

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N									
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-17089071</b>																	
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 <b>2</b> 1. Yes 2. No		Multiple Clearance Indicator <b>1</b>																	
Location of Arrest (Including Name of Business) <b>2938 VIA VIZCAYA LAKE WORTH FLORIDA 33461</b>				Location of Offense (Business Name, Address) <b>2938 VIA VIZCAYA LAKE WORTH FLORIDA 33461</b>																	
Date of Arrest <b>6/11/17</b>		Time of Arrest <b>2351</b>		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
Name (Last, First, Middle) <b>THOM, LAURIE, ERIN</b>												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White I - American Indian B - Black O - Oriental/Asian <b>W</b>		Sex <b>F</b>		Date of Birth <b>08/27/1967</b>		Height <b>5'3</b>		Weight <b>160</b>		Eye Color <b>BROWN</b>		Hair Color <b>BROWN</b>		Complexion <b>FAIR</b>		Build <b>MEDIUM</b>					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)												Marital Status <b>SINGLE</b>		Religion <b>CATHOLIC</b>		Indication of: Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.					
Local Address (Street, Apt. Number) <b>2938 VIA VIZCAYA LAKE WORTH FLORIDA 33461</b>				(City)		(State)		(Zip)		Phone <b>(561) 929-0171</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>									
Permanent Address (Street, Apt. Number) <b>SAME</b>				(City)		(State)		(Zip)		Phone <b>( ) SAME</b>		Address Source <b>VERBAL</b>									
Business Address (Name, Street) <b>( )</b>				(City)		(State)		(Zip)		Phone <b>( )</b>		Occupation <b>( )</b>									
D/L Number, State <b>T500-525-67-807-0</b>				Soc. Sec. Number <b>( )</b>				INS Number <b>( )</b>				Place of Birth (City, State) <b>PHILADELPHIA, PENNSYLVANIA</b>				Citizenship <b>US</b>					
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) <b>NO BMO 22</b>				(First)		(Middle)		Residence Phone <b>( )</b>													
Address (Street, Apt. Number) <b>( )</b>				(City)		(State)		(Zip)		Business Phone <b>( )</b>											
Notified by: (Name) <b>DS R MINISSALI</b>				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 provided by <input checked="" 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 355-2526) informed of any change of address. <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 O. Opiate/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other	
Charge Description <b>SIMPLE BATTERY (DOMESTIC RELATED)</b>				Counts <b>2</b>		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>784.03(1A1)</b>				Violation of ORD #									
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit		Offense # <b>17089071</b>		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 #									
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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) <b>CRIMINAL JUSTICE COMPLEX 3228 GUN CLUB ROAD, WEST PALM BEACH FLORIDA 33406</b>												JUN 12 AM 1:35									
Court Date and Time Month Day Year Time AM PM <b>6/11/17</b>												41									
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												6/11/17									
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"/> Lethal <input type="checkbox"/> Other:				Signature of Arresting Officer <b>DS R MINISSALI</b>				Name Verification (Printed by Arrestee) (PRINT)													
Transporting Officer <b>DS R. MINISSALI</b>				ID # <b>9706</b>				Agency <b>PBSO</b>				PAGE <b>1</b> OF <b>1</b>									

OBT 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 <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06- 17089071</b>						
	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		Special Notes:								
DEF	Name (Last, First, Middle) <b>THOM, LAURIE, ERIN</b>				Alias		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>08/27/1967</b>		
CHARGES	Charge Description <b>SIMPLE BATTERY (DOMESTIC RELATED)</b>				784.03(1A1)		Charge Description				
	Charge Description						Charge Description				
VICTIM	Victim's Name (Last, First, Middle)				Race		Sex	Date of Birth			
	Business Address (Name, Street) (City) (State) (Zip) Phone ( ) Occupation										
<p>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.</p> <p>The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence. <input checked="" type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <b>11TH</b> day of <b>JUNE</b> 20 <b>17</b> at <b>11:11</b> <input type="checkbox"/> A. M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><b>On Sunday 6/11/17 at 2311 hours I responded to 2938 Via Vizcaya in unincorporated Lake Worth within Palm Beach County Florida in reference to a Domestic Dispute involving a weapon (stun-gun). Communications advised that the complainant _____ stated that _____ was intoxicated and armed with a stun-gun.</b></p> <p><b>On my arrival I made contact with _____ who provided me a sworn written statement which states that his _____ Laurie Thom was highly intoxicated and she came into his room while he was laying in bed and "zapped" him with a stun gun in his back. _____ stated that just before she "zapped" him she also "zapped" Laurie's _____ with the stun gun as well. _____ told me that Laurie was screaming and yelling at him and accusing him of sleeping. _____ told me that _____ who was also intoxicated left the house at which time Laurie and _____ Bill Gerson went looking for _____ told me that about 15 minutes later they all returned and Laurie attacked him grabbing him by the shoulder area causing scratches marks to the left side of his shoulder and chest.</b></p> <p><b>I spoke with _____ who appeared by intoxicated as well, I asked _____ if Laurie tased her with stun-gun and she said "yes." _____ then showed me her left bicep which had a long red mark consistent with that of a stun gun. _____ refused to give a sworn written statement.</b></p> <p><b>I spoke with Bill Gerson who told me that Laurie was intoxicated and that he saw her "zap" _____ with the stun-gun and then "zap" _____ with the stun gun. Bill provided a sworn written statement which states he did see Laurie "zap" them both with the stun gun.</b></p> <p><b>Based on the following sworn statements made by Bill and _____, and the verbal statement from _____ and the observations of the marks on both _____ and _____; probable cause exist for the arrest of Laurie Thom for two counts of Domestic Batter as Laurie Thom did actually and intentionally touch or strike _____ against the will of _____ and Laurie did actually and intentionally touch or strike _____ against the will of _____ and Patricia Thom was a family or household member of Laurie Thom, contrary to Florida Statute 784.03(1) and 741.283 (1 DEG MISD)</b></p>											
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH				DS R MINISSALI 9706						
	(Signature of Arresting/Investigative Officer)										
	The foregoing instrument was sworn to or affirmed and subscribed before me this <b>11th</b> day of <b>JUNE</b> 20 <b>17</b> by <b>DS R MINISSALI 9706</b>										
(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of Identification produced				<b>LEO</b>							
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)											
				PAGE 1 OF 1							

