

0269448

3436

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

1 Juvenile N

Agency Report Number (N.T.A.'s only)

06-

16163292

OBTS Number			Agency ORI Number			Agency Name			Agency Report Number (N.T.A.'s only)												
FLO 500000			PALM BEACH COUNTY SHERIFF'S OFFICE			06-			16163292												
ChargeType: 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												
Location of Arrest (Including Name of Business) 10675 ELAND ST BOCA RATON, FL 33428			Location of Offense (Business Name, Address) 10675 ELAND ST BOCA RATON, FL 33428						Multiple Clearance Indicator 01												
Date of Arrest 12/11/2016		Time of Arrest 18:44		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
Name (Last, First, Middle) LAND, IAN, SHERARD																					
Alias (Name, DOB, Soc. Sec. #, Etc.)																					
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W M		Date of Birth 2/15/1977		Height 5'10"		Weight 200		Eye Color Brw		Hair Color Blue									
Build Light MEDIUM																					
Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description)																					
Marital Status Married Religion CHRISTIAN Indication of: Y N Alcohol Influence Drug Influence																					
Local Address (Street, Apt. Number) (City) (State) (Zip) Phone 10675 ELAND ST Boca Raton FL 33428 (561) 302-9383 Residence Type: 1. City 3. Florida 2. County 4. Out of State 2																					
Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone 10675 ELAND ST Boca Raton FL 33428 (561) 302-9383 Address Source Verbal																					
Business Address (Name, Street) (City) (State) (Zip) Phone Business ACCOUNTANT																					
D/L Number, State L-530-417-77-055-0			Soc. Sec. Number			INS Number			Place of Birth (City, State) BOYNTON BEACH, FL			Citizenship US									
Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth 1. Arrested 3. Felony 2. At Large 4. Misdemeanor 5. Juvenile																					
Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth 1. Arrested 3. Felony 2. At Large 4. Misdemeanor 5. Juvenile																					
Parent Name (Last) (First) (Middle) Residence Phone Legal Custodian Other ( )																					
Address (Street, Apt. Number) (City) (State) (Zip) Business Phone ( )																					
Notified by: (Name)				Date 12/11/2016		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 checked="" 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 DEC 11 PM 8:50 Grade														
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property					Value of Property Noh 16														
Drug Activity 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/Deriv.		P. Psychomimetic/ Hallucinogen S. Synthetic		U. Unknown Z. Other	
Charge Description DOMESTIC BATTERY						Counts 1		Domestic Violence <input 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 # 16163292						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)		3																			
Court Date and Time		Month Day Year Time AM PM																			
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																					
HOLD for other Agency Name:				Signature of Arresting Officer X				Name Verification (Printed by Arrestee)													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				Name of Arresting Officer (Print) Trevor Davis				(PRINT)													
Resisted Arrest <input type="checkbox"/> Other				ID # 24111				SCANNED													
Intake Deposit ID # Pouch #				Transporting Officer T. Davis 24111 PBSO				PAGE 1 OF 1													
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)																					
PBSO #148 REV. 8/97																					

