

0481396

883

OBTS Number

ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest 3. Request For Warrant
2. N.T.A. 4. Request For Capias

1 Juvenile

N

Agency ORI Number FLO 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06	16131567							
Charge Type: <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		# Weapon Seized Enter Type								
		Multiple Clearance Indicator 0 1								
Location of Arrest (Including Name of Business) 5850 ATLANTIC AVE Delray Beach, FL, 33484		Location of Offense (Including Name of Business) 5850 ATLANTIC AVE Delray Beach, FL, 33484								
Date of Arrest Sep 25, 2016	Time of Arrest 2136	Booking Date	Booking Time							
		Jail Date	Jail Time							
		Location of Vehicle								
Name (Last, First, Middle) Thorner Emma		Alias (Name, DOB, Soc. Sec. #, Etc.)								
Race <input type="checkbox"/> W - White <input type="checkbox"/> I - American Indian <input checked="" type="checkbox"/> B - Black <input type="checkbox"/> O - Oriental/Asian		Sex <input type="checkbox"/> w <input checked="" type="checkbox"/> f								
Date of Birth 6/10/1977		Height 5'5	Weight 110							
Eye Color green		Hair Color brown	Complexion light							
Build small										
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) none		Marital Status Mar	Religion							
		Indication of: <input type="checkbox"/> Alcohol Influence <input checked="" type="checkbox"/> N <input type="checkbox"/> Drug Influence <input checked="" type="checkbox"/> unk								
Local Address (Street, Apt. Number) 1203 Barwick		City Delray Beach	State FL Zip 33466 Phone (561)542-2560							
Permanent Address (Street, Apt. Number) same as above		City	State Zip							
		Phone	Address Source Verbal							
Business Address (Street, Apt. Number)		City	State Zip							
		Phone	Occupation business owner							
DL Number, State		Social Security Number none	INS Number 207-684-534 Place of Birth England Citizenship England							
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 Guardian <input type="checkbox"/> Other		Name (Last, First, Middle)								
		Phone								
Address (Street, Apt. No.) No		City	State Zip							
		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 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 561-355-2526) informed of any address change <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 S. Sell N. NA P. Possess		R. Smuggle B. Buy T. Traffic	K. Dispense/ D. Deliver E. Use	M. Manufacture/ Produce Cultivate	Z. Other	Drug Type B. Barbiturates N. N.A. A. Amphetamines	H. Hallucinogens C. Cocaine E. Heroin	P. Paraphernalia/ Equipment	U. Unknown Z. Other	
Charge Description Simple Domestic Battery		Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1)(a)		Violation or ORD. #				
Drug Activity	Drug Type	Amount/Unit	Offense #	16131567		Warrant/Capias Number				
						Bond				
Charge Description		Counts	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation or ORD. #				
Drug Activity	Drug Type	Amount/Unit	Offense #			Warrant/Capias Number				
						Bond				
Charge Description		Counts	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation or ORD. #				
Drug Activity	Drug Type	Amount/Unit	Offense #			Warrant/Capias Number				
						Bond				
Charge Description		Counts	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation or ORD. #				
Drug Activity	Drug Type	Amount/Unit	Offense #			Warrant/Capias Number				
						Bond				
Location (Court, Address, Room Number)		2016 SEP 26								
Court Date and Time		Month	Day	Year	Time	AM	<input type="checkbox"/>	PM		
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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						
HOLD for Other Agency		Signature of Arresting Officer				Name Verification (Printed by Arrestee)				
Name		<i>DS A.Carsen</i>				<i>25545 D# 9489</i>				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer		(PRINT)				
Intake Deputy		ID #	Pouch #	Transporting Officer	ID #	Agency	Page			
				A.Carsen 1 25545		Pbso	1 of 1			
Witness hereinafter signed with me on SEP 26 2016 at 12:15 PM										

SCANNED
SEP 26 AM 12:15
SEP 26 2016

OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

1

Agency ORI Number FLO 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06	16131567		
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		
Defendant Name (Last, First, Middle) Thorner Emma			Race W	Sex f	Date of Birth 6/10/1977
Charge Simple Domestic Battery		Charge			
Charge		Charge			
Victim Name (Last, First, Middle)			Race	Sex	Date of Birth
Local Address (Street, Apt. Number)		City	State	Zip	Phone
Business Address (Street, Apt. Number)		City	State	Zip	Phone
The undersigned 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...					
<input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to admitting to the below facts. <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 (described) investigation.					
On the 25 day of September 20 16 at 9:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM					

On 9-25-2016 at approximately 2053 hours I responded to 5850 ATLANTIC AVE 105, unincoperated Palm Beach County, in reference to a domestic battery. Upon arrival I met with Emma Thorner, who stated she and her husband, [REDACTED] got into a fight. I asked Emma what happened. Emma stated she asked [REDACTED] the proper name of a vacuum plug, and he began to give her an attitude. Emma advised she recently gave up smoking, and sometimes overreacts. I asked Emma if the fight became physical, which she made the excited utterance, "I threw coffee on him, but it was cold, I may have grabbed his arms, and swung, but I'm not a violent person, tonight I just saw red." I asked Emma if [REDACTED] became physical with her and she stated he has in the past, but did not tonight.

