

0490479

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

OBTS Number		ARREST / NOTICE TO APPEAR																					
Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 1 2 2017-011183																			
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type Hands, Feet, Fist, Teeth Multiple Clearance Indicator																					
Location of Arrest (Including Name of Business) 4949 NW 23RD CT		Location of Offense (Business Name, Address) 4949 NW 23RD CT, BOCA RATON, FL 33431																					
Date of Arrest 08/09/2017		Time of Arrest 22:35		Booking Date 08/09/2017		Booking Time 22:45		Jail Date 08/09/2017		Jail Time 23:57		Location of Vehicle AT RESIDENCE											
Name (Last, First, Middle) ROSENBERG, LISA MARIE																							
Alias: _____ Alias (Name, DOB, Soc. Sec. #, Etc.)																							
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W F		Date of Birth 04/09/1969		Height 5'04		Weight 130		Eye Color BROWN		Hair Color BROWN											
Complexion LIGHT Build Small																							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)																							
Marital Status M		Religion CATHOLIC		Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>																			
Local Address (Street, Apt. Number) 4949 NW 23RD CT, BOCA RATON, FL 33431		(City) _____		(State) _____		(Zip) _____		Phone (561) 504-6908		Residence Type: 1. City 3. Florida 2. County 4. Out of State													
Permanent Address (Street, Apt. Number) 4949 NW 23RD CT, BOCA RATON, FL 33431		(City) _____		(State) _____		(Zip) _____		Phone (561) 504-6908		Address Source													
Business Address (Name, Street) 4949 NW 23RD CT, BOCA RATON, FL 33431		(City) _____		(State) _____		(Zip) _____		Phone (561) -		Occupation None													
D/L Number, State R251533696290 / FL		Soc. Sec. Number _____		INS Number _____		Place of Birth (City, State) ASTORIA, NY, United		Citizenship															
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor													
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor													
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle) _____										Residence Phone											
Address (Street, Apt. Number) 4949 NW 23RD CT, BOCA RATON, FL 33431		(City) _____		(State) _____		(Zip) _____		Business Phone															
Notified by: (Name)				Date				JUVENILE DISPOSITION Handed/Processed within Department and Released		2. TOT JAC 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 355-2526) informed of any change of address.												School Attended		Grade									
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____												Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property							
C O D E		Drug Activity N. N/A B. Buy P. Possess		S. Sell D. Deliver T. Traffic		R. Smuggle E. Use		K. Dispenses/ 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. Synthetic		U. Unknown Z. Other	
C H A R G E		Charge Description BATTERY / DOMESTIC BATTERY										Statute Violation Number 784.03(1) A1		Violation of ORD # None									
C H A R G E		Drug Activity N		Drug Type /		Amount / Unit /		Offense # 2017-011183		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number _____		Statute Violation Number		Violation of ORD #					
C H A R G E		Drug Activity /		Drug Type /		Amount / Unit /		Offense # /		Counts /		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number _____		Statute Violation Number		Violation of ORD #					
C H A R G E		Drug Activity /		Drug Type /		Amount / Unit /		Offense # /		Counts /		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number _____		Statute Violation Number		Violation of ORD #					
I N T A K E		Health / Apparent Physical Condition of Defendant GOOD										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: _____											
I N T A K E		Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health										PROPERTY - Received By REILLY		Released By REILLY		Released To PBCJ							
I N T A K E		Transported By REILLY										Date Transported 08/09/2017		Time Transported 23:57		Other _____							
N O T I C E		<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" 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 33444		Court Date and Time _____									
T O A P P E A R		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.																					
Signature of Defendant (or Juvenile and Parent/Custodian)												Date Signed _____											
A D M I N		HOLD for Other Agency				Signature of Arresting Officer				Name Verification (Printed by Arrestee)				CO									
		<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other				Name of Arresting Officer (Print) REILLY, GEORGE E.				I.D. # 778									
										(PRINT)													
		Intake Deputy S. J. Carter				I.D. # 5285		Pouch # 		Transporting Officer Bradley		I.D. # 668		Agency BRPD									
														Witness here if subject signed with an 'X'.									

