

ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE	
OBTS Number		Agency ORI Number <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>		Agency Report Number (N.T.A.'s only) <b>3   2   2017-012667</b>			
Charge Type: Check as many as apply: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input 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: <b>Hands, Feet, Fist, Teeth</b>		Multiple Clearance Indicator <b>Y</b>					
Location of Arrest (Including Name of Business) <b>1054 SW 5TH ST Boca Raton FL 33446</b>		Location of Offense (Business Name, Address) <b>1054 SW 5TH ST, BOCA RATON, FL 33486</b>							
Date of Arrest <b>09/14/2017</b>	Time of Arrest <b>00:20</b>	Booking Date <b>09/14/2017</b>	Booking Time <b>01:39</b>	Jail Date <b>09/14/2017</b>	Jail Time <b>00:00</b>	Location of Vehicle <b>NONE</b>			
Name (Last, First, Middle) <b>ARENSTEIN, KAREN</b>		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White B - Black <b>W</b>	Sex M - Male F - Female <b>F</b>	Date of Birth <b>01/10/1983</b>	Height <b>5'06</b>	Weight <b>121</b>	Eye Color <b>BROWN</b>	Hair Color <b>BLONDE</b>	Complexion <b>LIGHT</b>	Build <b>Thin</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TATT LO BACK / BUTTERFLY</b>		Marital Status <b>S</b>		Religion <b>JEWISH</b>		Indication of: Alcohol Influence Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) <b>1054 SW 5TH ST, BOCA RATON, FL 33486</b>		(City) <b>BOCA RATON</b>		(State) <b>FL</b>		(Zip) <b>33486</b>		Phone <b>(561) 706-8583</b>	
Permanent Address (Street, Apt. Number) <b>1054 SW 5TH ST, BOCA RATON, FL 33486</b>		(City) <b>BOCA RATON</b>		(State) <b>FL</b>		(Zip) <b>33486</b>		Phone <b>(561) 706-8583</b>	
Business Address (Name, Street) <b>REFUSED, TCM</b>		(City) <b>BOCA RATON</b>		(State) <b>FL</b>		(Zip) <b>33486</b>		Phone <b>(561) 706-8583</b>	
D/L Number, State <b>A652500835100 / FL</b>		Soc. Sec. Number <b>[REDACTED]</b>		INS Number <b>[REDACTED]</b>		Place of Birth (City, State) <b>SOUTH AFRICA, SF,</b>		Citizenship <b>US</b>	
Co-Defendant Name (Last, First, Middle) <b>[REDACTED]</b>		Race <b>[REDACTED]</b>		Sex <b>[REDACTED]</b>		Date of Birth <b>[REDACTED]</b>		<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	
Co-Defendant Name (Last, First, Middle) <b>[REDACTED]</b>		Race <b>[REDACTED]</b>		Sex <b>[REDACTED]</b>		Date of Birth <b>[REDACTED]</b>		<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	
<input type="checkbox"/> Parent <input type="checkbox"/> Other: <b>[REDACTED]</b> <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle) <b>[REDACTED]</b>		Residence Phone <b>[REDACTED]</b>					
Address (Street, Apt. Number) <b>[REDACTED]</b>		(City) <b>[REDACTED]</b>		(State) <b>[REDACTED]</b>		(Zip) <b>[REDACTED]</b>		Business Phone <b>[REDACTED]</b>	
Notified by: (Name) <b>[REDACTED]</b>		Date <b>[REDACTED]</b>		Time <b>[REDACTED]</b>		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated			
Released To: (Name) <b>[REDACTED]</b>		Relationship <b>[REDACTED]</b>		Date <b>[REDACTED]</b>		Time <b>[REDACTED]</b>			
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: <b>[REDACTED]</b> <input type="checkbox"/> No:		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property <b>[REDACTED]</b>		Value of Property <b>[REDACTED]</b>			
Drug Activity N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Disperse/ Distribute		M. Manufacture/ Produce/ Cultivate	
Z. Other		Drug Type 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 Description <b>BATTERY ON PERSON 65 YOA OR OLDER</b>		Statute Violation Number <b>784.08(2C).</b>		Violation of ORD #			
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit <b>/</b>		Offense # <b>2017-012667</b>		Counts <b>1</b>	
Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond					
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 / Capias Number		Bond					
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 / Capias Number		Bond					
Health / Apparent Physical Condition of Defendant <b>GOOD</b>		Any knowledge of the following: <input checked="" type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain: <b>MENTAL INSTABILITY</b>		PROPERTY - Received By <b>TYSON</b>		Released By <b>TYSON</b>		Released To <b>PBCJ</b>	
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input checked="" type="checkbox"/> T.O.T. County Jail		Date Transported <b>09/14/2017</b>		Time Transported <b>02:00</b>		Other			
Transported By <b>MCQUISTON</b>		Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>		Court Date and Time					
<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.		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) <b>[REDACTED]</b>		Date Signed <b>[REDACTED]</b>			
HOLD for Other Agency <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Signature of Arresting Officer <b>[REDACTED]</b>		Name Verification (Printed by Arrestee) <b>[REDACTED]</b>		(PRINT)			
Intake Deputy <b>SPAWN 8101</b>		Pouch #		Transporting Officer <b>MCQUISTON</b>		I.D. # <b>785</b>		Agency <b>BRPD</b>	
Witness here if subject signed with an "X".								PAGE <b>1 OF 1</b>	

