

| OBTS Number | | ARREST / NOTICE TO APPEAR Juvenile Referral Report | | 1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias | | 1 Juvenile | |
|--|-------------------------------|--|---|--|--|---|---|
| Agency ORI Number FLO 500000 | | 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 | | 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 | | Location of Offense (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 O - Oriental/Asian | Sex W F | Date of Birth 5/12/55 | Height 5'5 | Weight 110 | Eye Color BLUE | Hair Color BLONDE | Complexion SMALL |
| Build SMALL | | | | | | | |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | | | | Marital Status MARRIED | Religion LUTHERAN | Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <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 4. Out of State 2 2 | |
| 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 | |
| D/L 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 | 1. Arrested 3. Felony 2. At Large 4. Misdemeanor 5. Juvenile | | |
| Co-Defendant Name (Last, First, Middle) | | Race | Sex | Date of Birth | 1. Arrested 3. Felony 2. At Large 4. Misdemeanor 5. Juvenile | | |
| Parent Legal Guardian Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | Name (Last, First, Middle) | | | | Phone | |
| Address (Street, Apt. No.) | | City | State | Zip | Business Phone | | |
| Notified By (Name) | | Date | 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 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 N. N/A P. Possession | | S. Sell B. Buy T. Traffic | R. Struggle 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 P. Paraphernalia/ Equipment U. Unknown Z. Other |
| Charge Description SIMPLE BATTERY | | Counts 1 | Domestic Violence <input checked="" 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 | |
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| 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 FAIRLY 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 | | | |
| HOLD for Other Agency Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other | | Signature of Arresting Officer DEPUTY RAINEY ID # 8540 | | Name Verification (Printed by Arrestee) (PRINT) | | | |
| Intake Deputy SPAWN 8101 | | Transporting Officer Charity Rainey ID # PBSU | | Agency PBSU | | Page 1 of 1 | |

SCANNED

FEB 14 2017

FEB 14 AM 1:19

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|---|--|---|--------------------|--|---|
| OBTS Number | | PROBABLE CAUSE AFFIDAVIT | | 1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias 1 Juvenile <input type="checkbox"/> | |
| 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 Date of Birth 5/12/55 |
| Charge SIMPLE BATTERY | | Charge | | | |
| Charge | | Charge | | | |
| Victim Name (Last, First, Middle) SOVAY, RANDY A | | | | Race W | Sex M Date of Birth 2/11/61 |
| Local Address (Street, Apt. Number) 23090 POST GARDENS WAY APT 320 | | City BOCA RATON | State FL | Zip 33433 | Phone (954) 235-4721 |
| Business Address (Street, Apt. Number) | | City | State | Zip | Phone |
| | | | | Address Source VERBAL | Occupation NA |
| The undersign 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... | | | | | |
| <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to admitting to the below facts. | | <input type="checkbox"/> was observed by _____ who told that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation. | | | |
| On the 13 day of FEBRUARY 20 17 at 2337 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | | | | | |

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 13 day of FEBRUARY 20 17 , by: | |
| DEPUTY F. JEAN 7768 | DEPUTY RAINEY 8540 |
| Name of Notary Public / Clerk of Court / Officer (F.S. 117.00) | Name of Arresting/Investigating Officer |
| Signature of Notary Public / Clerk of Court / Officer (F.S. 117.00) | Signature of Arresting/Investigating Officer |

SCANNED
FEB 14 2017