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 <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06- 17089071</b>							
	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		Special Notes:									
DEF	Name (Last, First, Middle) <b>THOM, LAURIE, ERIN</b>				Alias		Race <b>W</b>		Sex <b>F</b>		Date of Birth <b>08/27/1967</b>	
CHARGES	Charge Description <b>SIMPLE BATTERY (DOMESTIC RELATED)</b>				784.03(1A1)		Charge Description					
	Charge Description						Charge Description					
VICTIM	Victim's Name (Last, First, Middle)				Race		Sex		Date of Birth			
	Business Address (Name, Street) (City) (State) (Zip) (Phone)				Occupation							
PROBABLE CAUSE STATEMENT	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"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was observed by <b>BILL GERSON</b> who told <b>ME</b> 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 <b>11TH</b> day of <b>JUNE</b> 20 <b>17</b> at <b>11:11</b> <input type="checkbox"/> A. M. <input checked="" type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)											
	<p>On Sunday 6/11/17 at 2311 hours I responded to 2938 Via Vizcaya in unincorporated Lake Worth within Palm Beach County Florida in reference to a Domestic Dispute involving a weapon (stun-gun). Communications advised that the complainant [REDACTED] stated that [REDACTED] was intoxicated and armed with a stun-gun.</p> <p>On my arrival I made contact with [REDACTED] who provided me a sworn written statement which states that [REDACTED] Laurie Thom was highly intoxicated and she came into his room while he was laying in bed and "zapped" him with a stun gun in his back. [REDACTED] stated that just before she "zapped" him she also "zapped" Laurie's [REDACTED] with the stun gun as well. [REDACTED] told me that Laurie was screaming and yelling at him and accusing him of sleeping [REDACTED]. John told me that [REDACTED] a who was also intoxicated left the house at which time Laurie and Patricia's boyfriend Bill Gerson went looking for [REDACTED]. John told me that about 15 minutes later they all returned and Laurie attacked him grabbing him by the shoulder area causing scratches marks to the left side of his shoulder and chest.</p> <p>I spoke with [REDACTED] who appeared by intoxicated as well, I asked [REDACTED] if Laurie tased her with stun-gun and she said "yes." [REDACTED] then showed me her left bicep which had a long red mark consistent with that of a stun gun. [REDACTED] refused to give a sworn written statement.</p> <p>I spoke with Bill Gerson who told me that Laurie was intoxicated and that he saw her "zap" [REDACTED] with the stun-gun and then "zap" [REDACTED] with the stun gun. Bill provided a sworn written statement which states he did see Laurie "zap" them both with the stun gun.</p> <p>Based on the following sworn statements made by Bill and [REDACTED] and the verbal statement from [REDACTED] and the observations of the marks on both [REDACTED] and [REDACTED]; probable cause exist for the arrest of Laurie Thom for two counts of Domestic Batter as Laurie Thom did actually and intentionally touch or strike [REDACTED] against the will of [REDACTED]; and Laurie did actually and intentionally touch or strike [REDACTED] against the will of [REDACTED] and [REDACTED] was a family or household member of Laurie Thom, contrary to Florida Statute 784.03(1) and 741.283 (1 DEG MISD)</p>											
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH  (Signature of Arresting/Investigative Officer)				DS R MINISSALI 9706							
	The foregoing instrument was sworn to or affirmed and subscribed before me this <b>11th</b> day of <b>JUNE</b> 20 <b>17</b> by <b>DS R MINISSALI 9706</b> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <b>LEO</b>  Notary Public, Clerk of Court, Officer (F.S.S. 117.10)											

