

0353377

2938

		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1 Arrest 3. Request for Warrant 2. N.T.A 4. Request for Capias		Juvenile <input checked="" type="checkbox"/> N				
ADMINISTRATION	OBTS Number	Agency ORI Number FL 0600300				Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-18-031176				
	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		If Weapon Seized Enter Type				
	Location of Arrest (Including Name of Business) 239 SW 8th Ave, Boynton Beach, FL 33435				Location of Offense (Business Name, Address) 239 SW 8th Ave. Boynton Beach, FL 33435							
DEFENDANT	Date of Arrest	1717		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
	Name (Last, First, Middle) Raams, Mark Pieter				Aliases (Name, DOB, Soc Sec #, Etc)							
	W - White B - Black	I - American Indian O - Oriental / Asian	W	M	Date of Birth 02/22/1974	Height 602	Weight 180	Eye Color Brown	Hair Color Brown	Complexion Light	Build Medium	
	Score, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status Single		Religion N/A		Indication of Alcohol Influence Drug Influence	
	Local Address (Street, Apt Number) 239 SW 8th Ave. Boynton Beach, FL 33435				(City)		(State)		(Zip)		Phone (561)929-8398	
	Permanent Address (Street, Apt Number)				(City)		(State)		(Zip)		Residence Type 1. City 3. Florida 2. County 4. Out of State	
	Business Address (Street, Apt Number)				(City)		(State)		(Zip)		Address Source FL DL	
	Business Address (Street, Apt Number)				(City)		(State)		(Zip)		Phone	
	Occupation Maintenance				DL Number, State R520-555-74-062-1/ FL		SSN Number		Place of Birth Netherlands		Citizenship Immigrant	
	CO-DEF	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 6. 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"/> 6. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor				
JUVENILE	Parent Name (Last)		First		Middle		Residence Phone					
	Legal Custodian		Name (Last)		First		Middle		Business Phone			
	Address (Street, Apt Number)		(City)		(State)		(Zip)		Notified by (Name)			
	Released To (Name)		Relationship		Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS 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 881-355-3626) informed of any change of address. <input type="checkbox"/> Yes, By (Please) <input type="checkbox"/> No: (Reason)								School Attended		Grade	
CHARGE	Property Crime?		Description of Property				Value of Property					
	Drug Activity		S. Sell B. Buy P. Possess		R. Smuggle D. Deliver E. Use		K. Dispense/Distribute		M. Manufacture Produce/Cultivate		Z. Other	
	Drug Type		N. N/A A. Amphetamines		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen O. Opium/Dev.		F. Pseudoephedrine/Equipment S. Synthetic		U. Unknown Z. Other	
	Charge Description Domestic Battery		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number 784.03.1A1		Violation of ORDI			
	Drug Activity		Drug Type		Amount/Unit		Offense # 18-031176		Warrant/Capias Number		Bond	
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORDI			
	Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond	
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORDI			
	Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond	
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORDI			
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond		
NOTICE TO APPEAR	Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444									
	Instruction No. 2 You need not appear in Court but must comply with restriction on reverse side.		Court Date and Time Month Day Year Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.									
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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.												
Signature of Defendant (or Juvenile and Parent/Custodian)												
HOLB for other Agency		Name of Arresting Officer Ofc. Barrios				I.D. # 984		Name Verification (Printed by Arrestee) BU#				
Name		Fouch #		Transporting Officer Ofc. Castro		I.D. # 902		Agency BBP		Page 1 OF 1		

**DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT
PALM BEACH COUNTY**

On the 15th day of June 2018 at 0508 hours
Subject: Raams, Mark Pieter DOB: 02/22/1974 Case #: 18-031176
Charge Description: Domestic Battery Statute #: 784.03.1A1
Victim: Morse, Jennifer DOB: 08/14/1969 Race: W Sex: F
Local Address: 239 SW 8th Ave, Boynton Beach, FL, 33435
Personal Contact: 561-400-0132

Narrative:

On Friday, June 15th, 2018 at approximately 0508 hours, I responded to 239 SW 8th Ave. Boynton Beach, FL in reference to a domestic dispute.

Upon arrival, I met with W/F Jennifer Morse who stated that she was physically battered by her live-in boyfriend of five years W/M Mark Raams. It should be noted that Jennifer and Mark have been living together as a family at the aforementioned residence for approximately two years.

