

0483503

3636

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 1 Juvenile N

OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-18094687	
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	Weapon Seized / Type 2 1. Yes 2. No	Multiple Clearance Indicator 01	
Location of Arrest (Including Name of Business) 4928 KIRKWOOD RD, LAKE WORTH, FL 33461			Location of Offense (Business Name, Address) 4928 KIRKWOOD RD, LAKE WORTH, FL 33461			
Date of Arrest 07/07/2018	Time of Arrest 2230	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

Name (Last, First, Middle) Hornfeldt, Karl, Frederic						Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 06/28/1965	Height 6'00	Weight 160	Eye Color BLU	Hair Color BRO	Complexion LIGHT	Build HEAVY			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TAT-EAGLE RIGHT SHOULDER						Marital Status MARRIED	Religion NONE	Indication of: Alcohol Influence Y N Unk. Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Local Address (Street, Apt. Number) 4928 Kirkwood Rd, Lake Worth, FL 33461				Phone (954) 822-0698		Residence Type: 1. City 3. Florida 2. County 4. Out of State			2		
Permanent Address (Street, Apt. Number)				Phone		Address Source FL ID					
Business Address (Name, Street)				Phone		Occupation NONE					
D/L Number, State H651506652280, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) BUFFALO, NY		Citizenship US			

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 Custodian <input type="checkbox"/> Other:	Name (Last)	(First)	(Middle)	Residence Phone
Address (Street, Apt. Number)				Business Phone
Notified by: (Name)			Date	Time
Released To: (Name)			Relationship	Date
The above address 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 (Phone 355-2626) informed of any change of address.			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 T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other	
Charge Description SIMPLE BATTERY (DOMESTIC)	Counts 01	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1A1)	Violation of ORD #	Drug Activity N	Drug Type N	Amount / Unit	Offense # 18094687	Warrant / Capias Number	Bond
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of 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 of 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 of ORD #	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

Location (Court, Room Number, Address)					
Court Date and Time Month Day Year Time AM PM					
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 07/07/2018	

HOLD for other Agency Name:	Signature of Arresting Officer X	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	(PRINT)
Inmate Deputy D/S Lammie 8093	I.D. # 18338	Agency PBSO
Transporting Officer D/S J. TOLBERT	ID # 18338	Witness here if subject signed with an X

NO BOND

VICTIM NOTIFIED

JUL 7 11:23

SCANNED
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OBTs Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	N	
ADMIN	Agency ORI Number	Agency Name	Agency Report Number						
	FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06-18094687						
CHARGES	Charge Type: Check as many as apply.		Special Notes:						
	<input 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								
DEF	Name (Last, First, Middle)			Alias	Race	Sex	Date of Birth		
	Hornfeldt, Karl, Frederic				W	M	06/28/1965		
VICTIM	Charge Description		Charge Description						
	SIMPLE BATTERY (DOMESTIC) 784.03(1A1)								
VICTIM	Victim's Name (Last, First, Middle)			Race	Sex	Date of Birth			
	Hornfeldt, Debra, Jean			W	F	04/04/1965			
	Local Address (Street, Apt. Number)		(City)	(State)	(zip)	Phone	Address Source		
	4928 Kirkwood Rd, Lake Worth, FL 33461					(954) 822-0698			
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 to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 7th day of July 2018 at 10:30 A.M. P.M. (Specifically include facts constituting cause for arrest.)

On Saturday, July 7th, 2018, at approximately 2230 hours, I responded to 4928 Kirkwood Road, Lake Worth, FL 33461, in reference to a domestic dispute. Upon my arrival, I spoke with Victim, Debra Hornfeldt who told me her husband Karl Hornfeldt pushed her off the bed and broke her arm. Debra proceeded to lift her night gown and display to me her arm. I did not see any bruising or redness. She stated that she could not move her arm and wanted to go to the hospital.

At this time I spoke with Karl who was intoxicated. Karl said he did not hit Debra and denied pushing her off the bed. However, he put his arms up and said go ahead and take me to jail. At this time, I placed Karl into handcuffs which were double checked for proper fit and double locked. Karl was placed into the rear seat of my patrol vehicle.

Debra refused to provide a sworn statement or let me photograph her injuries. Debra stated she just wants him to go to jail and will maybe prosecute. Debra was transported to JFK hospital. Based on Debra's allegations, I find probable cause exist to arrest Karl for Simple Battery (Domestic Related) pursuant to Florida Statute 784.03(1A1). Karl was transported to the jail without incident.