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

**Suspect:** THOM, LAURIE, ERIN **DOB:** 08 / 27 / 1967 **Case #:** 17089071

**Victim:** [REDACTED]

**Relationship between Victim and Defendant:** [REDACTED]

**Photographs:** Scene Yes ☒ No ☐ Victim ☒ Yes ☐ No Defendant Yes ☒ No ☐

**911 Call:** ☒ Yes ☐ No **Caller:** [REDACTED]

**Weapon Used:** ☒ Yes ☐ No **Type:** STUN GUN

**Witness:** ☒ Yes ☐ No **Name:** BILL GERSON

**Victim Pregnant:** Yes ☐ No ☒ If yes,        weeks        months

**Injuries:** ☒ Yes ☐ No **Description:** BRUISE AND SCRATCHES

**Medical Treatment:** Yes ☐ No ☒

**At Scene:** Yes ☐ No ☒ **Paramedics:** [REDACTED]

**At Hospital:** Yes ☐ No ☒ **Hospital:** [REDACTED] **Physician:** [REDACTED]

**Are Children Living in Home?** Yes ☐ No ☒ **DCF Notified?** Yes ☐ No ☒

**Name:** [REDACTED] **DOB:**        /        /       

**Name:** [REDACTED] **DOB:**        /        /       

**Name:** [REDACTED] **DOB:**        /        /       

**Injunction** Yes ☐ No ☒ **Case #:** [REDACTED]

**No Contact Order** Yes ☐ No ☒ **Case #:** [REDACTED]

**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:** SHE DID NOT DO ANYTHING

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

**First words Victim said when you responded to scene:** LAURIE ZAPPED HIM WITH A STUN GUN

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

☒ Yes ☐ No If yes, name: [REDACTED] phone ( ) - -

**Observations of Victim (Physical & Emotional):** MAD

☒ Upset ☐ Crying ☐ Fearful ☐ Hysterical ☐ Afraid ☐ Calm ☐ Nervous

**Complained of pain** ☐ Other [REDACTED]

**Victim Contact Information:**

**Local Address:** [REDACTED]

**Phone:** Home ( ) - - Work ( ) - - Cell ( ) - -

**Employer:** [REDACTED]

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

**Address:** NONE

# 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 #: 17089071 Agency: PBSO  
Offense: SIMPLE BATTERY (DOMESTIC RELATED)  
Suspect/Offender: THOM, LAURIE, ERIN  
D.O.B. 08/27/1967 Race: W Sex: F

2. Warrant # (s): \_\_\_\_\_

3.a. Victim's name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Home: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: BILL GERSON  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: FL Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: 561-704-4141

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: \_\_\_\_\_

Deputy's Name: DS R MINISSALI 9706

I.D.# 9706

Date: 6/11/17

White/Corrections or State Attorney (Warrant Application)  
PBSO 00029A REV. 4199

Yellow/Warrants Section

Pink/Criminal Records

JUN 12 2017

SUSPECT/OFFENDER: \_\_\_\_\_

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT# \_\_\_\_\_

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

**Suspect:** THOM, LAURIE, ERIN **DOB:** 08 / 27 / 67 **Case #:** 17089071

**Victim:** [REDACTED] **DOB:** 03 / 14 / 64 **Race:** W **Sex:** F

**Relationship between Victim and Defendant:** SISTERS

**Photographs:** Scene Yes ☒ No ☐ Victim ☒ Yes ☐ No Defendant Yes ☒ No ☐

**911 Call:** ☒ Yes ☐ No **Caller:** [REDACTED]

**Weapon Used:** ☒ Yes ☐ No **Type:** SUN GUN

**Witness:** ☒ Yes ☐ No **Name:** WILLIAM GERSON

**Victim Pregnant:** Yes ☐ No ☒ If yes, \_\_\_\_\_ weeks \_\_\_\_\_ months

**Injuries:** ☒ Yes ☐ No **Description:** BRUISE LEFT ARM

**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:** \_\_\_\_\_

**Victim's Statements** ☒ Yes ☐ No ☐ If yes, written \_\_\_\_\_ recorded \_\_\_\_\_ oral \_\_\_\_\_

**First words Victim said when you responded to scene:** [REDACTED] LAURIE TASED HER

**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:** [REDACTED]

**Phone:** Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Name of Relative:** WILLIAM GERSON **Phone (561) 672 - 5198**

**Address:** [REDACTED]

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Offense: SIMPLE BATTERY (DOMESTIC RELATED)  
Suspect/Offender: THOM, LAURIE, ERIN  
D.O.B. 08/27/1967 Race: W Sex: F

2. Warrant # (s): \_\_\_\_\_

3.a. Victim's name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Home: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: WILLIAM GERSON  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_

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

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(check applicable boxes)

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I.D.# 9706

Date: 6/11/17

White/Corrections or State Attorney (Warrant Application)  
PBSO 00029A REV. 4199

Yellow/Warrants Section

Pink/Central Booking

SCANNED

JUN 12 2017

SUSPECT/OFFENDER: \_\_\_\_\_

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT# \_\_\_\_\_