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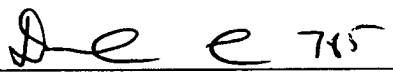
SCANNED  
SEP 14 2017

2177

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>09/14/2017 00:20</b>		Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2017-012667</b>																																																																																										
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C H A R G E S	Charge Description <b>784.08(2C) ASSAULT/BATTERY ON ELDERL</b>																																																																																																
	Victim's Name (Last, First, Middle) <b>ARENSTEIN, ANDREW</b>						Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>01/06/1952</b>																																																																																								
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>1054 SW 5TH ST, BOCA RATON, FL 33486</b>				Phone <b>(561) 901-9685</b>		Address Source																																																																																										
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O B S E R V A T I O N S	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>WELL</b>																																																																																													
	VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>																																																																																																
R E L A T I O N S H I P	RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>FATHER/DAUGHTER</b>																																																																																																
	<table border="0"><tr><td>PHOTOGRAPHS:</td><td>Scene:</td><td><input type="checkbox"/></td><td>YES</td><td><input checked="" type="checkbox"/></td><td>NO</td></tr><tr><td></td><td>Victim:</td><td><input checked="" type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td></td></tr><tr><td></td><td>911 CALL:</td><td><input checked="" type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td>CALLER: <b>ARENSTEIN, HILARY</b></td></tr><tr><td></td><td>WEAPON USED:</td><td><input type="checkbox"/></td><td></td><td><input checked="" type="checkbox"/></td><td>TYPE:</td></tr><tr><td></td><td>WITNESSES:</td><td><input type="checkbox"/></td><td></td><td><input checked="" type="checkbox"/></td><td>(If YES, attach witness list)</td></tr><tr><td></td><td>INJURIES:</td><td><input type="checkbox"/></td><td></td><td><input checked="" type="checkbox"/></td><td></td></tr><tr><td></td><td>MEDICAL TREATMENT:</td><td><input type="checkbox"/></td><td></td><td><input checked="" type="checkbox"/></td><td></td></tr><tr><td></td><td>AT: Scene:</td><td><input type="checkbox"/></td><td></td><td><input checked="" type="checkbox"/></td><td>PARAMEDICS:</td></tr><tr><td></td><td>Hospital:</td><td><input type="checkbox"/></td><td></td><td><input checked="" type="checkbox"/></td><td>PHYSICIAN(S) / HOSPITAL:</td></tr><tr><td></td><td>ACT COMMITTED IN PRESENCE OF MINOR(S):</td><td><input type="checkbox"/></td><td></td><td><input checked="" type="checkbox"/></td><td>NAMES/AGES:</td></tr><tr><td></td><td>H. R. S. NOTIFIED:</td><td><input checked="" type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td></td></tr><tr><td></td><td>VICTIM PREGNANT:</td><td><input type="checkbox"/></td><td></td><td><input checked="" type="checkbox"/></td><td></td></tr><tr><td></td><td>VIOLATION OF RESTRAINING ORDER:</td><td><input type="checkbox"/></td><td></td><td><input checked="" type="checkbox"/></td><td>CASE #: <b>2017006631, 2014008601</b></td></tr><tr><td></td><td>PRIOR HISTORY OF DOMESTIC VIOLENCE:</td><td><input checked="" type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td></td></tr><tr><td></td><td>ALCOHOL OR DRUGS INVOLVED:</td><td><input type="checkbox"/></td><td></td><td><input checked="" type="checkbox"/></td><td></td></tr></table>								PHOTOGRAPHS:	Scene:	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO		Victim:	<input checked="" type="checkbox"/>		<input type="checkbox"/>			911 CALL:	<input checked="" type="checkbox"/>		<input type="checkbox"/>	CALLER: <b>ARENSTEIN, HILARY</b>		WEAPON USED:	<input type="checkbox"/>		<input checked="" type="checkbox"/>	TYPE:		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 checked="" type="checkbox"/>		<input type="checkbox"/>			VICTIM PREGNANT:	<input type="checkbox"/>		<input checked="" type="checkbox"/>			VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/>		<input checked="" type="checkbox"/>	CASE #: <b>2017006631, 2014008601</b>		PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input checked="" type="checkbox"/>		<input type="checkbox"/>			ALCOHOL OR DRUGS INVOLVED:	<input type="checkbox"/>		<input checked="" type="checkbox"/>
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N A R R	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 <u>14</u> day of <u>September</u> , <u>2017</u> .  <u>CODLING, JEREMY R</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)																																																																																																