ADMIN	OBTIS Number	PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile N
DEF	Agency ORI Number <b>FLO 500000</b>	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>			Agency Report Number <b>06-16163292</b>			
CHARGES	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:				
Victim's Name (Last, First, Middle)	Name (Last, First, Middle) <b>LAND, IAN, SHERARD</b>			Alias	Race W	Sex M	Date of Birth 2/15/1977	
Charge Description	<b>DOMESTIC BATTERY</b> 784.03(1)(a)(1)			Charge Description				
Charge Description				Charge Description				
Victim's Name (Last, First, Middle)						Race	Sex	Date of Birth
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 <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ <input type="checkbox"/> confessed to _____ 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.								
PROBABLE CAUSE STATEMENT	On the <u>11th</u> day of <u>December</u> <u>20 16</u> at <u>18:44</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)							
<p>On December 11th, 2016 at 1806 hours I was dispatched to 10675 Eland St Boca Raton, FL 33428 in reference to a domestic dispute. Upon arrival, I met with the complainant/victim [REDACTED] who explained the following: [REDACTED] and [REDACTED] husband Ian Land were involved in an argument. The argument was over ongoing issues in their relationship. Ian began to get loud during the argument and [REDACTED] told him to stop yelling due to [REDACTED] Nildete Rodrigues being sick. Ian smacked [REDACTED] with a open hand on the right side of [REDACTED] face. Ian walked toward Nildete's room and due to Nildete's yelling at him to stop, [REDACTED] walked toward Ian to get him to stop yelling at [REDACTED]. Ian hit [REDACTED] again on the right side of the face. [REDACTED] walked into the other room and called 911. [REDACTED] signed a sworn written statement. I looked over [REDACTED] who had a bruising on the right side of [REDACTED] face, dark bruising around [REDACTED] right eye. Photos were taken of [REDACTED] s injuries.</p> <p>I spoke with Ian Land who explained the following: He [REDACTED] got into a argument earlier in the day. He left the residence to prevent any further issues. He returned at a later time with McDonald's food for him and his son. While eating the food at the dinner table, [REDACTED] became enraged and pushed him backwards out of his chair. [REDACTED] then struck him multiple times in the head. He did not want to get physical with [REDACTED] so he just let [REDACTED] hit him. [REDACTED] then called 911 to get him into trouble. I looked over Ian and viewed no visible signs of injury.</p> <p>I attempted to speak Nidete's about the incident. [REDACTED] was very shaken up over the incident and due to having high blood pressure issues. Nidete did not speak english and only spoke Portuguese. D/S Vasconcelos was on scene and translated for Nidete. Nidete advised [REDACTED] saw Ian slap [REDACTED] during an argument. Nidete was to shaken up to write a sworn written statement or taped oral statement.</p> <p>Due to the information above, I find probable cause to arrest Ian Land for Battery (Domestic) per F.S.S. 784.03 (1)(a)(1).</p>								
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH <b>Trevor Davis</b> (Signature of Arresting/Investigative Officer) 11th December 20 16 by <b>Trevor Davis 24111</b> Personally Known The foregoing instrument was sworn to or affirmed and subscribed before me this _____ day of _____, 20 _____. (Print Name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____ [Signature] 23/13 Notary Public, Clerk of Court, Officer (F.S.S. 117.10) <b>SCANNED DEC 12 2016</b> PAGE 1 OF 1							
DISTRIBUTION: WHITE - COURT COPY    GREEN - STATE ATTORNEY    YELLOW - AGENCY    PINK - AGENCY PBSO #0004 REV. 04/01								

# VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER:

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.**

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

1. Incident Report #: 16163292 Agency: PBSO

Offense: DOMESTIC BATTERY

Suspect/Offender: LAND, IAN, SHERARD

D.O.B. 2/15/1977 Race: W Sex: M

2. Warrant # (s): \_\_\_\_\_

3.a. Victim's 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: \_\_\_\_\_

**SCANNED**

**DEC 12 2016**

Printed name of person waiving notification: \_\_\_\_\_

Deputy's Name: Trevor Davis I.D.# 24111 Date: \_\_\_\_\_  
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records  
PBSO 00029A REV. 4199

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

CASE NUMBER# 16163292

DEFENDANT'S NAME: LAND, IAN, SHERARD

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

SYNOPSIS: HIS WIFE HIT HIM

VICTIM'S NAME: ██████████

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

OBSERVATIONS OF VICTIM: (PHYSICAL & EMOTIONAL) CRYING AND DISTROUGHT

RELATIONSHIP BETWEEN VICTIM AND SUSPECT: SPOUSE

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

911 CALL:  YES  NO WHO CALLED: VICTIM

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: ██████████

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

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

NAME: ██████████

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) ██████████ **SCANNED**  
RELATIVE/FRIEND NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ **DEC 12 2016**

RELATIVE/FRIEND ADDRESS: \_\_\_\_\_