

0443667

3062

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report					1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	Juvenile	
ADMINISTRATIVE	Agency ORI Number		Agency Name BOCA RATON POLICE SERVICES DEPT.			Agency Report Number (N.T.A.'s only)				
	FLO 5 0 0 2 0 0		3 2 1 - 1 - 1	1 (1)	1 (1)	1 (1)	1 (1)	1 (1)	1 (1)	
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/>	3. Misdemeanor <input checked="" type="checkbox"/>	5. Ordinance <input type="checkbox"/>	7. Yes <input type="checkbox"/>	8. No <input type="checkbox"/>	Weapon Seized / Type		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)								
Date of arrest		Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle			
Name (Last, First, Middle)		Alias (Name, D.O.B., Soc. Sec. #, Etc.)								
DEFENDANT	Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build	
	W - White B - Black	I - American Indian O - Oriental/Asian	W M	05.04.92	5'06	1735	BR	B10	RED	5'11
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status	Religion	Indication of: Alcohol Influence Drug Influence			
N/A					S	EWISH	Y	X	Unk.	
Legal Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Residence Type:				
1588 Lexington		CLUB RD # B	33446		(772)318-0671	1. City	3. Florida			
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	2. County	4. Out of State			
DEBRY BCH, FL					()	FL/OL				
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation				
5700 W. GLADES RD		Boca Raton, FL			()	SALES				
D/L Number, State		INS Number			Place of Birth (City, State)			Citizenship		
FL45042/92/640					TARZANA, CA			US		
CO-DEF	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	
						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	
JUVENILE	Parent Legal Custodian Other:		Name (Last) (First) (Middle)			Residence Phone				
						()				
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 355-2526) informed of any change of address.										
<input type="checkbox"/> Yes, by: (Name)		<input type="checkbox"/> No: (Reason)		School Attended		FEB 13 PM 6:32				Grade
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property			Value of Property					
NONE										
CODE	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 N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
CHARGE	Charge Description <i>SIMPLE BATTERY / DOMESTIC</i>					Counts <input type="checkbox"/> Y <input type="checkbox"/> N	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <i>710-9103 (IA)</i>	Violation of ORD #	
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	17-2277	Warrant / Capias Number			Bond	
CHARGE	Charge Description					Counts <input type="checkbox"/> Y <input type="checkbox"/> N	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #	
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #		Warrant / Capias Number			Bond	
CHARGE	Charge Description					Counts <input type="checkbox"/> Y <input type="checkbox"/> N	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #	
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #		Warrant / Capias Number			Bond	
INTAKE INFO	Health/Apparent Physical Condition of Defendant					Property — Rec'd. By		Released By	Released To	
<i>200</i>										
Any knowledge of the following, place an "X" and explain: <input type="checkbox"/> Mental: <input type="checkbox"/> Escape Risk: <input type="checkbox"/> Medication: <input type="checkbox"/> Deformities: <input type="checkbox"/> Injuries										
Explain:										
Check which applies: <input type="checkbox"/> Released O.R.: <input type="checkbox"/> Posted Bond: <input type="checkbox"/> Released to Parent/Guardian: <input type="checkbox"/> S. County Mental Health: <input type="checkbox"/> T.O.T. County Jail										
Transported By: Date <i>2/13/17</i> Time <i>Other</i>										
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 <input type="checkbox"/> Mandatory Appearance in Court		Location (Court, Room Number, Address)							
	<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		Court Date and Time							
		Month	Day	Year	Time		A.M.	P.M.		
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 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					
ADMIN		HOLD for other Agency Name: <i>D/S J. BENNETT</i>		Signature of Arresting Officer <i>X</i>		Name Verification (Printed By Arrested) (PRINT) <i>FEB 14 2017</i>				
		<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Name of Arresting Officer (Print) <i>565</i>						
		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:								
		Initials/Signature <i>D/S J. BENNETT</i>		Transporting Officer I.D. # <i>770</i>		Witness here if subject signed with an "X".				
		Phone # <i>#8349</i>		Agency <i>BRPD</i>		PAGE <i>1</i> OF <i>1</i>				

