

0489702

208

ARREST NOTICE TO APPEAR  
Juvenile Referral Report1. Arrest 3. Request For Warrant  
2. N.T.A. 4. Request For Capias

Juvenile

1

N

OBTS Number		Agency ORI Number <b>FLO 5 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06 17102691</b>	
Charge Type Check as many as apply <input type="checkbox"/> 1. Felony <input checked="" 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		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business)				Location of Offense (Including Name of Business)			
Date of Arrest <b>Jul 14, 2017</b>		Time of Arrest <b>2312</b>		Booking Date		Booking Time	
Jail Date		Jail Time		Location of Vehicle			
Name (Last, First, Middle) <b>ROSENBERG LORIE P</b>						Alias (Name, DOB, Soc. Sec. # Etc.)	
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex <b>F</b>		Date of Birth <b>10/20/57</b>		Height <b>5'5</b>	
Weight <b>150</b>		Eye Color <b>BRN</b>		Hair Color <b>BRN</b>		Complexion <b>MED</b>	
Build <b>MED</b>		Marital Status <b>SINGLE</b>		Religion <b>NONE</b>		Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Residence Type 1 City 2 County 3 Florida 4 Out of State		2	
Local Address (Street, Apt. Number) <b>5194 FOUNTAINS DR S</b>		City <b>LAKE WORTH</b>		State <b>FL</b>		Zip <b>33463</b>	
Phone <b>516426-7842</b>		Address Source <b>VERBAL</b>		Occupation <b>Retail</b>			
Business Address (Street, Apt. Number)		City		State		Zip	
D/L Number, State <b>R251535578800 FL</b>		Social Security Number		INS Number		Place of Birth <b>NEW YORK NY</b>	
Citizenship <b>US</b>		Co-Defendant Name (Last, First, Middle)		Race		Sex	
Date of Birth		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"/>			
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
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"/>					
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other		Name (Last, First, Middle)		Phone			
Address (Street, Apt. No.)		City		State		Zip	
Business Phone							
Notified By (Name)		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 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 561 355-2526) informed of any address change <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		P. Paraphernalia/ Equipment		U. Unknown Z. Other			
Charge Description <b>SIMPLE BATTERY DOMESTIC</b>		Counts <b>1</b>		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>784.03(1A1)</b>	
Drug Activity		Drug Type		Amount/Unit		Offense # <b>17102691</b>	
Warrant/Capias Number		Bond					
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
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	
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	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Bond					
Location (Court, Address, Room Number)							
Court Date and Time Month Day Year Time AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> <b>Jul 15 4:15 PM</b>							
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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)				Date Signed			
HOLD for Other Agency Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Signature of Arresting Officer <b>D/S DAVIS-PARTRIDGE</b> Name of Arresting Officer <b>D/S DAVIS-PARTRIDGE</b> ID # <b>9611</b>		Name Verification (Printed by Arrestee) (PRINT)		Page <b>1 of 1</b>	
Intake Deputy <b>D/S J. BENNETT #8349</b>		Transporting Officer <b>SAME</b> ID # Agency		Witness here if subject signed with an "X"			

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 3. Request For Warrant 2. N.T.A. 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 <b>06</b>		<b>17102691</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						
Defendant Name (Last, First, Middle) <b>ROSENBERG LORIE</b>				<b>P</b>	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>10/20/57</b>	
Charge <b>SIMPLE BATTERY DOMESTIC</b>				Charge				
Charge				Charge				
Victim Name (Last, First, Middle)					Race <b>W</b>	Sex <b>M</b>	Date of Birth	
Local Address (Street, Apt. Number)		City	State	Zip	Phone	Address Source		
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation		
The undersign 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 checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> confessed to admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.								
On the <b>14</b> day of <b>JULY</b> 20 <b>17</b> at <b>2306</b> <b>70</b> <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM								

