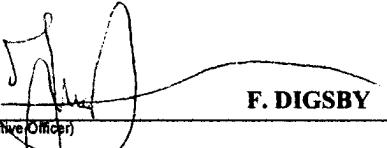


J# 0405814

PT 1783

ARREST / NOTICE TO APPEAR				
Juvenile Referral Report				
ADMINISTRATIVE	OBTS Number		1. Arrest 2. N.T.A.	
	Agency ORI Number		3. Request for Warrant 4. Request for Copies	
	FLO 500000		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,			
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 □ □ □ □		
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	
DL 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 	
□ 1. Arrested □ 2. At Large		□ 3. Felony □ 4. Misdemeanor □ 5. Juvenile		
Co-Defendant Name (Last, First, Middle)				
Race 		Sex 	Date of Birth 	
□ 1. Arrested □ 2. At Large		□ 3. Felony □ 4. Misdemeanor □ 5. Juvenile		
Parent Legal Custodian Other: 				
Residence Phone ()				
Address (Street, Apt. Number) No 205 (City) 				
(State) 		(Zip) 	Business Phone ()	
Notified by: (Name)		Date 	Time 	
Juvenile Disposition Handled/processed within Depend/Released		2. TOT HRS / DYS 3. Incarcerated		
Released To: (Name) Relationship Date Time				
VICTIM NOTIFICATION REQUIRED				
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was not <input type="checkbox"/> School Attended <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 S. Sell B. Buy R. Smuggle D. Deliver K. Dispense/ D. Use E. Use M. Manufacture/ P. Possess N. N/A T. Traffic C. Produce/ Cultivate Z. Other				
Drug Type B. Barbiturate C. Cocaine E. Heroin		Drug Type B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Hallucinogen S. Synthetic		
Drug Type U. Unknown Z. Other				
Charge Description DOMESTIC BATTERY				
Counts 1		Domestic Violence <input checked="" 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 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		
Statute Violation Number				
Violation of ORD #				
Drug Activity Drug Type N Amount / Unit		Offense # 17125623		
Warrant / Capias Number Bond None				
Charge Description				
Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		
Statute Violation Number				
Violation of ORD #				
Drug Activity Drug Type N Amount / Unit		Offense # 17125623		
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Violation of ORD #				
Drug Activity Drug Type N Amount / Unit		Offense # 17125623		
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Violation of ORD #				
Drug Activity Drug Type N Amount / Unit		Offense # 17125623		
Warrant / Capias Number Bond None				
Charge Description				
Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		
Statute Violation Number				

ADMIN	OBTS Number		PROBABLE CAUSE AFFIDAVIT				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 06- 17125623								
DEF	Charge Type: Check as many as apply:		<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:								
	Name (Last, First, Middle) LATCHMAN, DWARKA,		Alias		Race W	Sex M	Date of Birth 02/25/1963						
CHARGES	Charge Description DOMESTIC BATTERY		Charge Description 784.03(1)(a)(1)										
	Charge Description		Charge Description										
VICTIM					Race W	Sex F	Date of Birth 7/12/1967			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 <u>11TH</u> day of <u>SEPTEMPER</u> <u>2017</u> at <u>2016</u> <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 [REDACTED] in reference to a domestic dispute. On arrival I made contact with the victim, [REDACTED] outside the residence in the driveway. [REDACTED] stated that her husband, Dwarka Latchman struck her during an argument.</p> <p>[REDACTED] stated that she and Dwarka visited [REDACTED] in the morning. While they were at the residence during the day Dwarka consumed alcohol and became belligerent toward [REDACTED] 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 [REDACTED] who stated that Dwarka consumed alcohol and became very loud and verbally abusive with [REDACTED] at the residence. [REDACTED] stated that she told Dwarka to leave the residence and he refused to leave. Dwarka was outside the building in the front yard and [REDACTED] closed the front door. Dwarka went to the front door to enter the building and [REDACTED] was at the front door and told him not to come in and he should leave. [REDACTED] stated that she raised her hand to block Dwarka from entering the residence.</p> <p>[REDACTED] stated that she tried to get Dwarka into the vehicle to take him to his residence and he refused. [REDACTED] stated that Dwarka walked over to her while she was standing in front of her vehicle [REDACTED] in the driveway and he struck her on the upper torso (chest) with his open right hand. [REDACTED] then said she tried to get into the vehicle and she entered the passenger front seat. [REDACTED] stated that Dwarka refused to leave the location and attempted to remove [REDACTED] from the vehicle. She opened the door and during the process of Dwarka attempting to remove her from the vehicle Dwarka struck [REDACTED] on her upper lip. [REDACTED] had a swollen upper lip and there was a small bruise on the inside of her upper lip. [REDACTED] refused to allow me to photograph her injuries.</p> <p>Dwarka Latchman did actually and intentionally touch or strike [REDACTED] against the will of [REDACTED] {or} did intentionally cause bodily harm to [REDACTED] and [REDACTED] 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 exists to charge 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	 F. DIGSBY (Signature of Arresting/Investigative Officer)									SCANNED SEP 13 2017			
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>11th</u> day of <u>SEPTEMBER</u> <u>2017</u> by <u>D/S F. DIGSBY</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN LAW ENFORCEMENT OFFICER</u> <u>1722069</u> <u>Deputy Public Clerk of Court, Officer (F.S.S. 117.10)</u> <u>Deputy R. WONGJUN, D/S</u>												
ADMINISTRATIVE										PAGE 1 OF 1			