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

Date / Time 02/13/2017 15:34		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2017-002277																								
Agency ORI Number FL 0500200		Alias HALEM, JACOB ALAN																									
Name (Last, First, Middle) HALEM, JACOB ALAN		Race Sex Date of Birth W M 05/04/1992																									
Charge Description 784.03(1) BATTERY / DOMESTIC BATTERY																											
Victim's Name (Last, First, Middle) RUSSO, SARAH MAUREEN		Race Sex Date of Birth W F 01/14/1994																									
Local Address (Street, Apt. Number) 1959 NW 85TH LN, CORAL SPRINGS, FL 33071		(City) (State) (Zip)	Phone (954) 803-7249																								
Business Address (Name, Street) BLOOMINGDALES, 5840 W GLADES RD		(City) (State) (Zip)	Phone Occupation SALES																								
DEFENDANT'S STATEMENTS: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> YES VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NO		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): CRYING																									
RELATIONSHIP BETWEEN VICTIM & SUSPECT LIVE-IN B/F G/F																											
<table> <tr> <td>PHOTOGRAPHS:</td> <td>Scene: <input type="checkbox"/> <input checked="" type="checkbox"/> YES</td> <td>Victim: <input type="checkbox"/> <input checked="" type="checkbox"/> NO</td> </tr> <tr> <td>911 CALL:</td> <td><input type="checkbox"/> <input checked="" type="checkbox"/> CALLER:</td> <td><input type="checkbox"/> TYPE:</td> </tr> <tr> <td>WEAPON USED:</td> <td><input type="checkbox"/> <input checked="" type="checkbox"/> (If YES, attach witness list)</td> <td><input type="checkbox"/> (If YES, attach witness list)</td> </tr> <tr> <td>WITNESSES:</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> (If YES, attach witness list)</td> <td><input type="checkbox"/> (If YES, attach witness list)</td> </tr> <tr> <td>INJURIES:</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> (If YES, attach witness list)</td> <td><input type="checkbox"/> (If YES, attach witness list)</td> </tr> <tr> <td>MEDICAL TREATMENT:</td> <td><input type="checkbox"/> <input checked="" type="checkbox"/> (If YES, attach witness list)</td> <td><input type="checkbox"/> (If YES, attach witness list)</td> </tr> <tr> <td>AT: Scene:</td> <td><input type="checkbox"/> <input checked="" type="checkbox"/> PARAMEDICS:</td> <td><input type="checkbox"/> (If YES, attach witness list)</td> </tr> <tr> <td>Hospital:</td> <td><input type="checkbox"/> <input checked="" type="checkbox"/> PHYSICIAN(S) / HOSPITAL:</td> <td><input type="checkbox"/> (If YES, attach witness list)</td> </tr> </table>				PHOTOGRAPHS:	Scene: <input type="checkbox"/> <input checked="" type="checkbox"/> YES	Victim: <input type="checkbox"/> <input checked="" type="checkbox"/> NO	911 CALL:	<input type="checkbox"/> <input checked="" type="checkbox"/> CALLER:	<input type="checkbox"/> TYPE:	WEAPON USED:	<input type="checkbox"/> <input checked="" type="checkbox"/> (If YES, attach witness list)	<input type="checkbox"/> (If YES, attach witness list)	WITNESSES:	<input checked="" type="checkbox"/> <input type="checkbox"/> (If YES, attach witness list)	<input type="checkbox"/> (If YES, attach witness list)	INJURIES:	<input checked="" type="checkbox"/> <input type="checkbox"/> (If YES, attach witness list)	<input type="checkbox"/> (If YES, attach witness list)	MEDICAL TREATMENT:	<input type="checkbox"/> <input checked="" type="checkbox"/> (If YES, attach witness list)	<input type="checkbox"/> (If YES, attach witness list)	AT: Scene:	<input type="checkbox"/> <input checked="" type="checkbox"/> PARAMEDICS:	<input type="checkbox"/> (If YES, attach witness list)	Hospital:	<input type="checkbox"/> <input checked="" type="checkbox"/> PHYSICIAN(S) / HOSPITAL:	<input type="checkbox"/> (If YES, attach witness list)
PHOTOGRAPHS:	Scene: <input type="checkbox"/> <input checked="" type="checkbox"/> YES	Victim: <input type="checkbox"/> <input checked="" type="checkbox"/> NO																									
911 CALL:	<input type="checkbox"/> <input checked="" type="checkbox"/> CALLER:	<input type="checkbox"/> TYPE:																									
