

ARREST / NOTICE TO APPEAR

1 Arrest 3 Request for Warrant
2 N T A 4 Request for Citrus

1 JUVENILE

OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N T A 's only) 3 2 2018-009335	
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		If Weapon Seized Enter Type Hands, Feet, Fist, Teeth	
Location of Arrest (Including Name of Business) 3939 NE 5TH AVE BOCA RATON FL 33431				Location of Offense (Business Name, Address) 3939 NE 5TH AVE, BOCA RATON, FL 33431		
Date of Arrest 07/11/2018	Time of Arrest 22:31	Booking Date 07/11/2018	Booking Time 22:41	Jail Date	Jail Time	Location of Vehicle N/A
Name (Last, First, Middle) LICHTENWALNER, JASON ALLAN			Alias (Name, DOB, Soc Sec #, Etc.) Alias:			
Race W - White B - Black O - Oriental/Asian W	Sex M	Date of Birth 09/03/1987	Height 6'06	Weight 287	Eye Color HAZEL	Hair Color BROWN
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status S	Religion SPIRITUAL	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Local Address (Street, Apt. Number) 3939 NE 5TH AVE 203B, BOCA RATON, FL 33431			(City)	(State)	(Zip)	Phone
Permanent Address (Street, Apt. Number) 3939 NE 5TH AVE 203B, BOCA RATON, FL 33431			(City)	(State)	(Zip)	Phone
Business Address (Name, Street) US NATIONAL MOVERS, WEST PALM BEACH			(City)	(State)	(Zip)	Phone
D/L Number, State L235421873230 / FL		Soc. Sec. Number	DNS Number		Place of Birth (City, State) ALLENTOWN, PA,	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	
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 2 At Large <input type="checkbox"/> 4 Misdemeanor <input type="checkbox"/> 5 Juvenile	
Parent <input type="checkbox"/> Other <input type="checkbox"/> Name (Last, First, Middle)						Residence Phone
Legal Custodian <input type="checkbox"/> Name (Last, First, Middle)						Business Phone
Address (Street, Apt. Number) (City) (State) (Zip)				Notified by (Name) Date Time		
Released To (Name) Relationship				JUVENTILE DISPOSITION 1 Handled/Processed within Department and Released 2 TOT IAC 3 Incorporated		
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	
Drug Activity N N/A P Possess	S Sell B Buy T Traffic	R Seize/Deliver E Use	K Dispense/Distribute	M Manufacture/Produce/Cultivate	Z Other	Drug Type N N/A A Amphetamine
Charge Description SIMPLE BATTERY DOMESTIC			Statute Violation Number 784.03(1A)	Violation of ORD # 2		
Drug Activity	Drug Type N	Amount / Unit	Offense #	Counts	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Citrus Number 784.03(1A)
Charge Description			Statute Violation Number	Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Citrus Number
Charge Description			Statute Violation Number	Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Citrus Number
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 Explain		
Check which applies <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> TOT County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				PROPERTY - Received By SAAVEDRA		Released By SAAVEDRA
Transported By				Date Transported	Time Transported	Other PBCJ
<input type="checkbox"/> INSTRUCTION NO 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444 Court Date and Time		
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						No Photo Available
Signature of Defendant (or Juvenile and Parent/Custodian)					Date Signed	
HOLD for Other Agency		Signature of Arresting Officer			Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) SAAVEDRA, A.			ID # 777	
Intake Deputy ID #		Pouch #	Transporting Officer SAAVEDRA		ID # 777	Agency BRPD
Witness here if subject signed with an "X"						PAGE 1 OF 1

JUL 12 2018

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 07/11/2018 22:31	Agency OR# Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2018-009335	
	Name (Last, First, Middle) LICHTENWALNER, JASON ALLAN				Race W	Sex M

D E F I N E	Charge Description 784.03(1A1) SIMPLE BATTERY DOMESTIC			
	Victim's Name (Last, First, Middle) CORDERO ORTIZ, MARIA BERNARDA			

V I C T I M	Local Address (Street, Apt Number) 19634 BISCAYNE BAY DR, BOCA RATON, FL 33498	City BOCA RATON	State FL	Zip 33498	Phone (561) 935-8613	Address Source FL DL
	Business Address (Name, Street)	City	State	Zip	Phone	Occupation
	Relationship between Victim & Suspect GIRLFRIEND					

