

JA 0405814

P# 1783

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile N	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-17125623							
Charge Type: Check as many as apply.		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		Weapon Seized / Type 2. 1. Yes 2. No		Multiple Clearance Indicator 1	
Location of Arrest (Including Name of Business)						Location of Offense (Business Name, Address)					
Date of Arrest 09/11/2017		Time of Arrest 2127		Booking Date 09/11/2017		Booking Time		Jail Date		Jail Time	
Location of Vehicle											
Name (Last, First, Middle) LATCHMAN, DWARKA,											
Alias (Name, DOB, Soc. Sec. #, Etc.)											
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W M		Date of Birth 02/25/1963		Height 508		Weight 145		Eye Color BRO	
Hair Color BLK		Complexion DRK		Build MED							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status Married		Religion CHRISTIAN		Indication of: Alcohol Influence Drug Influence Y N Unk.	
Local Address (Street, Apt. Number) 9092 SW 1ST DR, BOCA RATON FL 33428						(City)		(State)		(Zip)	
Phone (561) 401-5613						Residence Type: 1. City 2. County 3. Florida 4. Out of State		2			
Permanent Address (Street, Apt. Number)						(City)		(State)		(Zip)	
Phone						Address Source VERBAL					
Business Address (Name, Street) EXPRESS CARWASH, 23133 SANDALFOOT PLAZA DR						(City)		(State)		(Zip)	
Phone						Occupation ADVISOR					
D/L Number, State L325160630650		Soc. Sec. Number		INS Number		Place of Birth (City, State) GEORGETOWN, GUYANA		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	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:				Residence Phone							
Address (Street, Apt. Number)				(City)		(State)		(Zip)		Business Phone	
Notified by: (Name)				Date		Time		Juvenile Disposition 1. Released 2. TOT HRS / DYS 3. Incarcerated		1	
Released To: (Name)				Date		Time					
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents. The child and / or parent(s) must 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)											
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No				Description of Property				Value of Property			
Drug Activity N. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		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 S. Synthetics		U. Unknown Z. Other			
Charge Description DOMESTIC BATTERY				Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03(1)(a)(1)		Violation of ORD #	
Drug Activity N				Drug Type N		Amount / Unit		Offense # 17125623		Warrant / Capias Number	
Bond None											
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) South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996											
Court Date and Time Month OCTOBER Day 12 Year 2017 Time 0830 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>											
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 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. 09/11/2017											
Signature of Defendant (or Juvenile and Parent /Custodian) _____ Date Signed _____											
HOLD for other Agency				Signature of Arresting Officer				Name Verification (Printed by Arrestee)			
Name:				X				(PRINT) SEP 12 AM 5:44			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:				Name of Arresting Officer (Print) F. DIGSBY				I.D. # 26683			
Initialed Deputy Sgt. Lortils				I.D. # 8791				Pouch #			
Transporting Officer 25959				ID # PE80				Agency			
Witness here if subject signed with an "X" 1 OF 1											