Jennifer stated that she was asleep in her bedroom with the door locked when Mark broke the bedroom door in. Jennifer stated that at this point Mark approached her while she was lying on the bed and became very irate. Jennifer advised that Mark has been accusing her of cheating on him, which may have been the motive for the assault. Jennifer advised that Mark then jumped on top of her while she was on the bed and put both of his hands around her neck and started to squeeze. Jennifer stated that she lost the ability to breathe very briefly (approximately two seconds) when Mark finally released her. Jennifer advised that Mark then struck her in the face on her upper lip area. Jennifer was unable to recall if Mark struck her with an open hand or a fist. Jennifer stated that Mark then fled the residence and she then contacted police. Jennifer had visual injuries to her upper lip (see photos), but had no injuries to her neck area. Jennifer was offered medical attention on scene in which she refused. There were also visual damages to the bedroom door of the residence, which were consistent with someone breaking it in (see photos).

I then attempted to contact Mark via phone, which yielded negative results. Jennifer was unable to provide a possible location for Mark at this time. Jennifer was also unable to provide a possible employer for Mark at this time. Jennifer and Mark do not have any children in common.

Based on the above facts, I find probable cause to charge W/M Mark Raams (DOB 2.22.74) with Domestic Battery pursuant to FSS 784.03.1A1.

Defendant's Statement: None Victim's Statement: Taped

Observation Of Victim (Physical and Emotional):

Visual injury to her upper lip, emotionally distraught

Relationship Between Victim and Suspect:

In a relationship for five years, living together as a family for two years.

Photographs: Scene: Yes No
 Victim: Yes No
 911 Call: Yes No Caller: Jennifer Morse
 Tape Requested: Yes No
 Weapon Used: Yes No Type: _____
 Witnesses: Yes No
 Injuries: Yes No
 Medical Treatment: Yes No
 At Scene Yes No Paramedics: _____
 At Hospital Yes No Physician(s): _____
 Hospital: _____

Act Committed In Presence Of Minor(s): Yes No
 Name: _____ Age: _____
 Name: _____ Age: _____
 F.D.C.F. Notified: Yes No Victim Pregnant: Yes No
 Violation Of Restraining Order: Yes No Case #: _____
 Prior History Of Domestic Violence: Yes No
 Alcohol Or Drugs Involved: Yes No Unknown

Victim Contact Information:

Phone Home: 561-400-0132 Work: _____
 Employer: Boca Medical Center
 Relative Name: _____ Phone: _____
 Address: _____
 City/State: _____

State Of Florida
 County Of Palm Beach

Appeared before me, Ofc. Barrios, (print name) personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

 484

 Signature Of Arresting Officer

Sworn to and subscribed to me before this 15th day of June, 2018



 Notary/Clerk Of Court/Officer (F.S.S. 117.10)

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- **Homicide (Ch. 782)**
- **Attempted Murder**
- **Stalking (S. 784.084)**
- **Sexual Offense (Ch. 794)**
- **Attempted Sexual Offense**
- **Domestic Violence** (This includes any *Assault, Agg. Assault, Battery, Agg. Battery, Sexual Assault, Sexual Battery, Stalking, Agg. 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 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 #: 18-031176 Agency: Boynton Beach Police Department
Offense: Domestic Battery
Suspect/Offender: Raams, Mark Pieter
DOB: 02/22/1974 Race: W Sex: M

2. Warrant # (s): _____

3. Complete one (1) of the following:
 - A. Victim's Name: Morse, Jennifer
Address: 239 SW 8th Ave
City: Boynton Beach State: FL Zip: 33435
Home #: 561-400-0132 Work #: _____ Other: _____

 - B. Victim's Next of Kin: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____

 - C. Victim's designated contact other than next of kin (for example: a friend or neighbor):
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____

4. Relevant identification or case numbers assigned to the case (please specify):

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of Victim: _____

Printed Name of Victim: Morse, Jennifer

Officer's Name: Ofc. Barrios I.D.# 984 Date: 06/15/2018

SUSPECT/OFFENDER:

Raams, Mark Pieter

COURT CASE/ WARRANT #:
(FOR WARRANTS USE ONLY)



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

REVIEW COMPLETED BY

Booking Number: 2018020539	Date: 06/21/18
	Specialist Name/ID: Stewart/5660