SCANNED

SEP 14 2017

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 <b>09/14/2017 00:20</b>	Agency OR# Number <b>FL 0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2017-012667</b>

On 09/14/2017 at approximately 2349 hours, I responded CODE 3 (lights and sirens) to 1054 SW 5th Street, in reference to a domestic disturbance. While en route, I was notified by Boca Raton Police Department (BRPD) Dispatch that a daughter (wearing a striped t shirt and sweat pants) had physically attacked her father and then had fled the residence walking in the middle of the roadway. I arrived on scene and observed a white female matching the subject's description, later identified as Karen Arenstein, in the area of 1166 SW 6th Street.

Karen stated that she had an argument with her sixty-five year old father, Andrew Arenstein after the power was restored to their residence following Hurricane Irma. Karen stated that her father was upset that she had turned on the hallway light near his and her mother, Hilary Arenstein's bedroom. Karen stated that she was upset at her father and pushed him because he told her to turn off the hallway light and was trying to turn the light off. I asked Karen if any other members of the household were present during the altercation to which Karen stated that no one observed the altercation but possibly heard it. It should be noted that Karen has a nine year old daughter, Jenna Arenstein that was in her bedroom during the altercation.

I then spoke to Andrew Arenstein in the front of his residence at 1054 SW 5th Street. Andrew stated that Karen suffers from Bipolar Disorder and has been off of her medication for nearly one year. Andrew explained that during episodes of her Bipolar Disorder she becomes irritable and aggressive towards other people. Andrew stated that he was in his bedroom with Hilary when Karen attempted to enter the bedroom during one of her Bipolar episodes. Andrew told Karen to leave and walked out of the room closing the door behind him to prevent Karen from entering the bedroom with Hilary. Karen became upset and began pushing her father trying to gain access to his bedroom and Andrew pushed Karen away from him and his bedroom door in self defense. Once Andrew pushed Karen away from him and his bedroom, Karen slapped Andrew in the face with an opened hand. Andrew told Karen that Hilary was calling the police and Karen retreated from attacking Andrew and exited the residence.

I then spoke to Hilary Arenstein and Jenna Arenstein in the living room of the residence. Both females stated that they were in their respective bedrooms during the altercation and although they did not observe anything they both heard yelling and screaming from Karen.

Based upon the findings of my investigation, I developed probable cause to arrest Karen Arenstein for Battery on Persons 65 Years of Age or Older (F.S.S 784.08(2C)). She was placed under arrest and restrained with handcuffs, which were checked for tightness and double locked. She was transported to BRPD Booking Facility for processing and subsequently transported to Palm Beach County Jail (PBCJ). Andrew Arenstein refused to complete a written statement regarding the incident and he also refused a BRPD pamphlet regarding domestic violence information. Officer McCabe photographed Andrew Arenstein and submitted the photos into evidence.

A victim notification form was completed and submitted with Karen Arenstein to PBCJ. I notified the Department of Children's and Families of the incident, agent Natalye ID 086.

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 14 day of September, 2017

**CODLING, JEREMY R**

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

**SCANNED**

**SEP 14 2017**  
**CRIME ANALYSIS**

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

P. I. O.