

19CF8182

| 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 | | |
|---|--|---|--|--|---|---|---|--|-----------------------------|------------|------|
| ADMINISTRATION | Agency ORI Number | Agency Name | | Agency Report Number | | | | | | | |
| | FL 0500300 | BOYNTON BEACH POLICE DEPT. | | 34-19-048385 | | | | | | | |
| | Charge Type: Check as many as Apply. | | | If Weapon Seized Enter Type | | Multiple Clearance Indicator | | | | | |
| <input checked="" type="checkbox"/> 1. Felony <input 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 | | | | | | | | | | | |
| Location of Arrest (Including Name of Business) | | | | Location of Offense (Business Name, Address) | | | | | | | |
| 811 SHORE DRIVE, BOYNTON BEACH, FL., 33435 | | | | 811 SHORE DRIVE, BOYNTON BEACH, FL., 33435 | | | | | | | |
| Date of Arrest | | Time of Arrest | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle | | | | |
| 08/27/19 | | 10:39 | | | | | | | | | |
| Name (Last, First, Middle) | | | | Alias (Name, DOB, Soc. Sec. #, Etc) | | | | | | | |
| CASE, GARY, CLIFFORD | | | | | | | | | | | |
| W - White | I - American Indian | Race | Sex | Date of Birth | Height | Weight | Eye Color | Hair Color | Complexion | Build | |
| B - Black | O - Oriental / Asian | W | M | 05/25/90 | 5'11 | 215 | BLUE | BRN | FAIR | MED | |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | | | | Marital Status | | Religion | | Indication of: Alcohol Influence Y N Unk. Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | |
| NONE | | | | YES | | N/A | | | | | |
| Local Address (Street, Apt. Number) | | | (City) | (State) | (Zip) | Phone | Residence Type | | | | |
| | | | | | | () | 1. City 3. Florida 2. County 4. Out of State | | | | |
| Permanent Address (Street, Apt. Number) | | | (City) | (State) | (Zip) | Phone | Address Source | | | | |
| 811 SHORE DRIVE, BOYNTON BEACH, FL., 33435 | | | | | | (561)704-8330 | FL DL | | | | |
| Business Address (Street, Apt. Number) | | | (City) | (State) | (Zip) | Phone | Occupation | | | | |
| 811 SHORE DRIVE, BOYNTON BEACH, FL., 33435 | | | | | | (561)704-8330 | FISHING | | | | |
| D/L Number, State | | Soc. Sec. Number | | INS Number | | Place of Birth | | Citizenship | | | |
| C200283901850 | | | | | | BOYNTON BCH, FL | | US | | | |
| Co-Defendant Name (Last, First, Middle) | | Race | Sex | Date of Birth | | <input type="checkbox"/> 1. Arrested | <input type="checkbox"/> 3. Felony | <input type="checkbox"/> 5. Juvenile | | | |
| | | | | | | <input type="checkbox"/> 2. At Large | <input type="checkbox"/> 4. Misdemeanor | | | | |
| Co-Defendant Name (Last, First, Middle) | | Race | Sex | Date of Birth | | <input type="checkbox"/> 1. Arrested | <input type="checkbox"/> 3. Felony | <input type="checkbox"/> 5. Juvenile | | | |
| | | | | | | <input type="checkbox"/> 2. At Large | <input type="checkbox"/> 4. Misdemeanor | | | | |
| <input type="checkbox"/> Parent | Name (Last) | | | (First) | | (Middle) | | Residence Phone | | | |
| <input type="checkbox"/> Legal Custodian | | | | | | | | | | | |
| <input type="checkbox"/> Other | | | | | | | | | | | |
| 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 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 581-355-2526) informed of any change of address: | | | | | | School Attended | | Grade | | | |
| <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason) | | | | | | | | | | | |
| Property Crime? | Description of Property | | | | | Value of Property | | | | | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | |
| Drug Activity | S. Sell | R. Smuggle | K. Dispense/ Distribute | M. Manufacture/ Produce/ Cultivate | Z. Other | Drug Type | B. Barbituate | H. Hallucinogen | P. Paraphernalia/ Equipment | U. Unknown | |
| N. N/A | B. Buy | D. Deliver | | | | N. N/A | C. Cocaine | M. Marijuana | | Z. Other | |
| P. Possess | T. Traffic | E. Use | | | | A. Amphetamine | E. Heroin | O. Opium/Deriv. | S. Synthetic | | |
| Charge Description | | | | Counts | Domestic Violence | Statute Violation Number | | Violation of ORD# | | | |
| AGG BATTERY PREGNANT PERSON (DOMESTIC) | | | | 1 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 784.045.(1) (B) | | | | | |
| Drug Activity | Drug Type | Amount/Unit | Offense # | Warrant/Capias Number | Bond | | | | | | |
| N | N | N | 19-048385 | | | | | | | | |
| Charge Description | | | | Counts | Domestic Violence | Statute Violation Number | | Violation of ORD# | | | |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Drug Activity | Drug Type | Amount/Unit | Offense # | Warrant/Capias Number | Bond | | | | | | |
| | | | | | | | | | | | |
| Charge Description | | | | Counts | Domestic Violence | Statute Violation Number | | Violation of ORD# | | | |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Drug Activity | Drug Type | Amount/Unit | Offense # | Warrant/Capias Number | Bond | | | | | | |
| | | | | | | | | | | | |
| Charge Description | | | | Counts | Domestic Violence | Statute Violation Number | | Violation of ORD# | | | |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Drug Activity | Drug Type | Amount/Unit | Offense # | Warrant/Capias Number | Bond | | | | | | |
| | | | | | | | | | | | |
| <input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court <input type="checkbox"/> Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side. | | | Location (Court, Room Number, Address) | | | | | | | | |
| | | | South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444 | | | | | | | | |
| | | | Court Date and Time | | | | Month | | Day | Year | Time |
| | | | | | | | | | | | |
| 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 | | 08/27/19 | | |
| | | | | | | | | | | | |
| HOLD for other Agency Name | | | Signature of Arresting Officer | | | Name Verification (Printed by Arrestee) (PRINT) | | | | | |
| | | | | | | BU# 114065 | | | | | |
| <input type="checkbox"/> Dangerous | <input type="checkbox"/> Resisted Arrest | Name of Arresting Officer (Print) | I.D. # | Agency | Witness here is subject Signed with | Page | | | | | |
| <input type="checkbox"/> Suicidal | <input type="checkbox"/> Other | OFFICER VISCOME | 856 | BBPD | 1 OF 1 | | | | | | |
| Intake Deputy | I.D. # | Pouch # | Transferring Officer | I.D. # | Agency | Witness here is subject Signed with | | | | | |
| | | | OFFICER VISCOME | 856 | BBPD | SCANNED | | | | | |