DEFENDANT'S STATEMENTS	Written <input type="checkbox"/>	Taped <input type="checkbox"/>	Oral <input checked="" type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): CALM
VICTIM'S STATEMENTS	Written <input type="checkbox"/>	Taped <input type="checkbox"/>	Oral <input checked="" type="checkbox"/>	

A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS: Scene	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	CALLER: STELLA STEER TYPE: HANDS (If YES, attach witness list) PARAMEDICS: PHYSICIAN(S) / HOSPITAL: NAMES/AGES CASE #: ALCOHOL OR DRUGS INVOLVED:
	Victim:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	911 CALL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WEAPON USED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WITNESSES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	INJURIES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	MEDICAL TREATMENT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	AT: Scene:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Hospital:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	ACT COMMITTED IN PRESENCE OF MINOR(S):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	H. R. S NOTIFIED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	VICTIM PREGNANT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	PRIOR HISTORY OF DOMESTIC VIOLENCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

On 07/11/2018, at 2117 hours, I responded to 3939 NE 5th Ave, in reference to a domestic disturbance. Upon arrival, I met with the complainant Stella Steer. Steer advised that her daughter, who she wished to remain anonymous came to her room crying and told her she observed a W/M and a W/F having a physical

STATE OF FLORIDA
 COUNTY OF PALM BEACH
 Appeared before me, PS 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 11 day of July, 2018

GRAHAM, KEITH
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 117 10)

SCANNED
 JUL 12 2018

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N I S T R A T I V E	Date / Time 07/11/2018 22:31	Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2018-009335
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altercation. The W/M was later identified by his FL DL as Jason Lichtenwalner, and the W/F was later identified by her FL DL as Maria Cordero Ortiz. Steer's daughter advised she observed the couple walking towards the dumpster area and saw Lichtenwalner throw a beer can at Cordero Ortiz.

Steer then went towards the window and observed Lichtenwalner grabbed Cordero Ortiz's and fling her into the fence and then the ground. Steer then saw Cordero Ortiz attempting to walk away from Lichtenwalner; however, he grabbed Cordero Ortiz' left upper arm and pulled her towards him and then pusher her behind the dumpster, where she lost view of the female. I then took a look from the window Steer saw this incident occurred, and she had a clear view from both subjects.

I then meet with Cordero Ortiz and she initially stated that she and Lichtenwalner were just studying. She then changed her statement and advised that they were just having a verbal argument and that nothing physical transpired. I asked her if Lichtenwalner threw a beer can at her, but she denied. I then asked her why was she walking away from him, and she stated just to prevent the argument from escalating. I then asked her, why was Lichtenwalner walking after her, and she advised because she wanted him to go after her.

I then met with Lichtenwalner and asked him about the incident. Lichtenwalner advised that he was involved in a verbal argument with Cordero Ortiz, and that nothing physical transpired. I then asked him why was he walking after Cordero Ortiz, and he stated because he loved her, but that he did not put his hands on her. I then asked him if he threw a beer can at her or grabbed her arm for any reason, and he stated no.

Based on the witness statement, I placed Jason Lichtenwalner under arrest for simple battery per F.S.S. 784.03(1A1). Lichtenwalner was transported to Palm Beach County jail for processing and then turned over to Palm Beach County jail for final disposition.

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, Is 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 11 day of July, 2018.


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

SCANNED
JUL 12 2018

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#: 18-9335 Agency: BRPD
Offense: Simple Battery Domestic
Suspect/Offender: Jason Lichtenwalner
D.O.B. 09/03/1987 Race: White Sex: Male

2. Warrant#(s): _____

3.a. Victim's name: Maric Cardona Ortiz D.O.B. 05/01/1994 Race: White Sex: Female
Address: 19634 Biscayne Bay Dr
City: Boca Raton State: FL Zip: 33498
Home#: 561-935-8613 Work#: _____ Other: _____

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: Saavedra I.D.# 777 Date: 07/11/18
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER: _____ COURT CASE/WARRANT#: _____

FOR WARRANTS USE ONLY

2018 JUL 12 AM 7:18
SCANNED
JUL 12 2018



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	4
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018023171	Date: 12Jul18
	Specialist Name/ID: R Ehrenberg/6104

SCANNED
JUL 12 2018