16CF008969

0301155/2848

# ARREST / NOTICE TO APPEAR
## Juvenile Referral Report

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

Juvenile: 1 — N

**ADMINISTRATION**

OBTS Number:

| Agency ORI Number | Agency Name | Agency Report Number |
|---|---|---|
| FL0500300 | BOYNTON BEACH POLICE DEPT. | 34-16-049767 |

Charge Type: Check as many as Apply. ☒ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

If Weapon Seized Enter Type:

Multiple Clearance Indicator:

Location of Arrest (Including Name of Business): 2821 S FEDERAL HWY #A101 (HOMING INN MOTEL)

Location of Offense (Business Name, Address): 2821 S FEDERAL HWY #A101 (HOMING INN MOTEL)

| Date of Arrest | Time of Arrest | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle |
|---|---|---|---|---|---|---|
| 09/07/2016 | 1433 | | | | | |

**DEFENDANT**

Name (Last, First, Middle): SCHWAB, KAREN A

Alias (Name, DOB, Soc. Sec. #, Etc):

| Race (W - White, B - Black, I – American Indian, O – Oriental / Asian) | Sex | Date of Birth | Height | Weight | Eye Color | Hair Color | Complexion | Build |
|---|---|---|---|---|---|---|---|---|
| W | F | 11/06/1964 | 507 | 145 | HAZ | BL | LIGHT | MED |

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description):

Marital Status: N

Religion: UNK

Indication of: (Y N Unk.) Alcohol Influence ☒ ☐ ☐ Drug Influence ☐ ☐ ☒

Local Address (Street, Apt. Number) (City) (State) (Zip): AT LARGE

Phone: ( ) -

Residence Type: 1. City 3. Florida 2. County 4. Out of State — 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip): AT LARGE

Phone: ( ) -

Address Source: FL DL

Business Address (Street, Apt. Number) (City) (State) (Zip):

Phone: ( ) -

Occupation:

D/L Number, State: S100501649060 [redacted]

INS Number:

Place of Birth: FARMINGTON, CT

Citizenship: US

**CO-DEF**

Co-Defendant Name (Last, First, Middle): Race: Sex: Date of Birth: ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant Name (Last, First, Middle): Race: Sex: Date of Birth: ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

**JUVENILE**

☐ Parent ☐ Legal Custodian ☐ Other — Name (Last) (First) (Middle)

Residence Phone:

Address (Street, Apt. Number) (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 ☐ defendant and/or ☐ 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 change of address: ☐ Yes, By: (Name) ☐ No: (Reason)

School Attended: Grade:

Property Crime? Yes ☐ 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. Barbituate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other

**CHARGE**

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD# |
|---|---|---|---|---|
| BATTERY ON LEO | 1 | ☐Yes ☒No | 784.07 (2B) | |

| Drug Activity | Drug Type | Amount/Unit | Offense # | Warrant/Capias Number | Bond |
|---|---|---|---|---|---|
| N | N | | 16-049767 | | |

**CHARGE**

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD# |
|---|---|---|---|---|
| | | ☐Yes ☐No | | |

| Drug Activity | Drug Type | Amount/Unit | Offense # | Warrant/Capias Number | Bond |
|---|---|---|---|---|---|
| | | | | | |

**CHARGE**

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD# |
|---|---|---|---|---|
| | | ☐Yes ☐No | | |

| Drug Activity | Drug Type | Amount/Unit | Offense # | Warrant/Capias Number | Bond |
|---|---|---|---|---|---|
| | | | | | |

**CHARGE**

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD# |
|---|---|---|---|---|
| | | ☐Yes ☐No | | |

| Drug Activity | Drug Type | Amount/Unit | Offense # | Warrant/Capias Number | Bond |
|---|---|---|---|---|---|
| | | | | | |

**NOTICE TO APPEAR**

☐ Instruction No. 1 Mandatory Appearance in Court
☐ Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.

Location (Court, Room Number, Address): South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444

Court Date and Time — Month Day Year Time ☐ A.M. ☐ 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) Date Signed

**ADMIN.**

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy I.D.#: Pouch #:

Signature of Arresting Officer: 844

Name of Arresting Officer (Print): SURAJBALLY I.D. #: 844

Transporting Officer: I.D. #: Agency: BBPD

Name Verification (Printed by Arrestee) (PRINT):

BU#107375 SEP 7 PM 4:49

Witness here is subject Signed with an "X".

Page 1 OF 1

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SCANNED SEP 08 2016

| OBTS Number | PROBABLE CAUSE AFFIDAVIT | 1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias | 1 | Juvenile | N |
|---|---|---|---|---|---|

| Agency ORI Number | Agency Name | Agency Report Number |
|---|---|---|
| FL0509300 | BOYNTON BEACH POLICE DEPT. | 34 -16-049767 |

Charge Type Check all that Apply: ☑ 1 Felony ☐ 2 Traffic Felony ☐ 3 Misdemeanor ☐ 4 Traffic Misdemeanor ☐ 5 Ordinance ☐ 6 Other

Special Notes

| Name (Last, First, Middle) | Alias | Race | Sex | Date of Birth |
|---|---|---|---|---|
| SCHWAB, KAREN A | | W | F | 11/06/1964 |

| Charge Description | Charge Description |
|---|---|
| BATTERY ON LEO | |
| Charge Description | Charge Description |
| | |

| Victim's Name (Last, First, Middle) | Race | Sex | Date of Birth |
|---|---|---|---|
| OFC. SURAJBALLY ID#844 | | | |

| Local Address (Street, Apt Number) (City) (State) (Zip) | Phone | Address Source |
|---|---|---|
| 100 E BOYNTON BCH BLVD , BOYNTON BEA, FL, | 5617426100 | |
| Business Address (Name, Street) (City) (State) (Zip) | Phone | Occupation |
| | | |

The undersigned certifies and 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..

☑ Committed the below acts in my presence. ☐ Was observed by Who told That he/she saw the arrested person commit the below acts.

☐ Confessed to Admitting the below facts ☐ Was found to have committed the below acts, resulting from my (described) investigation.

On The 7 Day Of SEPTEMBER 20 16 At 2:10 ☐ A.M. ☑ P.M.

at approximately 1410hrs, Officers responded to 2821 S Federal Hwy (Homing Inn), room# A101, in reference to a disturbance, reference to case#16-49759.

While speaking to the caller w/f Schwab, Karen dob 01-06-64, in the doorway of the above, Karen began arguing with her boyfriend b/m Hooper, Albert dob 04-26-61 in my presence. Karen became enraged when she realized that Albert was not paying attention to her and with aggression, she intentionally slammed the door, striking me on my left shoulder, as I was standing in the doorway keeping them separated.

Albert who had witness the above incident completed a signed sworn statement.
Karen was immediately arrested for Battery on LEO FSS 784.07 (2b). She was transported to BBPD for booking and subsequently TOT PBCJ

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The foregoing instrument was sworn to or affirmed and subscribed before me

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

09/07/2016
Date

844
(Signature of Arresting / Investigative Officer)

SURAJBALLY
(Print name of Arresting/Investigative Officer)

09/07/2016
Date