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PCH 325

ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile				
ADMINISTRATIVE	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</b>		<b>17-109434</b>					
	ChargeType: Check as many as apply: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 6. Other	Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator 01				
Location of Arrest (Including Name of Business) <b>12061 QUILTING LN BOCA RATON, FL 33428</b>			Location of Offense (Business Name, Address) <b>12069 QUILTING LN BOCA RATON, FL 33428</b>								
Date of Arrest <b>08/01/17</b>		Time of Arrest <b>0825</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) <b>MAO, LIJUN 61</b>											
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian			Sex <b>F</b>	Date of Birth <b>08/15/74</b>	Height <b>5'0</b>	Weight <b>116</b>	Eye Color <b>BROWN</b>	Hair Color <b>BROWN</b>	Complexion <b>LIGHT</b>	Build <b>SMALL</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status <b>M</b>	Religion <b>CHRISTIAN</b>	Indication of: Alcohol Influence Drug Influence			
DEFENDANT	Local Address (Street, Apt. Number) <b>12069 QUILTING LN BOCA RATON, FL 33428</b>			(City) <b>BOCA RATON</b>		(State) <b>FL</b>	(Zip)	Phone <b>(561) 400-8718</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State		
	Permanent Address (Street, Apt. Number) <b>SAME AS ABOVE</b>			(City)		(State)	(Zip)	Phone <b>( )</b>	Address Source		
Business Address (Name, Street)			(City)		(State)	(Zip)	Phone <b>( )</b>	Occupation			
DL Number, State <b>N/A</b>		Soc. Sec. Number <b>N/A</b>		INS Number		Place of Birth (City, State) <b>HUBEI, CHINA</b>		Citizenship <b>CHINESE</b>			
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) <b>MAO, LIJUN</b>		(First)	(Middle)	Residence Phone <b>( )</b>				
	Address (Street, Apt. Number)		(City)		(State)	(Zip)	Business Phone <b>( )</b>				
Notified by: (Name) <b>No 8/1/17</b>				Date <b>08/01/17</b>	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					
CRIME	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 N/A A. Amphetamine	Drug Type N. N/A C. Cocaine E. Heroin	B. Barbiturate M. Marijuana O. Opium/Deriv.	H. Hallucinogen	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
	Charge Description <b>DOMESTIC BATTERY</b>				Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>784.03 1A1</b>		Violation of ORD #		
CHARGE	Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # <b>17-109434</b>		Warrant / Capias Number		Bond			
	Charge Description				Counts 1	Domestic Violence <input checked="" 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 Description				Counts	Domestic Violence <input checked="" 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 Description				Counts	Domestic Violence <input checked="" 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 Description				Counts	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #		
NOTICE TO APPEAR	Location (Court, Room Number, Address)									<b>AUG 1 AM 2017</b>	
	Court Date and Time									AM	PM
Month	Day	Year	Time								
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)											
HOLD for other Agency Name: <i>X</i>			Signature of Arresting Officer <i>8298</i>			Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other: <b>G. LONG, JR</b>			(PRINT)					
Intake Deputy <i>John 8/1/17</i>			I.D. # <i>8298</i>			Pouch # <i>1050</i>			Transporting Officer <i>G. LONG, JR</i>		
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)											
PBB0 #148 REV. 8/97											
Witness here if subject signed with an "X"											
PAGE <b>1</b> OF <b>1</b>											

SCANNED

AUG 02 2017

OBTS Number		PROBABLE CAUSE AFFIDAVIT				1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	
ADMIN	Agency ORI Number <b>FLO 500000</b>	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>				Agency Report Number <b>06-17-109434</b>				
	Charge Type: Check as many as apply. 1. Felony 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: <i>GL</i>						
DEF	Name (Last, First, Middle) <b>MAO, LIJUN</b>		Alias		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>08/15/74</b>			
CHARGES	Charge Description <b>DOMESTIC BATTERY 784.03 1A1</b>		Charge Description							
	Charge Description		Charge Description							
VICTIM	Victim's Name (Last, First, Middle) <b>MONDS, ARIEL</b>					Race <b>B</b>	Sex <b>F</b>	Date of Birth <b>03/11/80</b>		
	Local Address (Street, Apt. Number) <b>12069 QUILTING LN</b>		(City) <b>BOCA RATON, FL 33428</b>	(State) <b></b>	(zip) <b></b>	Phone <b>(954) 405-5204</b>	Address Source <b>VERBAL</b>			
	Business Address (Name, Street)		(City)	(State)	(zip)	Phone <b>( )</b>	Occupation			
<p>The undersigned certifies and swearing 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.</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 my (described) investigation.</p> <p>On the <b>01</b> day of <b>AUGUST</b> 20 <b>17</b> at <b>7:53</b> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>										
<p>I arrived at 12069 Quilting Ln in unincorporated Boca Raton, FL in reference to a report of a domestic dispute between mother and adult step daughter.</p> <p>Upon arrival, I met with the step daughter, Ariel Mounds. Ariel stated that her step mother, Lijun Mao was upset with her for leaving the couch seat up and got in her face telling her to get out of the house. Ariel stated that her father, Isiah Mounds stepped between them while they were in the kitchen area of the residence. Ariel stated that Lijun threw a cup of warm coffee at her saturating her shirt. Ariel stated that Lijun then armed herself with a small pair of metal scissors that were on the kitchen counter, and threatened to stab her. Ariel stated that the coffee did not cause any burns to her body. I observed Ariel's shirt to be wet from the coffee.</p> <p>Isiah stated that Lijun was currently at his neighbors house and that he sent her there to calm down. Isiah also stated that Lijun had thrown the cup of coffee at Ariel and that some of the coffee also landed on his shirt. Isiah stated that there were ongoing issues with his wife and daughter and that they did not get along. Isiah also stated that he did not see Lijun arm herself with the scissors during the incident. I made contact with the defendant, Lijun Mao at the next door neighbors residence located at 12061 Quilting Ln. Post Miranda Lijun admitted to throwing the cup of coffee at Ariel due to Ariel spitting in her face first.</p> <p>Based on my investigation, Lijun Mao is determined to be the primary aggressor in this incident and was placed under arrest for domestic battery, violation of F.S.S. 784.03 1A1.</p>										
PROBABLE CAUSE STATEMENT	<p>STATE OF FLORIDA COUNTY OF PALM BEACH <i>8298 G.LONG,JR.</i></p> <p>(Signature of Arresting/Investigative Officer)</p> <p>01 AUGUST 20 17 by <b>G.LONG,JR.</b></p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <b>01</b> day of <b>AUGUST</b> 20 <b>17</b> by <b>G.LONG,JR.</b></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <b>KNOWN</b></p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>									
ADMINISTRATIVE	<p>SCANNED</p> <p>PAGE <b>1</b> OF <b>1</b></p>									