AUG 26 2019



**DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT
PALM BEACH COUNTY**



On the 27TH day of AUGUST 2019 at 10:39
 Subject: CASE, GARY, CLIFFORD DOB: 05/25/90 Case #: 19-048385
 Charge Description: AGG BATTERY PREGNANT PERSON Statute #: 784.045.(1) (B)
 Victim: KIRSTIN, CASE DOB: 07/05/90 Race: W Sex: F
 Local Address: 811 SHORE DRIVE, BOYNTON BEACH, FL, 33435
 Personal Contact: _____

Narrative:

On 08/27/19 at 10:06 hours, Officers responded to 811 Shore Drive, Boynton Beach, FL, 33435 in reference to alleged battery to a pregnant female. I made contact with W/F Kirstin Case (07/05/90), who appeared pregnant. Kirstin confirmed she was 8 months pregnant and that the father of the child is her husband WM Gary Case (05/25/90). Kirstin said she and her husband began arguing over the contents of her cell phone, at which time Gary pushed her against the wall and then she fell to the ground. Kristin appeared to have some light bruising on her left forearm and a small scratch on her right thigh. Photos were taken and BBFR responded to treat Kristin due to her pregnancy. Kristin did not wish to go to the hospital at this time.

I made contact with Gary in the back yard of their residence which both parties reside together as a family. Gary said he and his wife Kristin began arguing over the cell phone contents. Gary asked to see the phone and she refused the request. At which time he grabbed the phone which she was still holding. Gary said he began pulling on the phone which and caused her to fall to the ground.

Based on the statements provided, I concluded that Gary was the aggressor in this incident. Gary was cooperative with the investigation and handcuffed, (DL) and transported to BBPD for processing and then TOT PBCJ without incident. BWC was activated during the above investigation.