I made contact with [REDACTED] and asked him what happened. [REDACTED] stated his wife has mood swings, and "violently attacked him". [REDACTED] said his wife asked him what the name of a vacuum plug was, and she started accusing him of having an attitude when he told her. [REDACTED] stated at that point in time, Emma started saying "Fuck you" and punched him in the shoulder, and "doing other things". After Emma punched him in the shoulder she threw a cup of coffee at his legs. I observed and asked [REDACTED] if he had any visible injuries and he stated he did not. [REDACTED] advised inside of the building he had cameras that showed the fight. DS Cook ID#16739 reviewed the video. DS Cook stated the video showed Emma grabbing [REDACTED] by both shoulders, punching him with a closed fist in the shoulder, and throwing a cup of coffee at his legs. The video also showed Emma hitting [REDACTED] with an electric cigarette, and Emma biting [REDACTED] on the cheek. I asked [REDACTED] if he would be willing to fill out a sworn statement, and he stated he would.

Inside the business there were numerous witnesses who were there when the battery occurred. Gall Mazzaferro was willing to provide me with a sworn witness statement, which stated a similar account of what happened as the video. Another witness Irma Degroat stated in a sworn statement she saw Emma biting [REDACTED]

Based on the above stated facts I find probable cause exists to place Emma Thorner under arrest for Simple Domestic Battery per F.S.S. 784.03(1).

The foregoing instrument was sworn to and affirmed before me this 25TH day of SEPTEMBER 20 16 , by:					
D/S R COOK 16739			DS A.Carsenl 9499		
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)			Name of Arresting/Investigating Officer		
<i>[Signature]</i>			<i>[Signature]</i>		
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)			Signature of Arresting/Investigating Officer		
Page 1 of 1					

SCANNED
SEP 26 2016

PALM BEACH COUNTY SHERIFF'S OFFICE
DOMESTIC VIOLENCE PROBABLE CAUSE SUPPLEMENTAL FORM
(SUBMIT WITH STATE ATTORNEY'S COPY OF PROBABLE CAUSE AFFIDAVIT)

CASE NUMBER: 16-131567

DEFENDANT'S NAME: Emma Thorner

DEFENDANT'S STATEMENT: YES NO (IF YES: WRITTEN TAPED ORAL)

SYNOPSIS: Emma stated she trying to "stop smoking" which makes her violent. Emma said during the argument with her husband [REDACTED], she saw "Red" not recalling much after.

VICTIM'S NAME: [REDACTED]

VICTIM'S STATEMENT: YES NO (IF YES: WRITTEN TAPED ORAL)

CONDITIONS OF VICTIM: (PHYSICAL & EMOTIONAL)

was emotionally unhappy, said Emma needs help.

RELATIONSHIP BETWEEN VICTIM AND SUSPECT: Husband/Wife

PHOTOGRAPHS: SCENE: YES NO VICTIM(S): YES NO

911 CALL: YES NO WHO CALLED: _____

WEAPON USED: YES NO TYPE: _____

MEDICAL TREATMENT: YES NO

AT SCENE: YES NO PARAMEDICS: _____

AT HOSPITAL: YES NO HOSPITAL: _____ PHYSICIAN: _____

ARE CHILDREN LIVING IN HOME: YES NO

NAME: _____ DOB: _____

NAME: _____ DOB: _____

NAME: _____ DOB: _____

WAS ACT(S) COMMITTED IN PRESENCE OF MINOR(S): YES NO (IF YES SAME AS ABOVE OR SPECIFY)

NAME: _____ DOB: _____

NAME: _____ DOB: _____

NAME: _____ DOB: _____

DCF NOTIFIED: (IF CHILD ABUSE) YES NO

VICTIM PREGNANT: YES NO

PRIOR HISTORY OF DOMESTIC VIOLENCE: YES NO

ALCOHOL OR DRUGS INVOLVED: YES NO

VIOLATION OF RESTRAINING ORDER: YES NO CASE #: _____

ALTERNATE VICTIM CONTACT INFORMATION: (IF VICTIM DECIDES TO LEAVE RESIDENCE)

RELATIVE/FRIEND NAME: _____ PHONE: SCANNED

RELATIVE/FRIEND ADDRESS: _____

SEP 26 2016

VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER:

(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)
- **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 #: 10-131567 Agency: PBSO

Offense: Domestic Battery

Suspect/Offender: Emma Thiberg

D.O.B. 01/10/77 Race: White Sex: Female

2. Warrant #(s): _____

3.a. Victim: _____

Address: _____

City: _____

Home: _____

b. Victim's next of kin, friend or neighbor: _____

Address: _____

City: _____ State: _____ Zip: _____

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: _____

Deputy's Name: _____ I.D.# _____ Date: _____

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

PBSO #0029A REV. 4/99

SCANNED
SEP 26 2016