NOT A CRIMINAL RECORD

STATE OF FLORIDA
 COUNTY OF PALM BEACH

D/S J.TOLBERT

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 7th day of July 2018 by D/S J.Tolbert

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced LEO

n/s D/S J.Tolbert 10/18/17

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

 PROBABLE CAUSE STATEMENT
 ADMINISTRATIVE

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
(Submit this form with the original Probable Cause affidavit)

Suspect: Hornfeldt, Karl, Frederic DOB: 06/28/1965 Case #: 18094687

Victim: Hornfeldt, Debra, Jean DOB: 04/04/1965 Race: W Sex: F

Relationship between Victim and Defendant: SPOUSE

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: Hornfeldt, Debra, Jean

Weapon Used: Yes No Type: BROOM STICK

Witness: Yes No Name: _____

Victim Pregnant: Yes No If yes, _____ weeks _____ months

Injuries: Yes No Description: MINOR BRUISING

Medical Treatment: Yes No

At Scene: Yes No Paramedics: _____

At Hospital: Yes No Hospital: _____ Physician: _____

Are Children Living in Home? Yes No DCF Notified? Yes No

Name: _____ DOB: / /

Name: _____ DOB: / /

Name: _____ DOB: / /

Injunction Yes No Case #: _____

No Contact Order Yes No Case #: _____

Alcohol or Drugs Yes No Unknown

Prior History of Domestic/Dating Violence Yes No

Defendant's Statements Yes No If yes, written recorded oral

First words Defendant said when you responded to scene: I HIT HER BUT SHE HIT ME FIRST

Victim's Statements Yes No If yes, written recorded oral

First words Victim said when you responded to scene: HE HIT ME

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

Yes No If yes, name: _____ phone (____) ____ - ____

Observations of Victim (Physical & Emotional): _____

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other _____

Victim Contact Information:

Local Address: 4928 Kirkwood Rd, Lake Worth, FL 33461

Phone: Home (954) 822-0698 Work (____) ____ - ____ Cell (____) ____ - ____

Employer: _____

Name of Relative: NONE Phone (____) ____ - ____

Address: _____

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VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- **Homicide** (Ch. 782)

- **Sexual Offense** (Ch. 794)

- **Attempted Murder**

- **Attempted Sexual Offense**

- **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.)

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

1. Incident Report #: 18094687 Agency: PBSO
Offense: SIMPLE BATTERY (DOMESTIC)
Suspect/Offender: Hornfeldt, Karl, Frederic
D.O.B. 06/28/1965 Race: W Sex: M

2. Warrant # (s): _____

3.a. Victim's name: Hornfeldt, Debra, Jean D.O.B. 04/04/1965 Race: W Sex: F
Address: 4928 Kirkwood Rd
City: Lake Worth, FL 33461
Home #- (954) 822-0698 Work #: 0 Other: _____

b. Victim's next of kin, friend or neighbor: NONE
Address: _____
City: _____
Home #: _____ Work #: _____ Other: _____

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE 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: Hornfeldt, Debra, Jean

Deputy's Name: D/S J.Tolbert I.D.# 18338 Date: 07/07/2010

SUSPECT/OFFENDER: **Hornfeldt, Karl, Frederic**
COURT CASE/WARRANT#:

(FOR WARRANTS USE ONLY)

SCANNED
JUL - 8 2018

PALM BEACH CNTY SHERIFF'S OFFICE

VICTIM NOTIFICATION ENTRY

Date: 07/08/2018
Time: 12:37 AM
Page: 1 of 1

Defendant Name: HORNFIELDT, KARL F

SSN: [REDACTED] Book #: 2018022607

Victim First Name: DEBRA

Victim Address 1: 4928 KIRKWOOD RD

Day Phone: (954) 822-0698

Victim Middle Name: JEAN

Victim Address 2:

Night Phone:

Victim Last Name: HORNFIELDT

Victim City: LAKE WORTH

Last 4 SSN:

Victim Full Name: HORNFIELDT, DEBRA JEAN

Victim State/Zip: FL 33461

Victim Type:

Victim Minors Name:

Minor Relationship:

Victim Id: 162847

Book #: 2018022607

Entry By: 26667

Modified By: 26667

NOT A CERTIFIED COPY



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018022607	Date: 07/08/2018
	Specialist Name/ID: WATSON/6665

SCANNED
JUL - 8 2018