

0481779

2682

ARREST / NOTICE TO APPEAR			Juvenile Referral Report			1. Arrest		3. Request for Warrant		Juvenile			
ADMINISTRATIVE	OBTS Number		Agency Name			2. N.T.A.		4. Request for Capias		1			
	Agency ORI Number		PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number (N.T.A.'s only)		16-137982					
	FLO 500000					06-							
	Charge Type: Check as many as apply:		<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor			<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type		Multiple Clearance Indicator			
								<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		01			
	Location of Arrest (Including Name of Business)		11902 WATERWOOD DR. BOCA RATON, FL 33428			Location of Offense (Business Name, Address)							
	Date of Arrest		Time of Arrest		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
	10/12/16		0947										
	Name (Last, First, Middle)					Alias (Name, DOB, Soc. Sec. #, Etc.)							
	CASARIEGO, IVONNE DIANA												
DEFENDANT	Race		Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build			
	W - White 1 - American Indian B - Black 0 - Oriental/Asian		W	10/25/82	5'7	112	BROWN	BROWN	LIGHT	THIN M			
	Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)					Marital Status	Religion	Indication of:					
	N/A					M	NONE	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Unk.			
	Alcohol Influence					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	Drug Influence					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		Residence Type:					
	11902 WATERWOOD DR.		BOCA RATON	FL	33428	(561) 562-5536		1. City	3. Florida				
	Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		2. County	4. Out of State				
	SAME AS ABOVE					( )							
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Address Source						
					( )		VERBAL						
D/L Number, State		Soc. Sec. Number	INS Number			Occupation		N/A					
C262-404-82-885-0						Place of Birth (City, State)		Citizenship					
						PATTERSON, NJ		USA					
CODEFENDANT	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"/>			
	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"/>			
	<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				
									( )				
JUVENILE	Notified by: (Name)			Date	Time	Juvenile Disposition			2. TOT HRS / DYS				
						Handled/Processed within Dept and Released.			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 Name			Grade				
	Property Crime?		Description of Property					Value of Property					
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
	CODE	Drug Activity		S. Sell N. N/A P. Possess	R. Smuggle B. Buy T. Traffic	K. Dispense/ D. Deliver E. Use	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type	B. Barbiturate C. Cocaine A. Amphetamine	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
		Charge Description		DOMESTIC BATTERY					Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	784.03 1A1	Violation of ORD #
		Drug Activity		Drug Type	Amount / Unit	Offense #			Warrant / Capias Number			Bond	
		N	N	16-137982									
Charge Description							Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation of ORD #			
Drug Activity		Drug Type	Amount / Unit	Offense #			Warrant / Capias Number			Bond			
		N	N										
Charge Description							Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation of ORD #			
Drug Activity		Drug Type	Amount / Unit	Offense #			Warrant / Capias Number			Bond			
		N	N										
CHARGE	Charge Description							Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation of ORD #		
	Drug Activity		Drug Type	Amount / Unit	Offense #			Warrant / Capias Number			Bond		
			N	N									
	Charge Description							Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation of ORD #		
	Drug Activity		Drug Type	Amount / Unit	Offense #			Warrant / Capias Number			Bond		
			N	N									
	Charge Description							Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation of ORD #		
	Drug Activity		Drug Type	Amount / Unit	Offense #			Warrant / Capias Number			Bond		
			N	N									
	Charge Description							Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation of ORD #		
Drug Activity		Drug Type	Amount / Unit	Offense #			Warrant / Capias Number			Bond			
		N	N										
NOTICE TO APPEAR	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)												
	HOLD for other Agency				Signature of Arresting Officer			Date Signed					
	Name: <i>IVONNE DIANA CASARIEGO</i>							SCANNED					
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:			Name of Arresting Officer (Print) G. LONG, JR. ID # 8298 Transporting Officer G. LONG, JR. ID # 8298 Agency PBSO					
								Name Verification (Printed by Arrestee) (PRINT) OCT 13 2016					
								PAGE 1 OF 1					
Witness here if subject signed with an -X"													

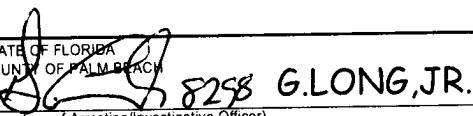
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PINK - AGENCY

GOLD - DEFENDANT (N.T.A.'s ONLY)

OBTS Number		PROBABLE CAUSE AFFIDAVIT				1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile
ADMIN	Agency ORI Number <b>FLO 500000</b>	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number <b>06- 16-137982</b>		Special Notes:				
DEF	Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other							Alias W	
CHARGES	Name (Last, First, Middle) <b>CASARIEGO, IVONNE DIANA</b>							Sex F	Date of Birth 10/25/82
	Charge Description <b>DOMESTIC BATTERY 784.03 1A1</b>		Charge Description						
	Charge Description		Charge Description						
VICTIM	Victim's Name (Last, First, Middle) <b>CHOWDRY, RONNI</b>					Race W	Sex M	Date of Birth 02/11/68	
	Local Address (Street, Apt. Number) 11902 WATERWOOD DR		(City) BOCA RATON, FL 33428	(State)	(zip)	Phone (818) 309-0704	Address Source <b>VERBAL</b>		
	Business Address (Name, Street)		(City)	(State)	(zip)	Phone ( )	Occupation <b>UK</b>		
<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> <p><input type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>12</u> day of <u>OCTOBER</u> <u>20 16</u> at <u>8:30</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>									
<p>I arrived at 11902 Waterwood Dr. in unincorporated Boca Raton, Fl in reference to a report of domestic battery.</p> <p>The 911 caller Ronni Chowdry stated that he and his wife, Ivonne Casariego were using cocaine and drinking last night and that his wife had struck him with a high heel shoe during an argument.</p> <p>Upon arrival, I met with Ronni. Ronni stated that after drinking and using cocaine with Ivonne last night he went to bed and Ivonne confronted him and began screaming at him. Ronni stated that they began to argue and that Ivonne had kicked him, bit him, and had scratched him all over. I observed a fresh bite mark on the right side of Ronni's chest, scratch marks on his left arm, and a puncture wound on his right upper thigh area where he claimed Ivonne had kicked him while wearing her high heel shoes.</p> <p>I also interviewed Ivonne. Ivonne appeared to be intoxicated but stated that Ronni was trying to have sex with her against her will and that she had kicked him off of her. Ivonne had slight redness on her left forearm. When asked her reason for not calling 911 like she has done on several times in the past to report domestic disputes between her and Ronni, Ivonne stated that nothing has happen when police have responded in the past.</p> <p>Based on my investigation Ivonne is determined to be the primary aggressor and probable cause exists for her arrest for domestic battery violation of F.S.S. 784.03 1A1</p>									
PROBABLE CAUSE STATEMENT	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p> <u>8298 G. LONG, JR.</u></p> <p>(Signature of Arresting/Investigative Officer)</p> <p>12 OCTOBER 20 16 by G. LONG, JR. 8298</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>12</u> day of <u>OCTOBER</u> <u>20 16</u> by <u>G. LONG, JR. 8298</u></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN</u></p> <p> <u>M. Johnson 2055</u></p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p> <p>SCANNED OCT 13 2016</p>								
ADMINISTRATIVE	<p>DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY</p> <p>PAGE 1 OF 1</p>								