

17mm5062

OBTS Number	
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ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 Juvenile

N

Agency ORI Number FLO 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06 17070085									
Charge Type Check as many as apply <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor		If Weapon Seized Enter Type Multiple Clearance Indicator 0 1									
Location of Arrest (Including Name of Business) 111 1st Avenue South		Location of Offense (Including Name of Business) 111 1st Avenue South									
Date of Arrest 04/27/2017	Time of Arrest 2223	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
Name (Last, First, Middle) Anderson, Katarina				Alias (Name, DOB, Soc. Sec. #, Etc.) M Marianne							
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W	Date of Birth 05/31/1962	Height 5'07	Weight 140	Eye Color Green	Hair Color Blonde	Complexion Light	Build Average			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status Single	Religion Christian	Indication of Alcohol Influence Drug Influence Y N Unk □ □ □				
Local Address (Street, Apt. Number) 111 1st Avenue South		City Lake Worth	State FL	Zip 33460	Phone 561-290-9101	Residence Type: 1. City 2. County	3. Florida 4. Out of State	1			
Permanent Address (Street, Apt. Number) Same as Above		City	State	Zip	Phone	Address Source verbal					
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation					
DL Number, State A536513626910		Social Security Number		INS Number	Place of Birth Washington DC	Citizenship US					
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	1. Arrested <input type="checkbox"/> 2. At Large <table border="0" style="float: right;"> <tr><td>3. Felony</td></tr> <tr><td>4. Misdemeanor</td></tr> <tr><td>5. Juvenile</td></tr> </table>		3. Felony	4. Misdemeanor	5. Juvenile
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4. Misdemeanor											
5. Juvenile											
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	Name (Last, First, Middle)						Phone				
Address (Street, Apt. No.)		City	VICIM NOTIFICATION			Time					
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)											
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property					Value of Property				
Drug Activity S. Sell N. NA P. Possess		R. Smuggle B. Buy T. Traffic	K. Dispense/ D. Deliver E. Use	M. Manufacture/ Produce Cultivate	Z. Other	Drug Type B. Barbiturates N. NA A. Amphetamine	H. Hallucinogen C. Cocaine M. Marijuana E. Heroin	P. Paraphenale/ Equipment	U. Unknown Z. Other		
Charge Description Simple Battery (DUMESNIC)		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 # 17070085	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)		APR 28 2017									
Court Date and Time		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 IMMEDIATELY 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 APR 28 2017							
Hold for Other Agency Name		Signature of Arresting Officer C. Smith 28998		Name Verification (Printed by Arrestee) SCANNED APR 28 2017							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer D/S C. Smith	ID # 289980	PRINT					
Intake Duty Cpl Hopes/72016		ID # 048 14 63	Pouch #	Transporting Officer D/S C. Smith 28998	ID # PBS	Agency	APR 28 2017				
Witness here if subject signed with an "X"											

692
APR 28 2017

OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

N

Agency ORI Number FLO 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06 - 17070085		
Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other as apply.		Special Notes:		
Defendant's Name (Last, First, Middle) Anderson, Katarina Marianne		Race W	Sex F	Date of Birth 05/31/1962
Charge Description Simple Battery (domestic)		Charge Description		
Charge Description		Charge Description		
Victim's Name (Last, First, Middle)		Race	Sex	Date of Birth
Victim's Business Address (Name, Street)		(City)	(State)	(Zip)
		Phone	Address Source Verbal	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...				
<input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ <input type="checkbox"/> confessed to _____ 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 my (described) investigation.				
On the 27day of April, 20017 at 2104 <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest).				

NARRATIVE:

I was dispatched to [REDACTED] in reference to a domestic disturbance in progress. Prior to my Arrival, PBSO Dispatch received a 911 call from the defendant, Katarina Anderson, who advised that her ex-husband [REDACTED] had destroyed the residence.

Upon arrival I observed through the window of the front door a white male, later identified verbally as [REDACTED] lying on a bed. I awoke [REDACTED] and he exited the residence. [REDACTED] appeared to be under the influence of alcohol due to him being unsteady on his feet, his eyes were glossy and red, his speech was slurred, and he had the smell of an unknown alcoholic beverage emanating from his breath. The interior contents of the residence were destroyed and Items were scattered throughout the house. Katarina was sitting in the bathroom crying with an alcohol bottle that had an unknown liquid inside. Katarina appeared to be under the influence of alcohol due to her glossy red eyes, slurred speech, slow dexterity, and unsteadiness on her feet. On the back of Katarina's head was a small laceration, which was swollen and bleeding.

