

0485321

54

OBTS Number

ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest 3. Request For Warrant
2. N.T.A. 4. Request For Capias1 Juvenile

Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06	17-039431										
Charge Type: Check as many as apply 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor 5. Ordinance 6. Other		If Weapon Seized Enter Type		Multiple Clearance Indicator											
Location of Arrest (Including Name of Business) 23090 POST GARDENS WAY APT. 320 BOCA RATON, FL. 33433															
Date of Arrest Feb 13, 2017	Time of Arrest 2337	Booking Date	Booking Time	Jail Date	Jail Time										
Location of Vehicle															
Name (Last, First, Middle) SCHILLER, KAREN						Alias (Name, DOB, Soc. Sec. # Etc.) NA									
Race W-White 1- American Indian B-Black 0- Oriental/Asian	Sex W	Date of Birth 5/12/55	Height 5'5	Weight 110	Eye Color BLUE	Hair Color BLONDE	Complexion SMALL	Build SMALL							
Scars, Marks, Tattoo, Unique Physical Features (Location, Type, Description)						Marital Status MARRIED	Religion LUTHERAN	Indication of Alcohol Influence Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>							
Local Address (Street, Apt. Number) 23090 POST GARDENS WAY ,320						City BOCA RATON	State FL	Zip 33433	Phone 561-414-4387	Residence Type: 1. City 3. Florida 2. County 4. Out of State					
Permanent Address (Street, Apt. Number)						City	State	Zip	Phone	Address Source					
Business Address (Street, Apt. Number) EDWARD DON 5115 MIRAMAR PARK						City MIRAMAR	State FL	Zip 33320	Phone 561-414-4387	Occupation SALES					
DL Number, State S-460-504-55-672-0		Social Security Number		INS Number		Place of Birth CHICAGO, ILL		Citizenship Y							
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 Guardian <input type="checkbox"/> Other	Name (Last, First, Middle)								Phone						
Address (Street, Apt. No.) <i>No Bon</i>						City	State	Zip	Business Phone						
Notified By (Name)				Date	Time	Juvenile Deposition: 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 561-355-2526) informed of any address change <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					
Drug Activity S. Sell N. N/A P. Possess		R. Smuggle B. Buy T. Traffic		K. Dispense/ D. Deliver E. Use		M. Manufacture/ Distribute Produce Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana	P. Paraphernal/ Equipment	U. Unknown Z. Other	
Charge Description SIMPLE BATTERY						Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03(1)(A)(1)			Violation or ORD. #			
Drug Activity N	Drug Type N	Amount/Unit		Offense # 17-039431		Warrant/Capias Number			Bond						
Charge Description						Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number			Violation or ORD. #			
Drug Activity	Drug Type	Amount/Unit		Offense #		Warrant/Capias Number			Bond						
Charge Description						Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number			Violation or ORD. #			
Drug Activity	Drug Type	Amount/Unit		Offense #		Warrant/Capias Number			Bond						
Charge Description						Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number			Violation or ORD. #			
Drug Activity	Drug Type	Amount/Unit		Offense #		Warrant/Capias Number			Bond						
Location (Court, Address, Room Number)															
Court Date and Time															
Month	Day	Year		Time		AM <input type="checkbox"/>	PM <input type="checkbox"/>								
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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)															
HOLD for Other Agency				Signature of Arresting Officer				Date Signed							
Name				<i>8570</i>				Name Verification (Printed by Arrestee)							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other				Name of Arresting Officer DEPUTY RAINY		ID # 8540	(PRINT)				
Intake Deputy <i>Spinn 8/01</i>		ID #	Pouch #	Transporting Officer	ID #	Agency	<i>Charity Rainey</i>		<i>PSU</i>	Page 1					
Witness here if subject signed with an "X" <i>SCANNED</i> <i>57</i>															

FEB 14 2017

FEB 14 AM 1:19

OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

Agency ORI Number FLO 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06	17-039431
Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Special Notes	
Defendant Name (Last, First, Middle) SCHILLER, KAREN		Race W	Sex F
Charge SIMPLE BATTERY		Date of Birth 5/12/55	
Charge		Charge	
Victim Name (Last, First, Middle) SOVAY, RANDY		Race W	Sex M
Local Address (Street, Apt. Number) 23090 POST GARDENS WAY APT 320		City BOCA RATON	State FL Zip 33433
Business Address (Street, Apt. Number)		City	State Zip Phone Occupation NA
<p>The undersigned swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The person taken into custody...</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.</p>			
<p>On the <u>13</u> day of <u>FEBRUARY</u> 20 <u>17</u> at <u>2337</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM</p>			

On the above date and time I responded to 23090 Post Gardens Way Apt. 320 Boca Raton, FL. 33433. The nature of this call was a domestic assault that just occurred. Randy Sovay was present outside of the above address and appeared to be upset. Randy said he was out shopping with his girlfriend Karen Schiller and they were arguing. Once they return home from shopping the argument escalated and Karen took her cell phone charger and struck Randy on his left leg causing multiple lacerations. Randy said he immediately called the police.

I then made contact with Karen who told me she was arguing with Randy and she was upset with him for calling her fat and a slut so she took her phone charger and hit Randy. Karen said she was defending herself because she could not handle Randy being disrespectful to her.

Based on my investigation, it appeared a physical altercation occurred between Karen Schiller and Randy Sovay. It was determined that Karen was the primary aggressor. The Defendant Karen Schiller was handcuffed, handcuffs were double-locked, and handcuffs were checked for tightness. The defendant Karen Schiller is charged with Simple Battery pursuant to F.S. 784.03(1) (A) (1).

The foregoing instrument was sworn to and affirmed before me this	<u>13</u>	day of	<u>FEBRUARY</u>	20	<u>17</u>	, by:
DEPUTY F. JEAN 7768			DEPUTY RAINY 8540			
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)			Name of Arresting/Investigating Officer			
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)			Signature of Arresting/Investigating Officer			

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SCANNED

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