

0481779

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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	
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>		16-137982					
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 1. Yes 2. No		Multiple Clearance Indicator		01			
Location of Arrest (Including Name of Business) <b>11902 WATERWOOD DR. BOCA RATON, FL 33428</b>				Location of Offense (Business Name, Address) <b>SAME</b>							
Date of Arrest <b>10/12/16</b>		Time of Arrest <b>0947</b>		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) <b>CASARIEGO, IVONNE DIANA</b>											
Alias (Name, DOB, Soc. Sec. #, Etc.)											
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex <b>W</b>		Date of Birth <b>10/25/82</b>		Height <b>5'7</b>		Weight <b>112</b>		Eye Color <b>BROWN</b>	
		F								Hair Color <b>BROWN</b>	
										Complexion <b>LIGHT</b>	
										Build <b>THIN</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>N/A</b>				Marital Status <b>M</b>		Religion <b>NONE</b>		Indication of: Alcohol Influence Drug Influence		Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Local Address (Street, Apt. Number) <b>11902 WATERWOOD DR. BOCA RATON, FL 33428</b>				Phone <b>(561) 562-5536</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State		2			
Permanent Address (Street, Apt. Number) <b>SAME AS ABOVE</b>				Phone <b>( )</b>		Address Source <b>VERBAL</b>					
Business Address (Name, Street) <b>( )</b>				Phone <b>( )</b>		Occupation <b>N/A</b>					
D/L Number, State <b>C262-404-82-885-0</b>		Soc. Sec. Number <b>( )</b>		INS Number		Place of Birth (City, State) <b>PATTERSON, NJ</b>		Citizenship <b>USA</b>			
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	
Parent Legal Custodian Other:		Name (Last) (First) (Middle)		Residence Phone <b>( )</b>		Business Phone <b>( )</b>					
Address (Street, Apt. Number)		(City) (State) (Zip)									
Notified by: (Name)		Date		Time		Juvenile Disposition Held / processed within 60 days 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.						School Address		Grade			
Property Crime? <input type="checkbox"/> Yes <input checked="" 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. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other			
Charge Description <b>DOMESTIC BATTERY</b>		Counts <b>1</b>		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>784.03 1A1</b>		Violation of ORD #			
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit <b>N/A</b>		Offense # <b>16-137982</b>		Warrant / Capias Number		Bond	
Charge Description		Counts <b>1</b>		Domestic Violence <input checked="" 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 #		2016 OCT 13 AM 5:28	
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 #		2016 OCT 13 AM 5:28	
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 <b>G. LONG JR.</b>		Name Verification (Printed by Arrestee) <b>SCANNED</b>		(PRINT) <b>OCT 13 2016</b>		PAGE <b>1</b>		OF <b>1</b>	
Intake Duty <b>Plumpton</b>		I.D. # <b>2104</b>		Transporting Officer <b>G. LONG JR.</b>		ID # <b>8298</b>		Agency <b>PBSO</b>		Witness here if subject signed with an "X"	

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile	
ADMIN	OBTS Number			Agency ORI Number		Agency Name		Agency Report Number			
	FLO 500000		PALM BEACH COUNTY SHERIFF'S OFFICE		06-		16-137982				
DEF	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:		
	Name (Last, First, Middle)		Alias		Race		Sex		Date of Birth		
CHARGES	CASARIEGO, IVONNE DIANA				W		F		10/25/82		
	Charge Description		DOMESTIC BATTERY 784.03 1A1		Charge Description						
VICTIM	Charge Description				Charge Description						
	Victim's Name (Last, First, Middle)				Race		Sex		Date of Birth		
	CHOWDRY, RONNI				W		M		02/11/68		
	Local Address (Street, Apt. Number)		(City) (State) (zip)		Phone		Address Source				
	11902 WATERWOOD DR		BOCA RATON, FL 33428		(818) 309-0704		VERBAL				
	Business Address (Name, Street)		(City) (State) (zip)		Phone		Occupation				
								UK			
<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. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>admitting to the below facts.</p> <p>On the 12 day of OCTOBER 20 16 at 8:30 <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>											
<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>The foregoing instrument was sworn to or affirmed and subscribed before me this 12 day of OCTOBER 20 16 by G.LONG, JR. 8298</p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN</p> <p><u>pb M. JOHNSON 2655</u></p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>											
<p>ADMINISTRATIVE</p> <p>SCANNED</p> <p>OCT 13 2015</p> <p>PAGE 1 OF 1</p>											