

ARREST / NOTICE TO APPEAR

ARREST / NOTICE TO APPEAR												1	JUVENILE						
OBTS Number				Agency ORI Number 0500200 Agency Name Boca Raton Police Department								Agency Report Number (N.T.A.'s only) 3 1 2 2019-005107							
Charge Type: Check as many as apply: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other				If Weapon Seized Enter Type Hands, Feet, Fist, Teeth								Multiple Clearance Indicator							
Location of Arrest (Including Name of Business) 7701 NE SPANISH RIVER TRAIL CT				Location of Offense (Business Name, Address) 7701 NE SPANISH RIVER TRAIL CT, BOCA RATON, FL															
Date of Arrest 04/11/2019		Time of Arrest 02:19		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle							
Name (Last, First, Middle) DASCALU, LINDA ANITA												Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W- White I- American Indian B- Black O- Oriental/Asian				Sex W F		Date of Birth 05/05/1979		Height 5'02		Weight 122		Eye Color BLUE		Hair Color BROWN		Complexion MEDIUM			
Scars, Marks, Tatoes, Unique Physical Features (Location, Type, Description) TATT LOR HIP / BUTTERFLY												Marital Status S		Religion NONE		Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Local Address (Street, Apt. Number) 7701 NE SPANISH TRAIL CT, BOCA RATON, FL 33487				(City)		(State)		(Zip)		Phone (561) 707-3816		Residence Type: 1. City 3. Florida 2. County 4. Out of State							
Permanent Address (Street, Apt. Number) 7701 NE SPANISH TRAIL CT, BOCA RATON, FL 33487				(City)		(State)		(Zip)		Phone (561) 707-3816		Address Source DEFENDANT							
Business Address (Name, Street) SELF				(City)		(State)		(Zip)		Phone (561) -		Occupation Interior Design							
DL Number, State D240521796650 / FL				Soc. Sec. Number		INS Number		Place of Birth (City, State) BUCAREST, Romania				Citizenship US							
Co-Defendant Name (Last, First, Middle)												Race		Sex		Date of Birth			
Co-Defendant Name (Last, First, Middle)												Race		Sex		Date of Birth			
Name (Last, First, Middle)												Residence Phone							
Address (Street, Apt. Number) (City) (State) (Zip)												Business Phone							
Notified by: (Name)												VICTIM NOTIFICATION REQUIRED							
Released To: (Name) Relationship												ADOLESCENT DISPOSITION 1. Held in Juvenile Court 2. Held in Adult Court 3. Juvenilized 4. Transferred to Adult Court 2. TOT IAC 3. Juvenilized							
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 355-2526) informed of any change of address.												Grade							
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:												School Attended							
Drug Activity S. Sell R. Smuggle K. Dispense/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other												Drug Type B. Hallucinogen H. Hallucinogen P. Paraphernalia/ Equipment U. Unknown N. N/A C. Marijuana M. Marijuana O. Opium/Deriv. Z. Other P. Passes D. Deliver E. Use A. Amphetamine E. Heroin S. Synthetic							
Charge Description BATTERY / DOMESTIC BATTERY												State Violation Number 784.03(1) A							
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence												Violation of ORD # NO BUN							
Charge Description TAMPERING WITH A WITNESS, VICTIM OR INFORMANT												State Violation Number 914.22(1) Y							
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence												Violation of ORD # NO BUN							
Charge Description												State Violation Number							
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence												Violation of ORD # NO BUN							
Health / Apparent Physical Condition of Defendant												Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:							
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health												PROPERTY - Received By		Released By		Released To			
Transported By												Date Transported		Time Transported		Other			
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.												Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33441							
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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.												Court Date and Time 05/09/2019 08:30:00							
												Date Signed 05/09/2019 08:30:00							
HOLD for Other Agency												Signature of Arresting Officer BURNETTE, A. N.							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other												Name of Arresting Officer (Print) BURNETTE, A. N.		I.D. # 798					
<input type="checkbox"/> Handcuffed <input type="checkbox"/> Tasered <input type="checkbox"/> Pouch # 798												Transporting Officer Burnette		I.D. # 798					
Signature of Defendant (or Juvenile and Parent/Custodian) Thomas												Name Verification (Printed by Arrestee) Thomas							
												(PRINT)							
												PAGE 1 of 1							
												Witness here if subject signed with an "X".							

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

CBTS Number

Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2019-005107	
Charge Type: Check as many as apply. 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Special Notes:		
Name (Last, First, Middle) DASCALU, LINDA ANITA			Alias	Race Sex Date of Birth W F 05/05/1979
Charge Description 784.03(1) BATTERY / DOMESTIC BATTERY		Charge Description 914.22(1) TAMPERING WITH A WITNESS, VICTIM OR INFO		
Charge Description		Charge Description		
Victim's Name (Last, First, Middle) LAUSTEN, MOGENS			Race Sex Date of Birth W M 09/29/1973	
Local Address (Street, Apt. Number) 608 BOCA MARINA CT, BOCA RATON, FL 33487		(City) (State) (Zip)	Phone (561) 221-8007	Address Source
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 **OF.C. BURNETTE** admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 11 day of April, 2019 at 01:25 (Specifically include facts constituting cause for arrest.)

