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ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest
2. N.T.A.
3. Request for Warrant
4. Request for Capias

Juvenile

N


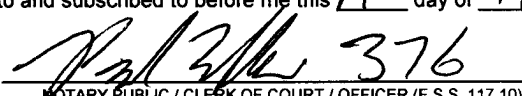
ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPT.		Agency Report Number (N.T.A.'s only) 7 8 1 1 7 1 0 0 1 0 3 0 1 1	
	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" 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) 1306 13th Ct PBG, FL 33410				Location of Offense (Business Name, Address) 1306 13th Ct PBG, FL 33410			
	Date of arrest 0.2.1.7.1.7		Time of Arrest 1.9.5.2		Booking Date		Booking Time	
DEFENDANT	Name (Last, First, Middle) Schrader, Jay William							
	Alias (Name, DOB, Soc. Sec. #, Etc.)							
	Race W - White B - Black I - American Indian O - Oriental/Asian		Sex M		Date of Birth 0.9.0.5.61		Height 5-11	
	Weight 200		Eye Color Blue		Hair Color Gray		Complexion Fair	
CO-DEF.	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)							
	Marital Status				Religion			
	Indication of: Alcohol Influence Drug Influence				Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>			
	Local Address (Street, Apt. Number) 1306 13th Ct				(City) (State) (Zip) Palm Beach Gardens FL 33410			
JUVENILE	Permanent Address (Street, Apt. Number) 1306 13th Ct				(City) (State) (Zip) Palm Beach Gardens FL 33410			
	Business Address (Name, Street) 5636 4396 13250				(City) (State) (Zip) Palm Beach Gardens FL 33410			
	D/L Number, State 5636 4396 13250				Soc. Sec. Number [REDACTED]			
	INS Number Charleston, WV				Place of Birth (City, State) WV			
CHARGE	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							
NOTICE TO APPEAR	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			
JUVENILE	Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:				Name (Last) (First) (Middle)			
	Address (Street, Apt. Number) (City) (State) (Zip)				Residence Phone () () ()			
	Business Phone () () ()							
	Notified by: (Name)				Date Time			
CHARGE	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							
CHARGE	Property Crime? <input type="checkbox"/> Yes <input 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			
CHARGE	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 1			
	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				Statute Violation Number 7.8.4.1.0.3(1)(A)(1)			
	Drug Activity N/A				Drug Type N/A			
	Amount / Unit N/A				Offense #			
CHARGE	Charge Description				Counts			
	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N				Statute Violation Number			
	Drug Activity				Drug Type			
	Amount / Unit				Offense #			
CHARGE	Charge Description				Counts			
	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N				Statute Violation Number			
	Drug Activity				Drug Type			
	Amount / Unit				Offense #			
CHARGE	Charge Description				Counts			
	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N				Statute Violation Number			
	Drug Activity				Drug Type			
	Amount / Unit				Offense #			
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court <input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.				Location (Court, Room Number, Address)			
	Court Date and Time				Month Day Year 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.							
	Signature of Defendant (or Juvenile and Parent/ Custodian)				Date Signed			
ADMIN.	HOLD for other Agency Name:				Signature of Arresting Officer x [Signature] #456			
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:				Name of Arresting Officer (Print) Off. Koegel #456			
	I.D. #				Agency PBGPD			
	Witness here if subject signed with an "X"				PAGE OF			

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - JAIL GOLD - DEFENDANT

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	
	Agency ORI Number FL 0502600					
D E F E N D A N T	Name (Last, First, Middle) SCHRADER, KIMBERLY MARIE				Race W	Sex F
	Alias				Date of Birth 01/11/1965	
C H A R G E	Charge Description 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
	Local Address (Street, Apt. Number) (City) (State) (Zip) 1306 13TH CT, PALM BEACH GARDENS, FL 33410				Phone (561) 236-4243	Address Source
	Business Address (Name, Street) (City) (State) (Zip)				Phone	Occupation
O B S E R V A T I O N S	Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): CRYING, EMOTIONAL			
	DEFENDANT'S STATEMENTS: <input type="checkbox"/> VICTIM'S STATEMENTS: <input type="checkbox"/>					
R E L A T I O N S H I P	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 checked="" type="checkbox"/>					
	Victim: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>					
	911 CALL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		CALLER:			
	WEAPON USED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		TYPE: CHEESECAKE			
	WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		(If YES, attach witness list)			
	INJURIES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>					
	MEDICAL TREATMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>					
	AT: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		PARAMEDICS:			
	Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		PHYSICIAN(S) / HOSPITAL:			
	ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		NAMES/AGES:			
	H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>					
	VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>					
	VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		CASE #:			
	PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>					
	ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>					
N A R R A T I O N	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:					
S T A T E O F F L O R I D A	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.					
S W O R N	 SIGNATURE OF ARRESTING OFFICER #456					
	Sworn to and subscribed to before me this <u>17th</u> day of <u>Feb</u> , <u>2017</u> .					
M O T A R Y	 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 376					

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

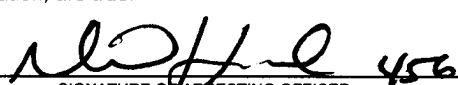
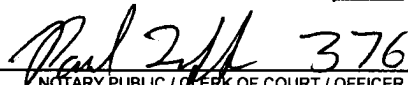
P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

Narrative Continuation

A D M I N N A R R A T I V E	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
	<p>She has been arguing with her husband, Jay W. Shrader (W/M DOB: 09/05/1961) throughout the day. The argument initially ensued due to Kimberly asking Jay for money earlier in the day. Jay left after the initial argument and went to the Cheesecake Factory. When he returned to the residence later on he was not only still angry at the fact Kimberly asked him for money, but was also heavily intoxicated. A verbal argument ensued yet again upon Jay's return. He stated during this particular argument he was going to "slit her throat." Kimberly proceeded to walk out of the residence to the fenced in patio area. As she was doing this, she states Jay threw a piece of cheesecake at her that he had brought home from the Cheesecake Factory. I observed the icing from the cheesecake on Kimberly's right thigh and knee areas. She was very emotional and upset during her statement.</p> <p>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.</p> <p>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).</p> <p>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.</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> SIGNATURE OF ARRESTING OFFICER 456</p> <p>Sworn to and subscribed to before me this <u>17th</u> day of <u>Feb</u>, <u>2017</u>.</p> <p> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 376</p>					

COURT

STATE ATTORNEY

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JAIL

CRIME ANALYSIS

P. I. O.