

#0424526

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) 06-17060602																			
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		Weapon Seized / Type <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		Multiple Clearance Indicator <input type="checkbox"/>																					
Location of Arrest (Including Name of Business) 17901 SR 7 BOCA RATON, FL						Location of Offense (Business Name, Address) 22096 BOCA PLACE DR UNIT 1223 BOCA RATON, FL 33433																			
Date of Arrest 4/5/17		Time of Arrest 1039		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle													
Name (Last, First, Middle) BOISVERT, FRED A.												Alias (Name, DOB, Soc. Sec. #, Etc.)													
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex w m		Date of Birth 3/18/99		Height 5'11		Weight 200		Eye Color br		Hair Color br		Complexion MED		Build LARGE									
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) UNK						Marital Status SINGLE		Religion UNK		Indication of: Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.															
Local Address (Street, Apt. Number) (City) (State) (Zip) 22096 BOCA PLACE DR UNIT 1223 BOCA RATON, FL 33433						Phone (na)		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2																	
Permanent Address (Street, Apt. Number) (City) (State) (Zip) SAME						Phone (NA)		Address Source VERBAL																	
Business Address (Name, Street) (City) (State) (Zip) NA						Phone ()		Occupation STUDENT																	
D/L Number, State FL, B-216-241-99-098-0		See See Number		INS Number		Place of Birth (City, State) BOCA RATON FL		Citizenship USA																	
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		Name (Last) (First) (Middle)		Residence Phone () () ()																					
Address (Street, Apt. Number) (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 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 (Phone 355-2526) informed of any change of address. <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 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 O. Opium/Derv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other					
Charge Description BATTERY(DOMESTIC)		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03(1a1)		Violation of ORD #																	
Drug Activity n		Drug Type n		Amount / Unit		Offense # 17060602		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															
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)																									
Court Date and Time Month Day Year Time AM PM 4/5/17																									
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 4/5/17													
HOLD for other Agency Name:		Signature of Arresting Officer x 015013		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) D/S D BROWN		I.D. # 7861																			
Intake Deputy T. BURNSIDE #54068995		Transporting Officer D/S A FUCHS 9810 PBSO		ID #		Agency		Witness here if subject signed with an X																	
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEPT. OF CORRECTIONS																									

D/S

PBSO #148 REV. 8/97

APR 06 2017

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- 17060602					
	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:		
DEE	Name (Last, First, Middle) BOISVERT, FRED A.					Alias		Race W	Sex m	Date of Birth 3/18/99	
	Charge Description BATTERY(DOMESTIC)					784.03(1a1)					
CHARGES	Charge Description					Charge Description					
	Charge Description					Charge Description					
VICTIM	Victim's Name (Last, First, Middle) ADAMO, LUCILLE					Race W		Sex f	Date of Birth 10/07/1959		
	Local Address (Street, Apt. Number) (City) (State) (zip) 22096 BOCA PLACE DR 1223 BOCA RATON, FL 33433					Phone (561) 7161867		Address Source FL DL			
	Business Address (Name, Street) (City) (State) (zip) NA					Phone ()		Occupation UNK			
<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 _____ <input type="checkbox"/> 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 5TH day of APRIL 20 17 at 7:14 <input checked="" type="checkbox"/> A. M. <input type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)</p>											
<p>i arrived at 22096 BOCA PLACE DR 1223 in the unincorporated area of boca raton, fl for a report of a domestic battery. upon arriving i met with the victim, lucille adamo, and her ex husband fred h buisvert. ms. adamo was bleeding from the head and was crying. upon speaking to ms. adamo, she stated that she, her son, fred a boisvert, and her ex husband, fred h buisvert, were in a verbal argument of her son's apparent drug use. ms. adamo stated that fred a boisvert had become very agitated about the conversation and began throwing objects around the apartment. ms. adamo stated that her son then threw what she believed to be the television remote control at her. the remote struck her in the head causing a small laceration on her forehead at her hairline. she reported that her son then left the residence cursing at her while he left.</p> <p>upon speaking to fred h buisvert, he gave a similar statement as ms. adamo. mr buisvert stated that he and his ex wife had confronted their son, fred a buisvert, about his drug use and he became very agitated. mr. buisvert stated that his son began throwing object around the house and had picked up an unknown object and threw it at his ex wife. the object struck her in the head and she began believing. he later found the television remote control in the kitchen behind his ex wife. his son then ran out the door in an unknown direction.</p> <p>based on the statements of both lucille adamo and fred h boisvert, and the visible injuries i observed on the victim, i find probable cause does exist for the arrest of fred a boisvert, whom i find in violation of fss. 784.03(1a1) domestic battery.</p>											
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH					D/S D BROWN					
	(Signature of Arresting/Investigative Officer)										
	The foregoing instrument was sworn to or affirmed and subscribed before me this 5TH day of APRIL 20 17 by D/S D BROWN										
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced					KNOWN					
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)										PAGE OF	

SCANNED
APR 06 2017