Defendant's Statement: Oral

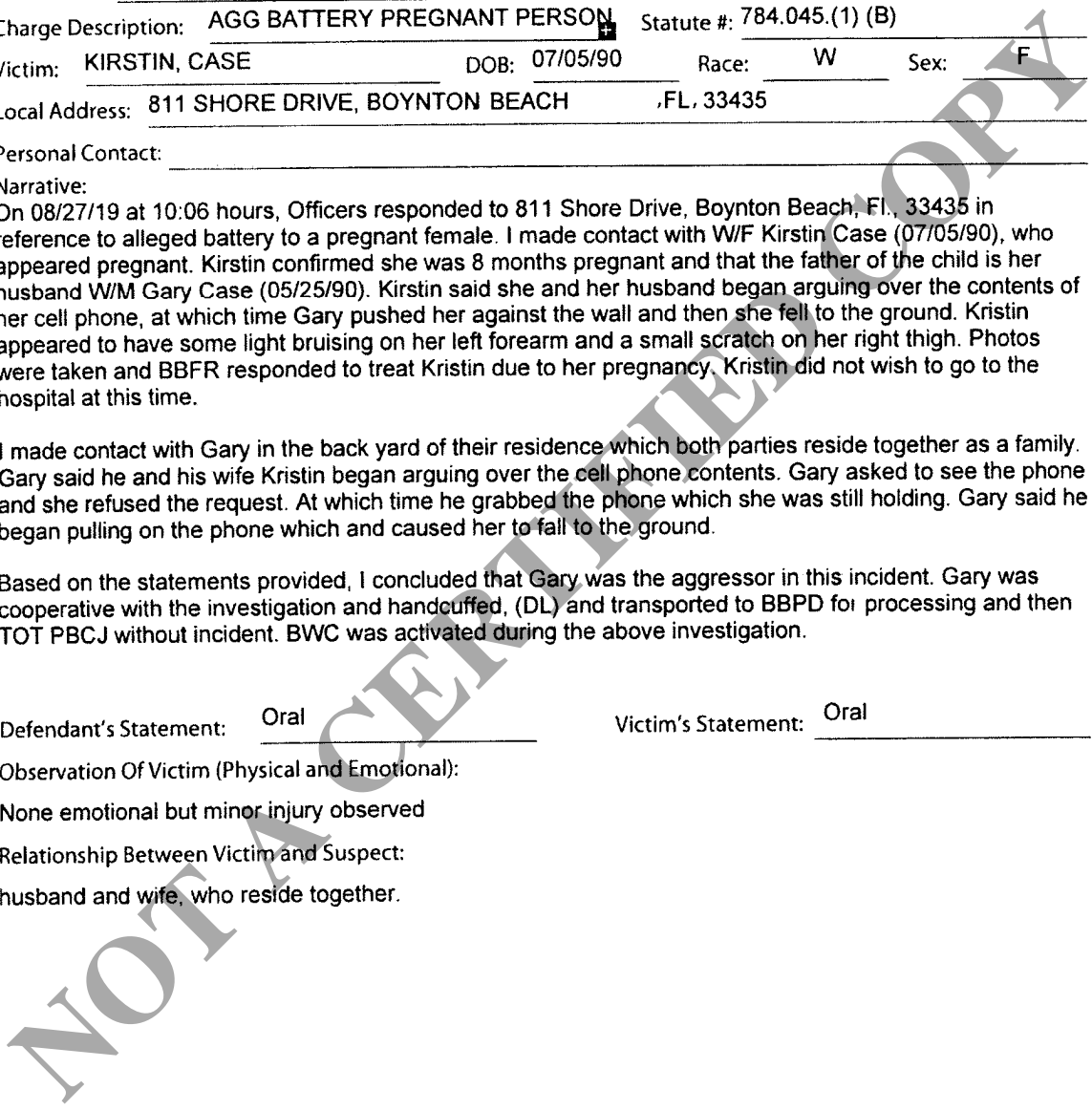
Victim's Statement: Oral

Observation Of Victim (Physical and Emotional):

None emotional but minor injury observed

Relationship Between Victim and Suspect:

husband and wife, who reside together.



SCANNED
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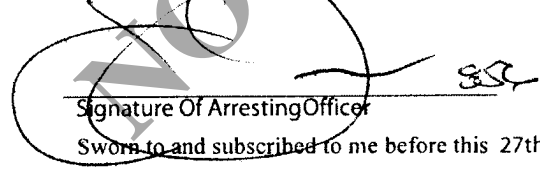
Photographs: Scene: Yes No
 Victim: Yes No
 911 Call: Yes No Caller: _____
 Tape Requested: Yes No
 Weapon Used: Yes No Type: _____
 Witnesses: Yes No
 Injuries: Yes No
 Medical Treatment: Yes No
 At Scene Yes No Paramedics: _____
 At Hospital Yes No Physician(s): _____
 Hospital: _____