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N	
ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 17125623						
	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:						
DEF	Name (Last, First, Middle) LATCHMAN, DWARKA,				Alias		Race W	Sex M	Date of Birth 02/25/1963		
	Charge Description DOMESTIC BATTERY				784.03(1)(a)(1)		Charge Description				
CHARGES	Charge Description				Charge Description		Charge Description				
	Charge Description				Charge Description		Charge Description				
VICTIM	Name (Last, First, Middle)				Race W		Sex F	Date of Birth 7/12/1967			
	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.</p> <p>The Person taken into custody</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. </div> <div> <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. </div> </div> <p>On the 11TH day of SEPTEMBER 20 17 at 2016 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>											
<p>The following occurred in Palm Beach County, Florida.</p> <p>On 09/11/2017 at approximately 2016 hours I responded to _____ in reference to a domestic dispute. On arrival I made contact with the victim, _____ outside the residence in the driveway. _____ stated that her husband, Dwarka Latchman struck her during an argument.</p> <p>_____ stated that she and Dwarka visited _____ in the morning. While they were at the residence during the day Dwarka consumed alcohol and became belligerent toward _____. _____ decided to leave the residence and take Dwarka away from the location but Dwarka refused to leave with her.</p> <p>I made contact with _____ who stated that Dwarka consumed alcohol and became very loud and verbally abusive with _____ at the residence. _____ stated that she told Dwarka to leave the residence and he refused to leave. Dwarka was outside the building in the front yard and _____ closed the front door. Dwarka went to the front door to enter the building and _____ was at the front door and told him not to come in and he should leave. _____ stated that she raised her hand to block Dwarka from entering the residence.</p> <p>_____ stated that she tried to get Dwarka into the vehicle to take him to his residence and he refused. _____ stated that Dwarka walked over to her while she was standing in front of her vehicle _____ in the driveway and he struck her on the upper torso (chest) with his open right hand. _____ then said she tried to get Dwarka to get into the vehicle and she entered the passenger front seat. _____ stated that Dwarka refused to leave the location and attempted to remove _____ from the vehicle. She opened the door and during the process of Dwarka attempting to remove her from the vehicle Dwarka struck _____ on her upper lip. _____ had a swollen upper lip and there was a small bruise on the inside of her upper lip. _____ refused to allow me to photograph her injuries.</p> <p>Dwarka Latchman did actually and intentionally touch or strike _____ against the will of _____ {or} did intentionally cause bodily harm to _____ and _____ was a family or household member of Dwarka Latchman, contrary to Florida Statute 784.03(1) and 741.283. Based on the above stated facts probable cause exist to charge to Dwarka Latchman with one count of domestic battery in violation of F.S.S. 784.03(1)(a)(1).</p> <p>Dwarka was placed under arrest, handcuffed to the rear, checked for fit and double locked and placed in the back of the patrol vehicle. While inside the patrol vehicle Dwarka complained that he was a diabetic and needed medical assistance. I transported Dwarka to the West Boca Raton Medical Center for medical clearance. He was then transported to the Palm Beach County Jail.</p>											
PROBABLE CAUSE STATEMENT	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p style="text-align: right;">F. DIGSBY</p> <p>(Signature of Arresting/Investigative Officer)</p>										
	<p>The foregoing instrument was sworn to or affirmed and subscribed before me this 11th day of SEPTEMBER 20 17 by D/S F. DIGSBY</p> <p>(Print Name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN LAW ENFORCEMENT OFFICER</p>										
ADMINISTRATIVE	<p>Notary Public, Clerk of Court, Officer (F.S.S. 112.10)</p> <p>Dwarka L. Latchman, D/S</p>										
	<p>PAGE 1 OF 1</p>										

VICTIM /WITNESS INFORMATION

☒ VICTIM [REDACTED] W F 7/12/1967
(Race) (Sex) (Date of Birth)

☐ WITNESS [REDACTED] (Phone)

☐ OWNER [REDACTED] 0
Synopsis of Testimony Business (Name & Address) (City) (State) (zip) (Phone)

ADDRESS SOURCE
☒ Verbal
☒ Driver's License
☐ Voter's ID
☐ Other

[REDACTED] husband struck her during an argument.

☐ VICTIM [REDACTED] W f 03/27/1992
(Middle) (Race) (Sex) (Date of Birth)

☒ WITNESS [REDACTED] (State) (zip) (Phone)

☐ OWNER [REDACTED] 0
Synopsis of Testimony Business (Name & Address) (City) (State) (zip) (Phone)

ADDRESS SOURCE
☐ Verbal
☒ Driver's License
☐ Voter's ID
☐ Other

☐ VICTIM [REDACTED] W F 09/20/1940
(Middle) (Race) (Sex) (Date of Birth)

☒ WITNESS [REDACTED] (State) (zip) (Phone)

☐ OWNER [REDACTED] 0
Synopsis of Testimony Business (Name & Address) (City) (State) (zip) (Phone)

ADDRESS SOURCE
☐ Verbal
☒ Driver's License
☐ Voter's ID
☐ Other

☐ VICTIM [REDACTED] (Name (Last) (First) (Middle) (Race) (Sex) (Date of Birth)

☐ WITNESS [REDACTED] 0
Home Address (street, Apt. Number) (city) (state) (zip) (phone)

☐ OWNER [REDACTED] 0
Business (Name & Address) (City) (State) (zip) (Phone)

ADDRESS SOURCE
☐ Verbal
☐ Driver's License
☐ Voter's ID
☐ Other

synopsis of Testimony

SCANNED
SEP 13 2017

SCANNED
SEP 13 2017

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.**

SUSPECT/OFFENDER:

LATCHMAN, DWARKA,

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#.

SCANNED
SEP 13 2017

1. Incident Report #: 17125623 Agency: PBSO
Offense: DOMESTIC BATTERY
Suspect/Offender: LATCHMAN, DWARKA,
D.O.B. 02/25/1963 Race: W Sex: M

2. Warrant # (s): _____

3.a. Victim's name: [REDACTED] D.O.B. 7/12/1967 Race: W Sex: F
Address: [REDACTED]
City: [REDACTED]
Home #: [REDACTED] Work #: 0 Other: _____

b. Victim's next of kin, friend or neighbor: [REDACTED]
Address: [REDACTED]
City: [REDACTED]
Home #: [REDACTED] Work #: 0 Other: _____

NOTE: PURSUANT TO 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: [REDACTED]

Deputy's Name: **D/S F. DIGSBY**

I.D.# **26683**

Date: **09/11/2017**