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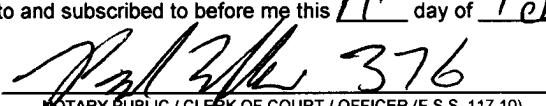
942

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		PALM BEACH GARDENS POLICE DEPT.					Agency Report Number (N.T.A.'s only)		1				
	FLO 5 0 2 6 0 0								7 8 1 1 7 1 0 0 1 0 3 0 1 1			N			
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		Multiple Clearance Indicator					
Location of Arrest (Including Name of Business)			Location of Offense (Business Name, Address)												
1306 13th Ct PBG, FL 33410			1306 13th Ct PBG, FL 33410												
Date of arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle			
02/17/17		11:52													
Name (Last, First, Middle)															
Schrader, Jay William															
Race W - White B - Black		Sex I - American Indian O - Oriental/Asian		Date of Birth W M 09 05		Height 6'1		Weight 200		Eye Color Blue		Hair Color Gray			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)							Marital Status		Religion		Indication of: Alcohol Influence Drug Influence				
Local Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone (561)236-4243		Residence Type: 1. City 2. County		3. Florida 4. Out of State			
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone ()		Address Source		Driver's License			
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone ()		Occupation		N/A			
D/L Number, State SC36439613250		Soc. Sec. Number		INS Number		Place of Birth (City, State) Charleston, WV				Citizenship		U.S.			
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			
<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 ()					
Notified by: (Name)						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						Grade			
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property						Value of Property							
CODE	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. Synthetic	U. Unknown Z. Other				
CHARGE	Charge Description BATTERY (SIMPLE)			Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 7 8 4 1 0 3 (1)(A)(1)		Violation of ORD #							
CHARGE	Drug Activity N/A	Drug Type N/A	Amount / Unit N/A	Offense #			Warrant / Capias Number	Bond							
CHARGE	Charge Description			Counts	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	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	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							
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 <input type="checkbox"/> Mandatory Appearance in Court		Location (Court, Room Number, Address)										CO		
	<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		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 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)															
Signature of Arresting Officer x M-260 #456				Name Verification (Printed by Arrestee)											
HOLD for other Agency Name: B. SHATARA #7623				Name of Arresting Officer (Print) Off. Koegel I.D. # 456					FEB 17 PM 10:27 (PRINT)						
Dangerous Suicidal Other: Intake Deputy				Transporting Officer I.D. # Off. Koegel 456 POGPD					PAGE						
Witness here if subject signed with an "X"															

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 02/17/2017 21:18	Agency Name PALM BEACH GARDENS POLICE			Agency Report Number 7 8 17-001030	
D E F	Agency ORI Number FL 0502600	Name (Last, First, Middle) SCHRADER, KIMBERLY MARIE		Alias	Race W Sex F Date of Birth 01/11/1965	
C H R G	784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)					
V I C T I M	Victim's Name (Last, First, Middle) SCHRADER, KIMBERLY MARIE				Race W Sex F Date of Birth 01/11/1965	
Local Address (Street, Apt. Number) 1306 13TH CT, PALM BEACH GARDENS, FL 33410		(City)	(State)	(Zip)	Phone (561) 236-4243	Address Source
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation
DEFENDANT'S STATEMENTS:		Written <input type="checkbox"/>	Taped <input checked="" type="checkbox"/>	Oral <input type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): CRYING, EMOTIONAL	
VICTIM'S STATEMENTS:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
RELATIONSHIP BETWEEN VICTIM & SUSPECT MARRIED						
A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS:	Scene: <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>		
	Victim:	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
	911 CALL:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CALLER:		
	WEAPON USED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TYPE: CHEESECAKE		
	WITNESSES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If YES, attach witness list)		
	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"/>	PARAMEDICS:		
	Hospital:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:		
	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"/>				
VICTIM PREGNANT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #:			
PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
ALCOHOL OR DRUGS INVOLVED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
N A R R On Friday, February 17, 2017 at approximately 7:19pm I was dispatched to 1306 13th Court, Palm Beach Gardens, Palm Beach County, Florida in reference to a disturbance. My department issued body worn camera was used during this incident. Upon my arrival I made contact with victim, Kimberly M. Shrader (W/F DOB: 01/11/1965) who stated the following:						
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 #456						
Sworn to and subscribed to before me this <u>17th</u> day of <u>Feb</u> , <u>2017</u> .						
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)						

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

Narrative Continuation

A D M I N	Date / Time 02/17/2017 21:18		
	Agency ORI Number FL 0502600	Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 17-001030

N
A She has been arguing with her husband, Jay W. Shrader (W/M DOB: 09/05/1961) throughout the day. The argument
R initially ensued due to Kimberly asking Jay for money earlier in the day. Jay left after the initial argument
R and went to the Cheesecake Factory. When he returned to the residence later on he was not only still angry at
A the fact Kimberly asked him for money, but was also heavily intoxicated. A verbal argument ensued yet again
T upon Jay's return. He stated during this particular argument he was going to "slit her throat." Kimberly
I proceeded to walk out of the residence to the fenced in patio area. As she was doing this, she states Jay
V threw a piece of cheesecake at her that he had brought home from the Cheesecake Factory. I observed the icing
E from the cheesecake on Kimberly's right thigh and knee areas. She was very emotional and upset during her
statement.

I proceeded to the front of the residence to make contact with Jay. Jay stated he was arguing with his wife
over "nothing". When questioned by Officer O'Brien #435 if he had thrown cheesecake at his wife, Jay replied
"yes". Jay denied ever saying to Kimberly he wanted to "slit her throat". It should be noted I could smell a
strong odor of an unknown alcoholic beverage coming from Jay's mouth, and he was being very uncooperative
during the questioning process.

Per my investigation, I find probable cause to charge Jay W. Shrader with Simple Battery-Domestic Violence
F.S.S. 784.03(1) (A) (1).

Kimberly and Jay both gave sworn statements via body camera. Kimberly was given a business card bearing a case
number, as well as a Domestic Violence Victim's Right's Pamphlet.

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.

NDH-L 456
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 17th day of Feb, 2017.

Paul 211 376
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)