ON 7/14/17 AT 2306 HOURS I RESPONDED TO 5194 FOUNTAINS DR S, LAKE WORTH FL 33463 IN REFERENCE TO A DOMESTIC DISPUTE. UPON ARRIVAL, I OBSERVED [REDACTED] SITTING IN HIS VEHICLE OUTSIDE THE RESIDENCE. HE STATED THAT HE HAD GOTTEN IN A VERBAL ARGUMENT WITH HIS GIRLFRIEND, LORIE ROSENBERG, SO HE LEFT THE RESIDENCE AND SHE CALLED 911. ACCORDING TO [REDACTED] THE ARGUMENT WAS VERBAL IN NATURE ONLY AND SHE BECAME HEATED WHEN HE CALLED HER SISTER FOR ADVICE. I MADE CONTACT WITH LORIE, WHO WAS EXTREMELY INTOXICATED AND STATED THAT THEY WERE ARGUING BUT SHE ONLY CALLED BECAUSE SHE DID NOT KNOW WHERE HE WENT. LORIE ADVISED THAT THE ARGUMENT WAS VERBAL IN NATURE ONLY AND WHEN ASKED, SHE STATED THAT SHE DID FEEL SAFE IF HE WERE TO STAY AT THE RESIDENCE TONIGHT. I MADE CONTACT WITH [REDACTED] AGAIN AND HE ADVISED THAT HE WOULD LEAVE THE RESIDENCE AND FIND SOMEWHERE ELSE TO STAY IF THE ARGUING CONTINUED. I WALKED BACK TO MY PATROL VEHICLE AND AS SOON AS I GOT INTO MY CAR, I OBSERVED LORIE APPROACH [REDACTED] IN HIS VEHICLE. SHE APPEARED TO BE ARGUING WITH HIM AND REACHED IN THE WINDOW AND STRUCK HIM AT LEAST THREE TIMES IN THE FACE BEFORE I WAS ABLE TO GET TO HER AND DETAIN HER. SHE STATED THAT SHE HAD "BEEN WAITING TO DO THAT FOR FOUR HOURS". [REDACTED] REFUSED TO PROVIDE A STATEMENT AND DID NOT WISH TO HAVE PICTURES TAKEN. HE DID HAVE SLIGHT REDNESS ON THE LEFT SIDE OF HIS FACE.

BASED ON THE ABOVE, I BELIEVE PROBABLE CAUSE EXISTS TO CHARGE THE DEFENDANT WITH VIOLATION OF FSS 783.03(1A1)- SIMPLE BATTERY DOMESTIC.

The foregoing instrument was sworn to and affirmed before me this <b>14</b> day of <b>JULY</b> 20 <b>17</b> , by:	
<b>D/S LEONARD #22088</b> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<b>D/S DAVIS-PARTRIDGE</b> <b>9611</b> Name of Arresting/Investigating Officer
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer
Page <b>1</b> of <b>1</b>	

## VICTIM NOTIFICATION FORM

- Homicide (Ch.782)
- Attempted Murder
- 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.
- Sexual Offense (Ch.794)
- Attempted Sexual Offense
- Dating Violence

Upon completion, this form must accompany the booking paperwork.  
If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 17102691 Agency: Palm Beach County Sheriff's Office  
Offense: SIMPLE BATTERY DOMESTIC  
Suspect/Offender: ROSENBERG LORIE P  
DOB: 10/20/57 Race: W Sex: F

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

3.a. Victim's Name: [REDACTED] DOB: 02/27/58 Race: [REDACTED] Sex: [REDACTED]  
Address: [REDACTED]  
City: [REDACTED] State: [REDACTED] Zip: [REDACTED]  
Home #: [REDACTED] 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 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: D/S DAVIS-PARTRIDGE ID #: 9611 Date: 7/14/17

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

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

Defendant: ROSENBERG LORIE P DOB: 10/20/57 Case #: 17102691

Victim: [REDACTED] DOB: 02/27/58 Race: ■ Sex: ■

Relationship between Victim and Defendant: \_\_\_\_\_

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

911 Call: ☒ Yes ☐ No Caller: ~~Victim~~ Defendant

Weapon Used: ☐ Yes ☒ No Type: \_\_\_\_\_

Witness: ☐ Yes ☒ No Name: \_\_\_\_\_

Victim Pregnant: ☐ Yes ☒ No If yes, \_\_\_\_\_ Weeks \_\_\_\_\_ Months

Injuries: ☒ Yes ☐ No Description: \_\_\_\_\_

Medical Treatment: ☒ Yes ☐ No

At Scene: ☐ Yes ☐ No Paramedics: \_\_\_\_\_

At Hospital: ☐ Yes ☐ No Hospital: \_\_\_\_\_ Physician: \_\_\_\_\_

Are children living in the 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: \_\_\_\_\_

Did the Victim contact anyone other than the 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: [REDACTED] Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Name of Relative: \_\_\_\_\_ Phone: 714/17