[REDACTED] was detained pending further investigation and he was placed in the back of Cpl. Yerian's PBSO vehicle (asset # 70102), and the rear camera was activated. A taped interview of [REDACTED] was conducted in the back of the vehicle. [REDACTED] was read his Miranda Warnings which he verbally and physically indicated that he understood his rights, which he waived. [REDACTED] stated that he came home and Katarina was already intoxicated. [REDACTED] stated that Katarina then began yelling and breaking things throughout the residence. [REDACTED] then walked outside to the front porch and Katarina

NARRATIVE CONTINUATION

following him. Katarina then struck him in the face multiple times with an open hand. [REDACTED] stated he then went back inside the house and Katarina continued to follow him. [REDACTED] stated that he then laid down so Katarina would leave him alone. [REDACTED] denied ever striking Katarina. When I asked [REDACTED] how Katarina got the injury to the back of her head, he stated that she slipped on the wet floor and probably hit her head. [REDACTED] had a scratch above his left eyebrow, small bruising to his left jaw, and a scratch to the back of his right hand.

Katarina was brought to the front of Cpl. Yerian's PBSO vehicle (asset # 70102), and a taped interview of Katarina was conducted using the in-car camera. Katarina was read her Miranda warnings which at first she did not understand. Cpl. Yerian and I explained each right and Katarina verbally and physically indicated to each right that she understood. Katarina waived her rights. Katarina was not very forth coming with information when telling me about what happened. While talking to Katarina she had her arms folded across her chest and was grabbing her upper arms. While grabbing her upper arms she was continuously squeezing her arms in an attempt to cause physical injuries. While she was squeezing her arms I could see small red marks starting to form. Katarina was telling me conflicting stories about what happened. Katarina originally stated that she couldn't recall what happened and proceeded to tell me their financial hardship. Katarina was asked multiple times what happened and she stated that she had no recollection of what happened. Katarina then showed me her upper arms, which were red from her squeezing them, and stated that [REDACTED] grabbed her by the arms and threw her down and that is how she obtained the injury to the back of her head.

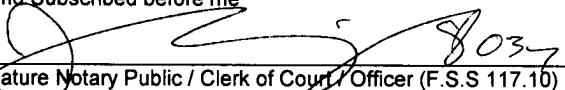
Katarina then changed her statement, saying [REDACTED] broke her table. Katarina changed her statement again, saying [REDACTED] threw her onto the table, which caused it to break. While speaking with Katarina, she would continuously look away and avoid eye contact.

Based on physical evidence and statements, I found Katarina to be in violation of FSS 784.03(1)(A)(1), because she actually and intentionally slapped [REDACTED] face, causing small abrasions.

I transported Katarina to JFK Hospital to be medically cleared. While inside the hospital, Katarina told the nurse that she sustained her injury after she slipped on the water and falling to the floor. Katrina stated that she blacked out for an unknown amount of time.

NARRATIVE CONTINUATION

Sworn and Subscribed before me



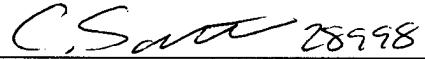
Signature Notary Public / Clerk of Court / Officer (F.S.S 117.10)

Cpl. Yerian 8037

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

04/28/2017

Date



Signature of Arresting / Investigating Officer

D/S C. Smith 28998

Name of Officer (Please Print)

04/28/2017

Date

NOT A CERTIFIED COPY

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

Defendant: Anderson, Katarina M DOB: 05/31/1962 Case #: 17070085

Victim: _____ Race: W Sex: M

Relationship between Victim and Defendant: Co-Habitant

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: Anderson, Katarina

Weapon Used: Yes No Type: Hands

Witness: Yes No Name: _____

Victim Pregnant: Yes No If yes, _____ Weeks _____ Months

Injuries: Yes No Description: Scratches, Bruises

Medical Treatment: Yes No

At Scene: Yes No Paramedics: _____

At Hospital: Yes No Hospital: JFK Physician: _____

Are children living in the 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: Defendant didn't Recall what happened

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

First words Victim said when you responded to scene: Defendant struck him multiple times

Did the Victim contact anyone other than the 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: intoxicated

Victim contact information: _____

Local Address: _____

Phone: _____ Home: _____ Work: _____ Cell: _____

Employer: _____

Name of Relative: _____ Phone: _____

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 #: 17070085 Agency: Palm Beach County Sheriff's Office
 Offense: Simple Battery
 Suspect/Offender: Anderson, Katarina M
 DOB: 05/31/1962 Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's Name: ██████████ DOB: 03/08/1963 Race: W Sex: M
 Address: ██████████
 City: ██████████
 Home #: _____ Work #: _____ Other #: _____
No phone

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 C. Smith ID #: 28998 Date: 04/27/2017