

0269448

3436

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 <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>				Agency Report Number (N.T.A.'s only) <b>06-</b>		16163292													
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 2 1. Yes 2. No		Multiple Clearance Indicator		01											
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															
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) <b>LAND, IAN, SHERARD</b>												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex W M		Date of Birth 2/15/1977		Height 5'10"		Weight 200		Eye Color Brw		Hair Color Blue		Complexion Light		Build MEDIUM					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status Married		Religion CHRISTIAN		Indication of Alcohol Influence Drug Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.							
Local Address (Street, Apt. Number) 10675 ELAND ST				(City) Boca Raton		(State) FL		(Zip) 33428		Phone (561) 302-9383		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2									
Permanent Address (Street, Apt. Number) 10675 ELAND ST				(City) Boca Raton		(State) FL		(Zip) 33428		Phone (561) 302-9383		Address Source Verbal									
Business Address (Name, Street)				(City)		(State)		(Zip)		Phone ( )		Occupation ACCOUNTANT									
D/A Number, State L-530-417-77-055-0				Soc. Sec. Number [REDACTED]				INS Number				Place of Birth (City, State) BOYNTON BEACH, FL		Citizenship US							
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input checked="" 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 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													
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/deriv		P. Pharmaceutical Equipment S. Synthetic		U. Unknown Z. Other	
Charge Description <b>DOMESTIC BATTERY</b>				Counts 1		Domestic Violence <input checked="" 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)																					
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 <input type="checkbox"/> Intake Deput				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other				(PRINT)													
Intake Deput				Pouch #				Name of Arresting Officer (Print) Trevor Davis				ID # 24111		PAGE 1 OF 1							
Transporting Officer T. Davis				ID # 24111				Agency PBSO				Witness here if subject signed with an "X"									

OBT Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N	
ADMIN	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06-16163292</b>						
	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:		
DEF	Name (Last, First, Middle) <b>LAND, IAN, SHERARD</b>				Alias		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>2/15/1977</b>		
	Charge Description <b>DOMESTIC BATTERY 784.03(1)(a)(1)</b>				Charge Description						
CHARGES	Charge Description				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. admitting to the below facts. On the <u>11th</u> day of <u>December</u> 20 <u>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 <div style="display: flex; justify-content: space-between; align-items: center;"> <div> <b>Trevor Davis</b>            (Signature of Arresting/Investigative Officer)         </div> <div style="text-align: right;"> <u>11th</u> day of <u>December</u> 20<u>16</u> by <u>Trevor Davis</u> 24111            The foregoing instrument was sworn to or affirmed and subscribed before me this _____ day of _____ by _____            (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>Personally Known</u> </div> </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <div>             Notary Public, Clerk of Court, Officer (F.S.S. 117.10)         </div> <div style="text-align: right;"> <b>SCANNED</b>  <b>DEC 12 2016</b>            PAGE <u>1</u> OF <u>1</u> </div> </div>										

# 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.**

SUSPECT/OFFENDER: \_\_\_\_\_

(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  
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: Trevor Davis I.D.# 24111 Date: \_\_\_\_\_

SCANNED  
DEC 12 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# 16163292

DEFENDANT'S NAME: LAND, IAN, SHERARD

DEFENDANTS STATEMENT ☒ YES ☐ NO (IF YES: ☐ WRITTEN ☐ TAPED ☒ ORAL)

SYNOPSIS: HIS WIFE HIT HIM

VICTIM'S NAME: [REDACTED]

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: [REDACTED]

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

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

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

NAME: [REDACTED]

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

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

DCF NOTIFIED: (IF CHILD ABUSE) ☒ YES ☐ NO

PRIOR HISTORY OF DOMESTIC VIOLENCE: ☒ YES ☐ NO

VIOLATION OF RESTRAINING ORDER: ☐ YES ☒ NO CASE #: \_\_\_\_\_

VICTIM PREGNANT- ☐ YES ☒ NO

ALCOHOL OR DRUGS INVOLVED: ☒ YES ☐ NO

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

RELATIVE/FRIEND NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

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

**SCANNED**  
**DEC 12 2016**