

A D M I N I S T R A T I O N N	OBTS Number	ARREST / NOTICE TO APPEAR											
	Agency Opts Number	Agency Name											
	0500200	Boca Raton Police Department											
	Charge Type: Check as many as apply:	<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor			<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other			Agency Report Number (N.T.A.'s only)			1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		
	Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)											
	451 NE 38TH ST, BOCA RATON, FL 33431	451 NE 38TH ST, BOCA RATON, FL 33431											
	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle						
	01/05/2017	23:21	1/5/17	2321	1/5/17	2321	N/A						
	Name (Last, First, Middle)											Alias (Name, DOB, Soc. Sec. #, Etc.)	
	LEAHY, MARGUERITE											Alias:	
Race W - White B - Black	Sex I - American Indian O - Oriental/Asian	Sex W F	Date of Birth 05/09/1981	Height 505	Weight 150	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build Med				
Scar, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status S	Religion Catholic	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown					
Local Address (Street, Apt. Number)						(City) 451 NE 38TH ST, BOCA RATON, FL 33431	(State)	(Zip)	Phone			Residence Type: 1. City 3. Florida 2. County 4. Out of State	
Permanent Address (Street, Apt. Number)						(City) 451 NE 38TH ST, BOCA RATON, FL 33431	(State)	(Zip)	Phone			Address Source SUBJECT	
Business Address (Name, Street)						(City)	(State)	(Zip)	Phone			Occupation	
D/L Number, State			Soc. Sec. Number		INS Number		Place of Birth (City, State)	Citizenship		Iceland			
Co-Defendant Name (Last, First, Middle)						Race	Sex	Date of Birth					
Co-Defendant Name (Last, First, Middle)						Race	Sex	Date of Birth					
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Legal Custodian						Name (Last, First, Middle)							
Address (Street, Apt. Number)						(City) D NO BONO	(State)	(Zip)	Residence Phone				
Notified by: (Name)						Date	Time	JUVENILE DISPOSITION					
Released To: (Name)						Date	Time	1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated					
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.													
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:						Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
C O D E						Description of Property							
Drug Activity S. Sell R. Smuggle K. Dispenses/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other						Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ Equipment U. Unknown							
N. N/A B. Buy D. Deliver E. Use						N. N/A C. Cocaine M. Marijuana O. Opium/Deriv.							
P. Possess T. Traffic						A. Amphetamine E. Heroin S. Synthetic							
C H A R G E						Z. Other							
Charge Description BATTERY / DOMESTIC BATTERY						Statute Violation Number 784.03(1)(a)							
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Warrant / Capias Number						Violation of ORD # Bond							
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Warrant / Capias Number						Violation of ORD # Bond							
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Warrant / Capias Number						Violation of ORD # Bond							
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Warrant / Capias Number						Violation of ORD # Bond							
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						PROPERTY - Received By		Released By		Released To			
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health													
Transported By						Date Transported	Time Transported	Other					
<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													
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													
HOLD for Other Agency						Signature of Arresting Officer <i>Robert 781</i>							
						Name Verification (Printed by Arrestee) (PRINT)							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other						I.D. # 781							
Intake Deputy						Transporting Officer <i>S. Robert 781 B.R.P.D.</i>							
I.D. #						Agency							
Pouch #													
Witness here if subject signed with an "X".													

SCANNED
JAN 06 2017

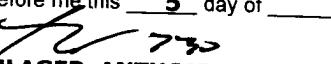
JAN 6 AM 5:23

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 01/06/2017 02:27	Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Alias	Agency Report Number 3 2 2017-000237
D E F	Name (Last, First, Middle) LEAHY, MARGUERITE	Charge Description F.S.S. 784.03(1) SIMPLE BATTERY	Race W	Sex F	Date of Birth 05/09/1981
C H R G	Victim's Name (Last, First, Middle)				

DEFENDANT'S STATEMENTS: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):			
VICTIM'S STATEMENTS: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		INTOXICATED			
RELATIONSHIP BETWEEN VICTIM & SUSPECT BOYFRIEND					
A D D I T I O N A L I N F O R M A T I O N O N	PHOTOGRAPHS:	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>		
	Scene:	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	Victim:	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: NEIGHBOR	
	WEAPON USED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TYPE:	
	WITNESSES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(If YES, attach witness list)	
	INJURIES:	<input type="checkbox"/>	<input checked="" 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:	
ACT COMMITTED IN PRESENCE OF MINOR(S): <input checked="" type="checkbox"/> <input type="checkbox"/> NAMES/AGES: [REDACTED]					
H. R. S. NOTIFIED: <input checked="" type="checkbox"/> <input type="checkbox"/>					
VICTIM PREGNANT: <input type="checkbox"/> <input checked="" type="checkbox"/>					
VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> <input checked="" type="checkbox"/> CASE #: 2016015856					
PRIOR HISTORY OF DOMESTIC VIOLENCE: <input checked="" type="checkbox"/> <input type="checkbox"/>					
ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> <input type="checkbox"/>					
<p>N A</p> <p>On January 05th, 2017, at approximately 2154hrs, I was dispatched to [REDACTED] reference a domestic disturbance. Upon arrival, I met with subject Marguerite Leahy, and witnesses [REDACTED]. [REDACTED] I later made contact with [REDACTED] and Marguerite live together as a family (boyfriend and girlfriend) with Marguerite's [REDACTED]. They have been dating for six months.</p>					
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.					
 Rohit 781 SIGNATURE OF ARRESTING OFFICER					
Sworn to and subscribed to before me this <u>5</u> day of <u>January</u> , <u>2017</u>					
 WOLLSCHLAGER, ANTHONY J NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)					

