

0491249

2809

ARREST / NOTICE TO APPEAR

1. Arrest 3. Request for Warrant
2. N.T.A. 4. Request for Capias

1 JUVENILE

OBTS Number			Agency ORI Number 0500200 Agency Name Boca Raton Police Department						Agency Report Number (N.T.A.'s only) 3 1 2 2017-012581					
Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many as apply. <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			If Weapon Seized Enter Type Hands, Feet, Fist, Teeth						Multiple Clearance Indicator					
Location of Arrest (Including Name of Business) 135 NE 10TH ST			Location of Offense (Business Name, Address) 135 NE 10TH ST, BOCA RATON, FL 33432											
Date of Arrest 09/10/2017		Time of Arrest 08:08		Booking Date 09/10/2017		Booking Time 08:18		Jail Date 09/10/2017		Jail Time 00:00		Location of Vehicle N/A		
Alias (Name, DOB, Soc. Sec. #, Etc.)														
Name (Last, First, Middle) FRIEDMAN, JAMES SIDNEY Alias:														
Race W - White I - American Indian W M Date of Birth 02/03/1960 Height 5'11 Weight 240 Eye Color BROWN Hair Color GRAY Complexion MEDIUM Build L		Sex		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATTOOS/ARMS/SLEEVES		Marital Status S Religion JEWISH		Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Drug Influence		Residence Type: 1. City 3. Florida 2. County 4. Out of State 1				
Local Address (Street, Apt. Number) 135 NE 10TH ST, BOCA RATON, FL 33432		(City)		(State)		(Zip)		Phone (973) 634-5237		Address Source DEFENDANT				
Permanent Address (Street, Apt. Number) 135 NE 10TH ST, BOCA RATON, FL 33432		(City)		(State)		(Zip)		Phone (973) 634-5237		Occupation Owner				
Business Address (Name, Street) AIR STRONG,		(City)		(State)		(Zip)		Phone						
D/L Number, State F635457600430 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) GERMANY		Citizenship US						
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input checked="" type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor						
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor						
Name (Last, First, Middle) VICTIM NOTIFICATION														
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Address (Street, Apt. Number)		(City)		(State)		(Zip)		Residence Phone				
<input type="checkbox"/> Legal Custodian														
Notified by: (Name)		Date		Time		TIME OF ARREST/RELEASE		RE-ARRESTED		2. TOT JAC				
Released To: (Name)		Relationship		Date		Time		Department and Released		3. Incarcerated				
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.						School Attended				Grade				
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:						Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Description of Property		Value of Property		
C O D E Drug Activity S. Sell R. Smuggle K. Dispenses/ M. Manufacture/ Z. Other N. N/A B. Buy D. Deliver Produce/ Cultivate P. Possess T. Traffic E. Use						Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown N. N/A C. Cocaine M. Marijuana Equipment Z. Other A. Amphetamine E. Heroin O. Opium/Deriv. S. Synthetic								
Violation of ORD # 784.03 (A) NO BOND														
C H A R G E Charge Description SIMPLE BATTERY														
Drug Activity N			Drug Type N		Amount / Unit /		Offense # 2017-012581		Counts I	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number	Violation of ORD #	
C H A R G E Charge Description														
Drug Activity			Drug Type		Amount / Unit /		Offense #		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number	Violation of ORD #	
C H A R G E Charge Description														
Drug Activity			Drug Type		Amount / Unit /		Offense #		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number	Violation of ORD #	
C H A R G E Charge Description														
Drug Activity			Drug Type		Amount / Unit /		Offense #		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number	Violation of ORD #	
I N T A K E Health / Apparent Physical Condition of Defendant GOOD						Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries								
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> PROPERTY - Received By						Released By		Released To						
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health														
E T R O D R I G U E Z , M I G U E L Transported By						Date Transported 09/10/2017		Time Transported 09:15		Other				
N O T I C E P O T A P P E A R						Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444								
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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.						Court Date and Time								
FILED SEP 11 2017						Date Signed SEP 10 AM 10:55								
Signature of Defendant (Name and Parent/Custodian)						Name Verification (Printed by Arrestee) SCANNED (PRINT)								
A D M I N I S T R A T I O N HOLD for Other Agency CIRCUIT & COUNTY COURTS ON M.R.G. / CRIMINAL DIV.						Name of Arresting Officer (Print) RODRIGUEZ, MIGUEL A. I.D. # 535								
Dangerous <input type="checkbox"/> Request Arrest <input type="checkbox"/> Other <input type="checkbox"/> Other						Transporting Officer RODRIGUEZ, M. I.D. # 535 Agency BOCA								
Witness here if subject signed with an "X".						PAGE 1 OF 1								