WEAPON USED:	<input type="checkbox"/> <input checked="" type="checkbox"/> (If YES, attach witness list)	<input type="checkbox"/> (If YES, attach witness list)																									
WITNESSES:	<input checked="" type="checkbox"/> <input type="checkbox"/> (If YES, attach witness list)	<input type="checkbox"/> (If YES, attach witness list)																									
INJURIES:	<input checked="" type="checkbox"/> <input type="checkbox"/> (If YES, attach witness list)	<input type="checkbox"/> (If YES, attach witness list)																									
MEDICAL TREATMENT:	<input type="checkbox"/> <input checked="" type="checkbox"/> (If YES, attach witness list)	<input type="checkbox"/> (If YES, attach witness list)																									
AT: Scene:	<input type="checkbox"/> <input checked="" type="checkbox"/> PARAMEDICS:	<input type="checkbox"/> (If YES, attach witness list)																									
Hospital:	<input type="checkbox"/> <input checked="" type="checkbox"/> PHYSICIAN(S) / HOSPITAL:	<input type="checkbox"/> (If YES, attach witness list)																									
<table> <tr> <td>ACT COMMITTED IN PRESENCE OF MINOR(S):</td> <td><input type="checkbox"/> <input checked="" type="checkbox"/> NAMES/AGES:</td> </tr> <tr> <td>H. R. S. NOTIFIED:</td> <td><input type="checkbox"/> <input checked="" type="checkbox"/> (If YES, attach witness list)</td> </tr> <tr> <td>VICTIM PREGNANT:</td> <td><input type="checkbox"/> <input checked="" type="checkbox"/> (If YES, attach witness list)</td> </tr> <tr> <td>VIOLATION OF RESTRAINING ORDER:</td> <td><input type="checkbox"/> <input checked="" type="checkbox"/> CASE #:</td> </tr> <tr> <td>PRIOR HISTORY OF DOMESTIC VIOLENCE:</td> <td><input type="checkbox"/> <input checked="" type="checkbox"/> (If YES, attach witness list)</td> </tr> <tr> <td>ALCOHOL OR DRUGS INVOLVED:</td> <td><input type="checkbox"/> <input checked="" type="checkbox"/> (If YES, attach witness list)</td> </tr> </table>				ACT COMMITTED IN PRESENCE OF MINOR(S):	<input type="checkbox"/> <input checked="" type="checkbox"/> NAMES/AGES:	H. R. S. NOTIFIED:	<input type="checkbox"/> <input checked="" type="checkbox"/> (If YES, attach witness list)	VICTIM PREGNANT:	<input type="checkbox"/> <input checked="" type="checkbox"/> (If YES, attach witness list)	VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/> <input checked="" type="checkbox"/> CASE #:	PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input type="checkbox"/> <input checked="" type="checkbox"/> (If YES, attach witness list)	ALCOHOL OR DRUGS INVOLVED:	<input type="checkbox"/> <input checked="" type="checkbox"/> (If YES, attach witness list)												
ACT COMMITTED IN PRESENCE OF MINOR(S):	<input type="checkbox"/> <input checked="" type="checkbox"/> NAMES/AGES:																										
H. R. S. NOTIFIED:	<input type="checkbox"/> <input checked="" type="checkbox"/> (If YES, attach witness list)																										
VICTIM PREGNANT:	<input type="checkbox"/> <input checked="" type="checkbox"/> (If YES, attach witness list)																										
VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/> <input checked="" type="checkbox"/> CASE #:																										
PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input type="checkbox"/> <input checked="" type="checkbox"/> (If YES, attach witness list)																										
ALCOHOL OR DRUGS INVOLVED:	<input type="checkbox"/> <input checked="" type="checkbox"/> (If YES, attach witness list)																										
NARRATIVE On 2-13-17 at 1338 hrs I was dispatched to the South parking lot of 6000 W Glades Rd 'Town Center Mall' reference a domestic violence incident. Enroute to the location dispatch advised the caller / witness had observed a w/m subject punch a w/f subject in the parking lot. Upon arrival on scene officer Murphy id# 751 had already separated the subjects who were standing in the covered parking garage.																											
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, <u>BAILEY, KEVIN A.</u> personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p><u>BAILEY, KEVIN A.</u> SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>13</u> day of <u>February</u>, <u>2017</u>.</p> <p><u>BAILEY, KEVIN A.</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>																											

