</p>				
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p> SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>23</u> day of <u>January</u>, <u>2017</u>.</p> <p> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>					

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

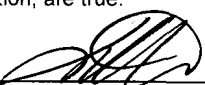

CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N N A R R A T I V E	Date / Time 01/23/2017 22:40		
	Agency ORI Number FL 0502000	Agency Name LANTANA POLICE DEPARTMENT	Agency Report Number 6 4 17-000189
	<p>I also made contact with the Administrator of Palm Recovery where the occupants of the Halfway house go for treatment. The Administrator Latoya Robinson (DOB 03/05/1986) stated that the abuse is ongoing and that she has discussed the situation with Andrea prior to this Day, as well as that afternoon.</p> <p>Photos were taken of the scene and submitted to evidence. The video was copied and submitted to evidence. The 911 call from father, [REDACTED] and from the neighbors were submitted to evidence. Witness statements were completed and a victims rights brochure was provided. including the case number. Deniz was kicked out of the halfway house and trespassed from the property as of this date.</p> <p>Deniz was placed under arrest for Domestic Battery and placed in my marked patrol car. He was transported to Lantana Police Department for processing. Deniz was then transported to PBCJ to be lodged.</p>		
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p> _____ SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>23</u> day of <u>January</u>, <u>2017</u>.</p> <p> _____ NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>			

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 #: 17-000189 Agency: LPD
Offense: Domestic Battery
Suspect/Offender: Bodulovic, Deniz
D.O.B. 3/14/91 Race: W Sex: M

2. Warrant #(s): N/A

3.a. Victim's name: [REDACTED]
Address: [REDACTED]
City: [REDACTED]
Home #: _____ Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: [REDACTED]
Address: _____
City: [REDACTED] Zip: _____
Home: [REDACTED] er: _____

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: _____

Deputy's Name: Waidketter I.D.# 865 Date: 1/23/17

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records
PBSO #0029A REV. 4/99

SUSPECT/OFFENDER: _____

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#: _____