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 09/10/2017 07:42	Agency Name FL 0500200 BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2017-012581
D E F	Name (Last, First, Middle) FRIEDMAN, JAMES SIDNEY	Alias	Race W Sex M Date of Birth 02/03/1960
C H R G	Charge Description 784.03(1).. DOMESTIC BATTERY (BODILY HARM)	Victim's Name (Last, First, Middle)	
M	Business Address (Name, Street) [REDACTED]	(City)	(State)
	(Zip)	Phone	Address Source
<p>DEFENDANT'S STATEMENTS: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> ORAL</p> <p>VICTIM'S STATEMENTS: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> UPSET/CRYING</p> <p>OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): UPSET/CRYING</p>			
RELATIONSHIP BETWEEN VICTIM & SUSPECT [REDACTED]			
A D D I T I O N A L I N F O R M A T I O N	YES	NO	<p>PHOTOGRAPHS: Scene: <input type="checkbox"/> <input checked="" type="checkbox"/> NO</p> <p>Victim: <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>911 CALL: <input checked="" type="checkbox"/> <input type="checkbox"/> CALLER: VICTIM</p> <p>WEAPON USED: <input checked="" type="checkbox"/> <input type="checkbox"/> TYPE: HANDS</p> <p>WITNESSES: <input type="checkbox"/> <input checked="" type="checkbox"/> (If YES, attach witness list)</p> <p>INJURIES: <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>MEDICAL TREATMENT: <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>AT: Scene: <input type="checkbox"/> <input type="checkbox"/> PARAMEDICS</p> <p>Hospital: <input type="checkbox"/> <input type="checkbox"/> PHYSICIAN(S) / HOSPITAL</p>
<p>ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> <input checked="" type="checkbox"/> NAMES/AGES:</p> <p>H. R. S. NOTIFIED: <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>VICTIM PREGNANT: <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> <input checked="" type="checkbox"/> CASE #:</p> <p>PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> <input checked="" type="checkbox"/></p>			
<p>On Sunday September 10, 2017 at 0742 hours, I responded to 135 NE 10th Street reference a Domestic Simple Battery investigation. The victim, [REDACTED] called 911 and reported that a male, who was later determined to be James Friedman, was choking her. Friedman also called the police and reported he was outside and stating the "she started it". Friedman further stated he grabbed [REDACTED] as she was leaving</p>			
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p>FILED <i>[Signature]</i></p> <p>SIGNATURE OF ARRESTING OFFICER SEP 11 2017</p> <p>Sworn to and subscribed to before me this <u>10</u> day of <u>September</u>, <u>2017</u></p> <p>CIRCUIT & COUNTY COURTS (CRIMINAL DIV)</p> <p>BAILEY, KEVIN A <i>[Signature]</i></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>			

SCANNED

SEP 14 2017
CRIME ANALYSIS

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

Narrative Continuation

A D M I N	Date / Time 09/10/2017 07:42	Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2017-012581
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N
A
R
A
T
I
V
E with her baggage because he believed she was taking his drugs.

Ofc. Hall and I arrived on scene and made contact with Friedman. Friedman was in front of his residence waiting for our arrival. He was calm and cooperative. He was wearing a black t-shirt with camouflage pants and no shoes. Ofc. Hall entered the residence and made contact with [REDACTED] [REDACTED] appeared upset and began crying. She stated the following: She has an apartment nearby; however, she lives with Friedman. They have been dating for numerous years. Friedman was released this morning from the hospital, where he was at due to an overdose. They began an argument in their bedroom. Friedman accused her of being a bad girlfriend. He grabbed her by the neck and forcefully pushed her inside the open closet. He then told her to get out of his house. She complained of neck pain; however, no injuries were visible at this time. She denied any medical treatment.

Ofc. Hall spoke to Friedman, who stated the following: He stated she pushed him but denied choking her. Friedman did not report any injuries.

Based on [REDACTED]'s statements Friedman was arrested at 0808 hours. Investigations revealed Friedman intentionally, unlawfully, choked [REDACTED], contrary to Florida Statute 784.03(1). (1 DEG MISD). Friedman was transported to the Palm Beach County Jail.

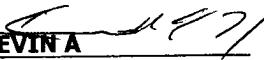
STATE OF FLORIDA
COUNTY OF PALM BEACH

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 10 day of September, 2017.

FILED	BAILEY, KEVINA	
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		
SEP 11 2017		

SCANNED
SEP 14 2017

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.

1. Incident Report#: 17-12581 Agency: BRPD
 Offense: Domestic Battery
 Suspect/Offender: JAMES FRIEDMAN
 D.O.B. 2/3/60 Race: W Sex: M

2. Warrant#(s): _____

3.a. Victim's name: [REDACTED] D.O.B. 11/29/73 Race: W Sex: F
 [REDACTED]

b. Victim's next of kin, friend or neighbor: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home#: _____ Work#: _____ Other: _____

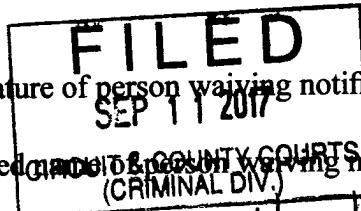
NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY.

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: Pursuant to F.S.119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).
 Other confidentiality provisions of Florida State Statutes may also be applicable



Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: HAT I.D.# 565 Date: 9/10/17

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central/Records