SCANNED

FEB 14 2017

P. I. O.

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 02/13/2017 15:34	Palm Beach County Narrative Continuation	
	Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2017-002277

I spoke with the caller /witness w/m Charles Partridge, Charles stated he was parked in the parking garage when he observed a w/m running down the ramp of the garage in his direction (about 50 feet from him), Charles said it appeared the subject was running after a silver colored VW car which was also pulling around Charles parked vehicle in the same parking lot. Charles said the VW car then parked in a spot 3 spots away from where he was located. The w/m subject then ran to the passenger side of the car yelling for the cars driver to open the car. The male then entered the passenger side of the vehicle. Charles said the windows of the car were rolled down and he could clearly see into the passenger compartment where the male subject was in the passenger seat and an unknown female subject was in the drivers seat.

Charles said that he then observed the male subject violently punch the female passenger with a closed fist on her right shoulder. Charles was about 30 feet away from the other vehicle when he observed the incident. Charles said he exited his vehicle and confronted the male telling him he was going to call the police for what he had seen. Charles completed a written statement which was placed into evidence.

I spoke with the male subject identified with his FL DL as w/m Jacob Halem. Jacob stated that he did run after the vehicle (which is his brothers) because his girlfriend of 8 years had his cellphone inside the car and he wanted it back along with the car. Jacob did say he and his girlfriend were arguing over the car, however, Jacob denied punching his girlfriend during the argument.

I spoke with Jacobs girlfriend w/f Sarah Russo. Sarah appear visibly shaken and crying during my interview. Sarah stated she and Jacob who have been together as a live-in relationship for 8 years were arguing over his brothers car and his cellphone in the parking lot. Sarah stated that Jacob entered the car after she had parked it and began yelling at her to give his brothers car back to him along with his cellphone. Sarah said the door was unlocked and he did not force his way into the vehicle. Sarah said that during the argument Jacob punched her in the right shoulder with a closed fist and only stopped yelling because the witness told him to stop. Sarah complained of pain in her shoulder but denied any medical treatment on scene.. I observed no visible injury to Sarah's shoulder. Sarah completed a written statement which was placed into evidence.

Based on the witnesses & victims statements, w/m Jacob Halem was arrested and charged with Simple Battery (domestic) FSS 784.03(1), Misd 1st Degree. Jacob was later transported to county jail.

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ 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 before me this 13 day of February 2017

BAILEY, KEVIN A
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 147.10)

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED
FEB 14 2017

COURT

STATE ATTORNEY

CENTRAL RECORDS

1411

CRIME ANALYSIS

P. I. O.