VICTIM /WITNESS INFORMATION

<input checked="" type="checkbox"/> VICTIM					W	F	7/12/1967
					(Race)	(Sex)	(Date of Birth)
<input type="checkbox"/> WITNESS	Home Address (Street, Apt. Number)	(City)	(State)	(zip)	(Phone)		
<input type="checkbox"/> OWNER	Synopsis of Testimony	Business (Name & Address)	(City)	(State)	(zip)	(Phone)	
[REDACTED] husband struck her during an argument.							

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

<input type="checkbox"/> VICTIM					W	f	03/27/1992
					(Middle)	(Race)	(Sex)
<input checked="" type="checkbox"/> WITNESS					(State)	(zip)	(Phone)
<input type="checkbox"/> OWNER	Synopsis of Testimony	Business (Name & Address)	(City)	(State)	(zip)	(Phone)	0

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

<input type="checkbox"/> VICTIM					W	F	09/20/1940
					(Middle)	(Race)	(Sex)
<input checked="" type="checkbox"/> WITNESS	Home Address (Street, Apt. Number)	(City)	(State)	(zip)	(Phone)		
<input type="checkbox"/> OWNER	Business (Name & Address)	(City)	(State)	(zip)	(Phone)	0	
synopsis of Testimony							

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

<input type="checkbox"/> VICTIM	Name (Last)	(First)	(Middle)	(Race)	(Sex)	(Date of Birth)
<input type="checkbox"/> WITNESS	Home Address (street, Apt. Number)	(city)	(state)	(Zip)	(phone)	0
<input type="checkbox"/> OWNER	Business (Name & Address)	(City)	(State)	(zip)	(Phone)	0
synopsis of Testimony						

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

SCANNED
SEP 13 2017

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

Suspect: LATCHMAN, DWARKA, DOB: 02/25/1963 Case #: 17125623

Victim: ██████████ DOB: 7/12/1967 Race: W Sex: F

Relationship between Victim and Defendant: ██████████

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: LATCHMAN, DWARKA,

Weapon Used: Yes No Type: Hands

Witness: Yes No Name: ██████████

Victim Pregnant: Yes No If yes, weeks months

Injuries: Yes No Description: Bruises

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: ██████████ DOB: / /

Name: ██████████ DOB: / /

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: ██████████

Phone: Home ██████████ Work () - Cell () -

Employer: ██████████

Name of Relative: ██████████, ██████████, ██████████ Phone ██████████

Address: ██████████

SCANNED
SEP 13 2017

VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER: LATCHMAN, DWARKA, COURT CASE/WARRANT#.
(FOR WARRANTS USE ONLY)

This form must be completed when one of the following crime(s) has been committed:

- **Homicide** (Ch. 782)
- **Attempted Murder**
- **Stalking** (F.S. 784.048)
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**

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 #: 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: _____ D.O.B. 7/12/1967 Race: W Sex: F
Address: _____
City: _____
Home #: _____ Work #: 0 Other: _____
- b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____
Home: _____ Work #: 0 Other: _____

NOTE: PURSUANT TO FEDERAL LAW, 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: D/S F. DIGSBY I.D.# 26683 Date: 09/11/2017
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records
PBSO 00029A REV. 4199

SCANNED
SEP 13 2017