BRADLEY 668

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N I N G		Date / Time 08/09/2017 22:35	AFFIDAVIT																																						
D E F		Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2017-011183																																					
C H R G		Name (Last, First, Middle) ROSENBERG, LISA MARIE		Alias	Race W Sex F Date of Birth 04/09/1969																																				
V I C T I M		Charge Description A 784.03(1) BATTERY / DOMESTIC BATTERY		Race W Sex M Date of Birth 10/22/1961	Address Source Occupation																																				
DEFENDANT'S STATEMENTS:		Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): UPSET																																						
VICTIM'S STATEMENTS:		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>																																							
RELATIONSHIP BETWEEN VICTIM & SUSPECT MARRIED																																									
<table> <tr> <td>PHOTOGRAPHS:</td> <td>Scene: <input checked="" type="checkbox"/> <input type="checkbox"/></td> <td>YES</td> <td>NO</td> </tr> <tr> <td></td> <td>Victim: <input checked="" type="checkbox"/> <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>911 CALL:</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/></td> <td colspan="2">CALLER: LISA ROSENBERG</td> </tr> <tr> <td>WEAPON USED:</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/></td> <td colspan="2">TYPE: HANDS</td> </tr> <tr> <td>WITNESSES:</td> <td><input type="checkbox"/> <input checked="" type="checkbox"/></td> <td colspan="2">(If YES, attach witness list)</td> </tr> <tr> <td>INJURIES:</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/></td> <td colspan="2"></td> </tr> <tr> <td>MEDICAL TREATMENT:</td> <td><input type="checkbox"/> <input checked="" type="checkbox"/></td> <td colspan="2"></td> </tr> <tr> <td>AT:</td> <td>Scene: <input type="checkbox"/> <input checked="" type="checkbox"/></td> <td colspan="2">PARAMEDICS:</td> </tr> <tr> <td></td> <td>Hospital: <input type="checkbox"/> <input checked="" type="checkbox"/></td> <td colspan="2">PHYSICIAN(S) / HOSPITAL:</td> </tr> </table>						PHOTOGRAPHS:	Scene: <input checked="" type="checkbox"/> <input type="checkbox"/>	YES	NO		Victim: <input checked="" type="checkbox"/> <input type="checkbox"/>			911 CALL:	<input checked="" type="checkbox"/> <input type="checkbox"/>	CALLER: LISA ROSENBERG		WEAPON USED:	<input checked="" type="checkbox"/> <input type="checkbox"/>	TYPE: HANDS		WITNESSES:	<input type="checkbox"/> <input checked="" type="checkbox"/>	(If YES, attach witness list)		INJURIES:	<input checked="" type="checkbox"/> <input type="checkbox"/>			MEDICAL TREATMENT:	<input type="checkbox"/> <input checked="" type="checkbox"/>			AT:	Scene: <input type="checkbox"/> <input checked="" type="checkbox"/>	PARAMEDICS:			Hospital: <input type="checkbox"/> <input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:	
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<p>N On 08-09-2017 at 2154 hours, I arrived at [REDACTED] in reference to a domestic battery investigation.</p> <p>A I made contact with Lisa Rosenberg who was standing just outside the residence. Rosenberg provided the following account: At approximately 2100 hours, she and [REDACTED] were involved in an</p>																																									
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p></p> <p>SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>9</u> day of <u>August</u>, <u>2017</u></p> <p>CODLING, JEREMY R</p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>																																									

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

Narrative Continuation

A	Date / Time
D	08/09/2017 22:35
M	Agency ORI Number
N	FL 0500200

Agency Name
BOCA RATON POLICE DEPARTMENT

Agency Report Number
3 2 2017-011183

N argument over their impending divorce and the changing of the locks in the bedrooms. Lisa stated she changed the locks on "her bedroom" and when she came home today the locks were changed. It should be noted both Lisa and [REDACTED] live in the house and are in the process of going through a divorce. Lisa stated during the argument [REDACTED] took her purse that was on the bed and left the bedroom. She then grabbed his shirt in an attempt to stop [REDACTED] from leaving. Lisa stated she followed [REDACTED] to the other bedroom and while attempting to get her purse back [REDACTED] scratched her finger.

E I spoke with [REDACTED] who provided the following account: [REDACTED] stated even though they have unofficially agreed to sleep in different bedrooms he has personal belongings in the bedroom that Lisa sleeps in. When he returned home today he noticed Lisa had placed a lock on the door. [REDACTED] was unable to get into the bedroom for items he needs so he removed the lock and placed a different lock on the door. When Lisa returned home she became irate and they started arguing. [REDACTED] stated Lisa took his IPad and refused to give it back. So [REDACTED] took Lisa's purse and told her to give the IPad back and he will give her the purse back. [REDACTED] stated he left the bedroom and Lisa grabbed at his shirt and pulled it back. While doing that she scratched him across the left side of his neck. [REDACTED] stated he then placed the purse down. Afterwards Lisa then went to grab keys from in his pocket and that's when she might have been scratched by him on the right arm.

I observed a laceration to [REDACTED] s neck. Additionally, [REDACTED] s shirt was ripped, thus corroborating his statement. [REDACTED] agreed to have pictures taken which were entered into BRPD evidence. However, he refused to complete a sworn written statement.

Lisa did have a minor laceration to her right wrist that would corroborate [REDACTED] statement that he might have scratched her when she was trying to take the door keys from his pocket.

Based on my investigation I was able to develop probable cause for the crime of battery (domestic in nature). My investigation determined Lisa actually and intentionally touched [REDACTED] against his will, contrary to Florida State Statue 784.03(1). [REDACTED] injuries were concurrent with his statements.

Lisa was placed under arrest and transported to the Boca Raton Police Department for processing. Once processed he was transported to Palm Beach County Jail.

[REDACTED] refused a Domestic Violence pamphlet.

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.



SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 9 day of August, 2017.


CODLING, JEREMY R
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

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#: 2017011183 Agency: Boca Raton PD
 Offense: Domestic Battery
 Suspect/Offender: Rosenberg, Lisa
 D.O.B. 04/09/1969 Race: W Sex: F

2. Warrant#(s): _____

3.a. Victim's _____ Race: W Sex: M
 Address: _____
 City: _____ Zip: _____
 Home#: _____ 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: Deilly I.D.# 778 Date: 08/10/17
 White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records