

① 25898

1642

ARREST / NOTICE TO APPEAR

Juvenile Referral Report

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

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- 17089071					
ADMINISTRATIVE	Charge Type: Check as many as apply: 1. Felony 2. Traffic Felony			3. Misdemeanor 4. Traffic Misdemeanor			5. Ordinance 6. Other			Weapon Seized / Type 2 1. Yes 2. No				
										Multiple Clearance Indicator 1				
Location of Arrest (Including Name of Business) 2938 VIA VIZCAYA LAKE WORTH FLORIDA 33461						Location of Offense (Business Name, Address) 2938 VIA VIZCAYA LAKE WORTH FLORIDA 33461								
Date of Arrest 6/11/17		Time of Arrest 2351		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle						
Name (Last, First, Middle) THOM, LAURIE, ERIN														
Alias (Name, DOB, Soc. Sec. #, Etc.)														
DEFENDANT	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W	Date of Birth 08/27/1967	Height 5'3	Weight 160	Eye Color BROWN	Hair Color BROWN	Complexion FAIR	Build MEDIUM				
	Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)						Marital Status SINGLE	Religion CATHOLIC	Indication of: Alcohol Influence Drug Influence					
	Local Address (Street, Apt. Number) 2938 VIA VIZCAYA LAKE WORTH FLORIDA 33461						Phone (561) 929-0171	Residence Type: 1. City 2. County						
	Permanent Address (Street, Apt. Number) SAME						Phone () SAME	3. Florida 4. Out of State						
	Business Address (Name, Street)						Phone ()	Address Source VERBAL						
D/L Number, State T500-525-67-807-0			Soc. Sec. Number [REDACTED]			INS Number	Place of Birth (City, State) PHILEDPLPHIA, PENNSYLVANIA		Citizenship US					
CO-DEF	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				
JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last) ND BMO 22				Residence Phone ()							
	Address (Street, Apt. Number)						(City)	(State)	(Zip)	Business Phone ()				
	Notified by: (Name) DS R MINISSALI				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 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								
CHARGE CODE	Drug Activity S. Sell B. Buy P. Possess R. Smuggle D. Deliver T. Traffic 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. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other	
	Charge Description SIMPLE BATTERY (DOMESTIC RELATED)			Counts 2			Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N			Statute Violation Number 784.03(1A1)			Violation of ORD #	
CHARGE	Drug Activity N	Drug Type N	Amount / Unit	Offense # 17089071			Warrant / Capias Number			Bond				
CHARGE	Charge Description						Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number			Violation of ORD #	
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #			Warrant / Capias Number			Bond				
CHARGE	Charge Description						Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number			Violation of ORD #	
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #			Warrant / Capias Number			Bond				
CHARGE	Charge Description						Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number			Violation of ORD #	
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #			Warrant / Capias Number			Bond				
NOTICE TO APPEAR	Location (Court, Room Number, Address) CRIMINAL JUSTICE COMPLEX 3228 GUN CLUB ROAD, WEST PALM BEACH FLORIDA 33406												JUN 12 AM 1:15	
	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												6/11/17		
Signature of Defendant (or Juvenile and Parent / Custodian)												Date Signed		
HOLD for other Agency Name:				Signature of Arresting Officer DS R MINISSALI 9706				Name Verification (Printed by Arrestee) (PRINT)						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Insidious <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:				Name of Arresting Officer (Print) DS R MINISSALI 9706				I.D. # 9706						
Initials Date Thomas 7/31/17				Transporting Officer DS R. MINISSALI 9706				ID # PBSO						
D.O. # 7031				Pouch #				Agency						
Witness here if subject signed with an -X"												PAGE 1 OF 1		

DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

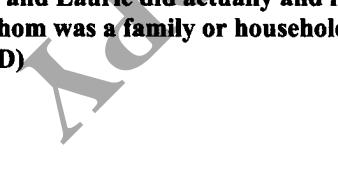
YELLOW - AGENCY

PINK - AGENCY

GOLD - DEFENDER ATTORNEY

PBSO #148 REV. 8/97

SCANNED
JUN 12 2017

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 FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06- 17089071					
DEF	Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many as apply. <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			Special Notes:				
CHARGES	Name (Last, First, Middle) THOM, LAURIE, ERIN			Alias		Race W	Sex F	Date of Birth 08/27/1967
VICTIM	Charge Description SIMPLE BATTERY (DOMESTIC RELATED)		784.03(1A1)	Charge Description				
	Charge Description			Charge Description				
	Victim's Name (Last, First, Middle)			Race	Sex	Date of Birth		
	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 <input type="checkbox"/> committed the below acts in my presence. <input checked="" 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 11TH day of JUNE 20 17 at 11:11 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)								
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.								
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.								
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.								
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.								
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)								
 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 11th day of JUNE 20 17 by DS R MINISSALI 9706 (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced LEO 28288								
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 FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06- 17089071						
DEF	ChargeType: Check as many as apply. 1. Felony 2. Traffic Felony	1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 6. Other	Special Notes:				
CHARGES	Name (Last, First, Middle) THOM, LAURIE, ERIN		Alias		Race W	Sex F	Date of Birth 08/27/1967		
VICTIM	Charge Description SIMPLE BATTERY (DOMESTIC RELATED)		Charge Description 784.03(1A1)						
Charge Description		Charge Description							
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. 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 checked="" type="checkbox"/> was observed by BILL GERSON who told ME 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 my (described) investigation.</p>									
<p>On the 11TH day of JUNE 2017 at 11:11 <input type="checkbox"/> A. M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>									
<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] of 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>									
<p>STATE OF FLORIDA COUNTY OF PALM BEACH <i>[Signature of Arresting/Investigative Officer]</i> 9706</p>									
<p>DS R MINISSALI 9706 (Signature of Arresting/Investigative Officer)</p>									
<p>The foregoing instrument was sworn to or affirmed and subscribed before me this 11th day of JUNE 2017 by DS R MINISSALI 9706 (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced LEO</p>									
<p><i>[Signature]</i> 28288 Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>									
<p>SCANNED</p>									
<p>PAGE 1 OF 1</p>									

VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER:

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

- **Homicide** (Ch. 782)
- **Attempted Murder**
- **Stalking** (F.S. 784.048)
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**
- **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.**

(FOR WARRANTS USE ONLY) COURT CASE/WARRANT#:

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:
Address: _____
City: _____
Home #: _____
- b. Victim's next of kin, friend or neighbor: BILL GERSON
Address: _____
City: _____ State: _____ 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) Yellow/Warrants Section Pink/Complaints
PBSO 00029A REV. 4199

SCANNED
JUN 12 2017

VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER:

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

- **Homicide** (Ch. 782)
- **Attempted Murder**
- **Stalking** (F.S. 784.048)
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**
- **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.**

(FOR WARRANTS USE ONLY) COURT CASE/WARRANT#.

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:
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.

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) Yellow/Warrants Section Pink/Central Records
PBSO 00029A REV. 4198

SCANNED

JUN 12 2017