

0489702

208

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

1 Juvenile N

OBTS Number

Agency ORI Number FLO 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06 17102691	
Charge Type: Check as many as apply 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor 5. Ordinance 6. Other		If Weapon Seized Enter Type	Multiple Clearance Indicator
Location of Arrest (Including Name of Business)			
Date of Arrest Jul 14, 2017	Time of Arrest 2312	Booking Date	Booking Time
Jail Date			Jail Time
Location of Offense (Including Name of Business)			
Name (Last, First, Middle) ROSENBERG LORIE P			
Alias (Name, DOB, Soc. Sec. # Etc.)			
Race W - White B - Black	Sex W - Female F - Female	Date of Birth 10/20/57	Height 5'5
Weight 150	Eye Color BRN	Hair Color BRN	Complexion MED
Build MED			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			
Marital Status SINGLE		Religion NONE	
Indication of Alcohol Influence Drug Influence			
Local Address (Street, Apt. Number) City LAKE WORTH State FL Zip 33463 Phone 516426-7842			
Residence Type 1. City 2. County 3. Florida 4. Out of State			
Address Source VERBAL			
Permanent Address (Street, Apt. Number) 5194 FOUNTAINS DR S City LAKE WORTH State FL Zip 33463 Phone 516426-7842			
Business Address (Street, Apt. Number) City State Zip Phone Occupation Retail			
D/L Number, State R251535578800 FL		Social Security Number [REDACTED]	INS Number
Place of Birth NEW YORK NY		Citizenship US	
Co-Defendant Name (Last, First, Middle)			
Race	Sex	Date of Birth	Indication of 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile
Co-Defendant Name (Last, First, Middle)			
Race	Sex	Date of Birth	Indication of 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	Name (Last, First, Middle)		
City			State Zip Business Phone
Address (Street, Apt. No.)		Phone	
Notified By (Name)		Date	Time
Juvenile Deposition: 1 Handled/Processed within Dept. and Released		2. TOT HRS/DYS 3. Incarcerated	
Released To (Name)		Relationship	
School Attended		Date	
Grade		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)			
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property	
Value of Property			
Drug Activity S. Sell R. Smuggle K. Dispense/ N. N/A B. Buy D. Deliver M. Manufacture/ P. Possess T. Traffic E. Use Z. Other			
Drug Type B. Barbiturate H. Hallucinogen N. N/A C. Cocaine M. Marijuana A. Amphetamine E. Heroin			
P. Paraphernalia/ Equipment			
U. Unknown Z. Other			
Charge Description SIMPLE BATTERY DOMESTIC			
Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1A1)	Violation or ORD. # 1001
Drug Activity	Drug Type	Amount/Unit	Offense # 17102691
Warrant/Capias Number		Bond	
Charge Description			
Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation or ORD. #
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	Violation or ORD. #
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	Violation or ORD. #
Drug Activity	Drug Type	Amount/Unit	Offense #
Warrant/Capias Number		Bond	
Location (Court, Address, Room Number)			
Court Date and Time			
Month	Day	Year	Time
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 Name of Arresting Officer D/S DAVIS-PARTRIDGE I.D. # 9611	
Name Verification (Printed by Arrestee) (PRINT)		Name Verification (Printed by Arrestee) (PRINT)	
Intake Deputy D/S J. BENNETT #8349		Transporting Officer I.D. # SAME Agency	
		Witness here if subject signed with an 'X'	
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OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

N

Agency ORI Number FLO 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06	17102691		
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) ROSENBERG	LORIE	P	Race W	Sex F	Date of Birth 10/20/57
Charge SIMPLE BATTERY DOMESTIC	Charge				
Charge	Charge				
Victim Name (Last, First, Middle)		Race W	Sex M	Date of Birth [REDACTED]	
Local Address (Street, Apt. Number)	City [REDACTED]	State [REDACTED]	Zip [REDACTED]	Phone [REDACTED]	Address Source
Business Address (Street, Apt. Number)	City [REDACTED]	State [REDACTED]	Zip [REDACTED]	Phone [REDACTED]	Occupation [REDACTED]
The undersigned 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"/> confessed to admitting to the below facts.					
[REDACTED] was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.					
[REDACTED] was found to have committed the below acts, resulting from (described) investigation.					
On the 14 day of JULY 20 17 at 2306 70 AM <input checked="" type="checkbox"/> PM	2306 70 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.

NOT

The foregoing instrument was sworn to and affirmed before me this 14 day of JULY 20 17 , by:	D/S LEONARD #22088	D/S DAVIS-PARTRIDGE 9611
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)		Name of Arresting/Investigating Officer
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)		Signature of Arresting/Investigating Officer
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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: _____ DOB: 02/27/58 Race: Sex:
 Address: _____
 City: _____ State: Zip:
 Home #: _____ 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

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: DOB: 02/27/58 Race: Sex: ■ ■

Relationship between Victim and Defendant: _____

Photographs: Scene Yes No Victim Yes No Defendant Yes No911 Call: Yes No Caller: _____Weapon Used: Yes No Type: _____Witness: Yes No Name: _____Victim Pregnant: Yes No If yes, _____ Weeks _____ MonthsInjuries: Yes No Description: _____Medical Treatment: Yes NoAt 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 UnknownPrior history of Domestic/Dating Violence Yes NoDefendant'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: _____

Phone: Home: _____ Work: _____ Cell: _____

Employer: _____

Name of Relative: _____ Phone: 714-4119