On 04/11/2019 at 0017 hours, I responded to 7701 NE Spanish River Trail Ct in reference to a domestic disturbance.

Upon arrival, I met with a white male and a white female who were exiting the residence. I observed the white female, later identified as Linda Dascalu grabbing the white male. The white male later identified as Mogens Lausten was yelling at Linda to let him go and to stop touching him. I immediately separated both parties, ordering Linda to stand on the opposite side of the driveway. I then asked Mogens about the events that occurred. Mogens stated that Linda went out with some friends and came home intoxicated. He continued explaining that when she came home, she was heard blasting music outside in her car. Mogens approached Linda and asked her to turn down the music because he was trying to sleep. Linda then began to slam doors and scream at Mogens, stating that he was disrespectful and a cheater. Mogens stated that she increasingly became angry and began to hit him with open hands, slapping him in the face, neck and shoulder area. At that point, Mogens grabbed his cell phone and attempted to call 911, however, Linda kept trying to grab the phone from him to prevent him from calling 911.

I then spoke with Linda and asked her for her account of what happened. Linda stated that she was out with her friends and was informed that Mogens was cheating on her. Linda explained that one of her friends was out at a bar last week and saw Mogens with an unknown woman leaving the bar. Linda stated that on that corresponding night, Mogens did not return home. This made her very upset and she went home to confront him about the situation. When she got home, Mogens was sitting on the couch and she started to question him about the woman he was seen with. She then stated that she became increasingly upset, screaming at Mogens. Mogens then attempted to dial 911 but Linda stated that she was trying to take the phone from him because she felt they could talk things through.

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME GRAHAM, KEITH NOTARY PUBLIC / CLERK OF COURT OFFICER (F.D.C. #140) <u>04/11/2019</u> DATE	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER BURNETTE, ASHLEY NICOLE (798) NAME OF OFFICER (PLEASE PRINT) <u>04/11/2019</u> DATE
PAGE 1 of 2		

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT1. Arrest 3. Request for Warrant
2. N.T.A. 4. Request for Copies

1

JUVENILE

Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 312 2019-005107
Charge Type: Check as many as apply. 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other	Special Notes:	
Name (Last, First, Middle) DASCALU, LINDA ANITA	Alias	Race Sex Date of Birth W F 05/05/1979

Mogens daughter, Chloe Lausten, was also on scene but stated that she did not see anything physical take place. She did state, however, that she heard what sounded like punches or slaps coming from the living room area.

I then looked at Mogens head, face and shoulder area for any marks or bruises. I observed red marks on Mogens forehead, left neck area and left shoulder. These marks are consistent with trauma to the skin such as a slap or punch. Mogens also sustained a superficial scratch to the left side of his forehead. Photos of these injuries were taken and a statement was collected from Mogens and submitted into evidence.

Based on the findings of my investigation, I have determined that Linda did actually and intentionally strike Mogens against his will, contrary to Florida Statute 784.03(1). Mogens and Linda have been dating for 2 years and share a home together. I have also determined that Linda did knowingly physical force to prevent Mogens from communicating with a law enforcement officer in his attempt to dial 911, contrary to Florida Statute 914.22(1).

I then placed Linda under arrest at 0053 hours.

Linda was transported and turned over to the Palm Beach County Jail without incident.

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

Keith T. Graham
GRAHAM, KEITH T.

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

04/11/2019

DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

Ashley Nicole Burnette
BURNETTE, ASHLEY NICOLE (798)

NAME OF OFFICER (PLEASE PRINT)

04/11/2019

DATE

PAGE
2 OF 2

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

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#: 19-005107 Agency: BRPD
 Offense: Domestic Battery
 Suspect/Offender: Dascalu, Linda
 D.O.B. 5/5/79 Race: White Sex: Female

2. Warrant#(s): _____

3.a. Victim's name: Lawton, Morgan D.O.B. 9/29/73 Race: White Sex: Male
 Address: 7701 NE Spanish River Trail Ct
 City: Boca Raton State: FL Zip: 33487
 Home#: 561-214-2171 Work#: _____ Other: _____

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 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: Pursuant to F.S.119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).
 Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: Purnette I.D.# 798 Date: 4/11/19
 White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

PALM BEACH CNTY SHERIFF'S OFFICE**VICTIM NOTIFICATION ENTRY**

Defendant Name: DASCALU, LINDA ANITA

SSN: [REDACTED] Book #: 2019011986

Victim First Name: MOGENS

Victim Middle Name:

Victim Last Name: LAUSTEN

Victim Full Name: LAUSTEN, MOGENS

Victim Minors Name:

Victim Address 1: 7701 NE SPANISH RIVER TR

Victim Address 2:

Victim City: BOCA RATON

Victim State/Zip: FL 33487

Minor Relationship:

Day Phone: (561) 214-2171

Night Phone:

Last 4 SSN:

Victim Type: DOMESTIC VIOLENCE

Victim Id: 165757

Book #:

2019011986

Entry By: 32779

Modified By: 32779

Date: 04/11/2019
Time: 10:02 AM
Page: 1 of 1



Florida State Statute Exemption Sheet

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"/>		
	<input type="checkbox"/> Other:		
	<input type="checkbox"/> Other:		

REVIEW COMPLETED BY

Booking Number: 2019011986	Date: 4/11/2019
	Specialist Name/ID: J. Beck/9007