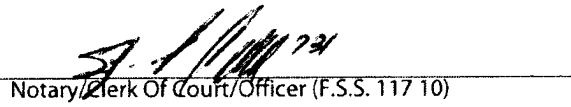
Act Committed In Presence Of Minor(s): Yes No
 Name: _____ Age: _____
 Name: _____ Age: _____
 F.D.C.F. Notified: Yes No Victim Pregnant: Yes No
 Violation Of Restraining Order: Yes No Case #: _____
 Prior History Of Domestic Violence: Yes No
 Alcohol Or Drugs Involved: Yes No Unknown

Victim Contact Information:

Phone Home: 561-704-1835 Work: _____
 Employer: _____
 Relative Name: Kristin Case Phone: _____
 Address: 811 Shore Dr
 City/State: Boynton Beach , Fl , 33435

State Of Florida
 County Of Palm Beach
 Appeared before me, OFFICER VISCOME, (print name) personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.


 Signature Of Arresting Officer
 Sworn to and subscribed to me before this 27th day of August , 2019


 Notary/Clerk Of Court/Officer (F.S.S. 117 10)

SCANNED
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VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- **Homicide (Ch. 782)**
- **Attempted Murder**
- **Stalking (S. 784.084)**
- **Domestic Violence** (This includes any Assault, Agg. Assault, Battery, Agg. Battery, Sexual Assault, Sexual Battery, Stalking, Agg. 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 dwelling)
- **Sexual Offense (Ch. 794)**
- **Attempted Sexual Offense**

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 19-048385 Agency: Boynton Beach Police Department
Offense: AGG BATTERY PREGNANT PERSON (DOMESTIC)
Suspect/Offender: CASE, GARY, CLIFFORD
DOB: 05/25/90 Race: W Sex: M

2. Warrant # (s): _____

3. Complete one (1) of the following:

A. Victim's Name: KIRSTIN, CASE
Address: 811 SHORE DRIVE, BOYNTON
City: BEACH State: FL Zip: 33435
Home #: 561-704-1835 Work #: _____ Other: _____

B. Victim's Next of Kin: Kristin Case
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____

C. Victim's designated contact other than next of kin (for example: a friend or neighbor):
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____

4. Relevant identification or case numbers assigned to the case (please specify):

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of Victim: _____

Printed Name of Victim: KIRSTIN, CASE

Officer's Name: OFFICER VISCOME I.D.# 856 Date: 08/27/19

SUSPECT/OFFENDER:

CASE, GARY, CLIFFORD

COURT CASE/ WARRANT #:
(FOR WARRANTS USE ONLY)

SEARCHED
AUG 28 2019



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

| | X | Florida State Statute | Description | Page Number(s) |
|---|-------------------------------------|---|--|----------------|
| L/E Exemptions | <input type="checkbox"/> | 119.071(2)(d) | Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations. | |
| | <input type="checkbox"/> | 943.053, 943.0525 | NCIC/FCIC/FBI and in-state FDLE/DOC. | |
| | <input type="checkbox"/> | 119.071(4)(c) | Undercover personnel. | |
| | <input type="checkbox"/> | 119.071(2)(f) | Confidential informants (CIs). | |
| | <input type="checkbox"/> | 119.071(2)(e) | Confession. | |
| Public Info. Exemptions | <input type="checkbox"/> | 985.04(1) | Juvenile offender records. | |
| | <input type="checkbox"/> | 119.071(h)(i) | Assets of a crime victim. | |
| | <input type="checkbox"/> | 395.3025(7)(a), 456.057(7)(a) | Medical information. | |
| | <input type="checkbox"/> | 394.4615(7) | Mental health information. | |
| | <input type="checkbox"/> | 119.071(4)(d)(2)(a) | Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children. | |
| Florida Rules of Judicial Administration 2.420 (Rule of 23) | <input checked="" type="checkbox"/> | (iii) 119.0714(1)(i)-(j), (2)(a)-(e) | Social Security, bank account, charge, debit, and credit card numbers. | 2 |
| | <input type="checkbox"/> | (viii) 394.4615(7) | Clinical records under the Baker Act. | |
| | <input type="checkbox"/> | (xii) 741.30(3)(b) | The victim's address in a domestic violence action on petitioner's request. | |
| | <input type="checkbox"/> | (xiii) 119.071(2)(h), 119.0714(1)(h) | Protected information regarding victims of child abuse or sexual offenses. | |
| | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | | | |
| Other | <input type="checkbox"/> | | Other: | |
| | <input type="checkbox"/> | | Other: | |

REVIEW COMPLETED BY

| | |
|----------------------------|----------------------------------|
| Booking Number: 2019028082 | Date: 8/27/2019 |
| | Specialist Name/ID: J. Beck/9007 |

SCANNED
AUG 28 2019