SCANNED
SURT
JAN 06

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 01/06/2017 02:27	Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2017-000237
N	Agency ORI Number FL 0500200			

I first spoke to Marguerite who was walking away from the residence upon my arrival. Upon making contact with Marguerite she appeared to have been under the influence of alcoholic beverages, which I could smell coming from her breath when she spoke. Marguerite stated she and her boyfriend [REDACTED] had been drinking throughout the evening and got into an altercation. Marguerite was not cooperative and did not want to tell me what led to the incident. Marguerite attempted to re-enter the residence after I gave her specific commands to stay away from [REDACTED] while I conduct my investigation. Given her uncooperative behavior and unwillingness to adhere to lawful commands, Marguerite was detained so that I could continue to investigate the incident.

Marguerite's boyfriend [REDACTED] had been inside of the residence and would not come outside. Officers knocked on the door for several minutes before [REDACTED] finally opened the door. I asked [REDACTED] to explain what happened. [REDACTED] initially refused to make any statement. He denied that an altercation ever took place. He later stated he had an argument with Marguerite inside the home during which she pushed him. [REDACTED] denied ever touching Marguerite.

I then spoke to Mary, a friend of Marguerite's who was invited to the residence for dinner. Mary stated all parties had been drinking when Marguerite and [REDACTED] began to exchange verbal insults. The altercation became physical when Marguerite pushed [REDACTED] and they began to grab and push each other. Mary stated Marguerite ran outside, and [REDACTED] chased her and threw her to the ground. At which point he got on top of her and they continued fighting on the ground.

I then spoke to Marguerite's daughter Sophie. She stated her mother and [REDACTED] had been arguing during a cookout. Both of them were yelling and calling each names. Her mother threw a chair at [REDACTED] and they began to push and shove each other. Following the physical altercation inside, her mother ran out of the house and [REDACTED] chased her. [REDACTED] then proceeded to push her mother to the ground and got on top of her. [REDACTED] then punched her mother several times while they were on the ground.

I then spoke to John Dupont, a neighbor, who stated he was inside his home when he heard a disturbance next door. He looked outside his window and saw [REDACTED] fighting with Marguerite on the lawn. John stated he saw [REDACTED] take Marguerite to the ground and got on top of her as he was shaking her. John stated he tried to get [REDACTED] off of Marguerite. John provided an audio recorded statement.

I then spoke to Tammy, a friend of Marguerite's. Tammy stated the argument started earlier in the evening when [REDACTED] and Marguerite became intoxicated during a family dinner. Marguerite became verbally abusive towards [REDACTED]. She threw a bottle and a chair at [REDACTED], at which time the altercation became physical. Marguerite pushed [REDACTED] and he pushed back. Marguerite ran outside, and [REDACTED] followed her outside. Tammy stated [REDACTED] had taken Marguerite to the ground by tackling her. [REDACTED] was shaking Marguerite while she was on the floor, at which time she pulled [REDACTED] off of Marguerite. It should be noted, while talking to Tammy inside of the residence, I noticed broken glass on the floor in the living room/ dining room area.

Upon completion of my investigation, given the witnesses accounts of events, I found both subjects to be mutual combatants of the incident. I found Marguerite Leahy to be the primary aggressor during the first part of the incident inside the residence and [REDACTED] Bitar became the aggressor when he followed Marguerite Leahy outside of the residence and battered her. Both are being charged with simple battery pursuant F.S.S. 784.03(1).

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 5 day of January, 2017.



WOLLSCHLAGER, ANTHONY J
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED
JAN 06 2017

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#: 2017-000237 Agency: Boca Raton P.D.
 Offense: Simple Battery
 Suspect/Offender: Marguerite Leahy
 D.O.B. 9/5/81 Race: W Sex: F

2. Warrant#(s): _____

3.a. _____

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: S. Robert I.D.# 781 Date: 11/5/17

SCANNED
JAN 06 2017