

0286049

1381

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile

Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		18057647				
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) 4035 PALO VERDE DRIVE BOYNTON BEACH, FL 33408				Location of Offense (Including Name of Business) 4035 PALO VERDE DRIVE BOYNTON BEACH, FL 33408						
Date of Arrest Apr 2, 2018	Time of Arrest 21:52	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) SWANSON KARI NICOLE				Alias (Name, DOB, Soc. Sec. #: Etc.)						
Race W - White B - Black O - Oriental/Asian	Sex W F	Date of Birth 4/20/1979	Height 5'9"	Weight 140	Eye Color BRO	Hair Color BRO	Complexion LIGHT	Build SMALL		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) RIGHT HAND, FINGER SKULL TATTOO, RIGHT SHOULDER FLOWER TATTOO				Marital Status SINGLE	Religion N/A	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/> D <input type="checkbox"/> O <input type="checkbox"/>				
Local Address (Street, Apt. Number) 4035 PALO VERDE DRIVE		City BOYNTON BEACH	State FL	Zip 33436	Phone 509-904-3576	Residence Type: 1. City 2. County 3. Florida 4. Out of State 2				
Permanent Address (Street, Apt. Number) 4035 PALO VERDE DRIVE		City BOYNTON BEACH	State FL	Zip 33436	Phone 509-904-3576	Address Source LICENSE				
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation				
DL Number, State S-525-514-79-640-0		Social Security	INS Number		Place of Birth WEST PALM BEACH, FL	Citizenship US				
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	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"/>			
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	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"/>			
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	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 HRSD/YS 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 561 365-2526) 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. 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. 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 type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1)(a)(2)		Violation or ORD. # NONE				
Drug Activity N	Drug Type	Amount/Unit	Offense # 18057647	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 ADD 2 on 9:25				
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) TBA										
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 SHOULD I FULLY 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						
HOLD for Other Agency Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Signature of Arresting Officer D/S A. SWIGERT		Name Verification (Printed by Arrestee) (PRINT)		Page				
Intake Date 4/2/18		ID # Pouch #		Transporting Officer ID # D/S A. SWIGERT		Agency PBSO				
Witness here if subject signed with an "X"						1 of 1				

2018 APR 3 11:00 AM
PALS COUNTY SHERIFF'S OFFICE
CLERK

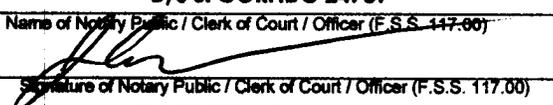
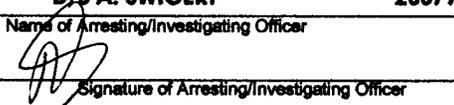
OBTS Number	PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A.	3. Request For Warrant 4. Request For Capias	1	Juvenile
Agency ORI Number FLO 5 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 06 18057647			
Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes			
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other				
Defendant Name (Last, First, Middle) SWANSON KARI		NICOLE		Race W	Sex F	Date of Birth 4/20/1979	
Charge SIMPLE BATTERY		Charge					
Charge		Charge					
Victim Name (Last, First, Middle) SWANSON KRISTIN				Race W	Sex F	Date of Birth 06/07/1981	
Local Address (Street, Apt. Number) 4034 PALO VERDE DRIVE		City BOYNTON BEACH	State FL	Zip 33463	Phone 561-907-1886	Address Source LICENSE	
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation	
<p>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...</p> <p><input type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.</p> <p>On the 2ND day of APRIL 20 18 at 19:01 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM</p>							

On Monday 4/2/2018 at 19:01hrs, I was dispatched to 4034 Palo Verde Dr, Boynton Beach, FL 33463 in reference to a domestic dispute.

Upon my arrival I made contact with the caller, Kristin Swanson, who said that her sister, Karl Swanson had attacked her. Kristin said that Kari recently had moved back into their mother's residence, and was asking for a ride to a friend's house throughout the day. Kristin had several errands to run and take care of her 2 year old child, she did not have time to take Kari to her friend's house till later and offered to call an "Uber" to pick her up. Kari did not want the Uber and insisted on having Kristin drive herself. Kristin advised that Kari became more and more impatient and had been drinking. Kristin and Kari were both outside when Kristin said she lost her patient and walked inside the residence to cool down. Kristin then walked back out to give her child some snacks when Kari became so upset she would not driver her that Kari lunged toward her and punched her in the face. Kari began throwing punches and fighting Kristin in the front yard, striking her in the back, back of the head and arms. Kristin had visible injuries on her face, arms, back and dried up blood inside her nose, which she advised was caused from being punched in the nose. Kristin was able to get away, grab her daughter and run inside. Kari fled the area on foot.

I was able to speak with Kari over the phone and agreed to have her meet at the front entrance of the community. Kari first advised Kristin pushed her first and she attacked her over the phone. When I met with Kari in person, she advised she was upset with Kristin because she was "Talking shit" to her and she slapped Kristin first, then Kristin hit her back. Kari did not complain of any injuries and had no visible marks on her body. There were no independent witnesses.

Base on the above information, probable cause exist to charge Kari with simple domestic battery.

The foregoing instrument was sworn to and affirmed before me this 2ND day of APRIL 20 18 . by:	
D/S S. GORFIDO 24739	D/S A. SWIGERT 26679
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
Page 1 of 1	

VICTIM NOTIFICATION FORM

- Homicide (Ch.782)
- Attempted Murder
- Stalking (F.S. 784.048)
- Domestic Violence - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.
- Sexual Offense (Ch.794)
- Attempted Sexual Offense
- Dating Violence

Upon completion, this form must accompany the booking paperwork.
If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 18057647 Agency: Palm Beach County Sheriff's Office
Offense: SIMPLE BATTERY
Suspect/Offender: SWANSON KARI NICOLE
DOB: 4/20/1979 Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's Name: SWANSON KRISTIN DOB: 06/07/1981 Race: W Sex: F
Address: 4034 PALO VERDE DRIVE
City: BOYNTON BEACH State: FL Zip: 33463
Home #: 561-907-1886 Work #: _____ Other #: _____

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other #: _____

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY SUBJECT TO CONFIDENTIALITY.

Victim/Relation Notification Waiver and Confidential Information Request

(Check applicable boxes)

- Waiver:** I choose not to be notified when the arrestee is released from custody.
- Confidential:** I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Deputy's Name: D/S A. SWIGERT ID #: 26679 Date: Apr 2, 2018

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

SUSPECT/OFFENDER

KARI SWANSON

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #