

0481396

883

OBTs Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. 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: 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		If Weapon Seized		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
Name (Last, First, Middle) Thorner Emma		Alias (Name, DOB, Soc. Sec. #: Etc.)						
Race W - White 1 - American Indian B - Black O - Oriental/Asian	Sex 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: Alcohol Influence <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N Drug Influence <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N		Unit <input type="checkbox"/>
Local Address (Street, Apt. Number) 1203 Barwick Delray Beach FL 33486		City		State		Zip		Phone (561)542-2560
Permanent Address (Street, Apt. Number) same as above		City		State		Zip		Phone
Business Address (Street, Apt. Number)		City		State		Zip		Phone
DA 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		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"/>
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		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 Legal Guardian Other		Name (Last, First, Middle)		City		State		Zip
Address (Street, Apt. No.)		City		State		Zip		Business Phone
Notified By (Name)		Date		Time		Juvenile Disposition: 1. Handled/Processed within Dept. and Released 2. TOT HRSDYS 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.		School Attended		Grade				
Property Crime? <input type="checkbox"/> Yes <input 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. 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		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)A1		Violation or ORD. #
Drug Activity		Drug Type		Amount/Unit		Offense # 16131567		Warrant/Capias Number
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation or ORD. #
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation or ORD. #
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation or ORD. #
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number
Location (Court, Address, Room Number)								
Court Date and Time								
Month		Day		Year		Time		AM <input type="checkbox"/> PM <input type="checkbox"/>
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		Name of Arresting Officer DS A. Carsen		Name Verification (Printed by Arrestee)				
Name		Name of Arresting Officer DS A. Carsen		(PRINT)				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Intake Deputy		ID #		Pouch #		
Transporting Officer A. Carsen		ID # 25545		Agency Pbso				
Witness has been subject signed								

SCANNED
SEP 26 2016 AM 12:15

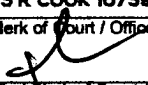
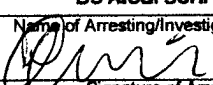
OBT# Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		1	Juvenile <input type="checkbox"/>
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		16131567	
Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <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	Address Source	
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation	
The undersign 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"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> confessed to admitting to the below facts. <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, unIncorporated 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 through 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. Gail 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
	
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer
Page _____ of _____	

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 STATEMENTS: ☒ YES ☐ NO (IF YES: ☒ WRITTEN ☐ TAPED ☐ ORAL)

REASONS 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: _____

RELATIVE/FRIEND ADDRESS: _____

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 #: 10-131567 Agency: 7350
Offense: Domestic Battery
Suspect/Offender: Emma Turner
D.O.B. 6/10/77 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: _____

SUSPECT/OFFENDER:

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#:

SCANNED

SEP 26 2016