

0489134

ARREST / NOTICE TO APPEAR

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

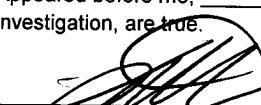
1 JUVENILE

A D M I N I S T R A T I O N			OBTS Number 0502000			Agency Name Lantana Police Department			Agency Report Number (N.T.A.'s only) 6 4 17-001561		
Check as many as apply			<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other						If Weapon Seized Enter Type HAND/FEET/FIST		
Location of Arrest (Including Name of Business) 898 DUVAL ST LANTANA 33462						Location of Offense (Business Name, Address) 899 DUVAL ST, LANTANA, FL 33462			Multiple Clearance Indicator 2		
Date of Arrest 06/22/2017		Time of Arrest 22:20		Booking Date		Booking Time		Jail Date		Jail Time	
Location of Vehicle											
Name (Last, First, Middle) SEARS, MAYGEN SUE											
Alias: Alias:											
Race W - White I - American Indian W F Date of Birth B - Black O - Oriental/Asian 11/12/1986 Height Marital Status Eye Color Hair Color Complexion Build											
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) M											
Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/>											
Local Address (Street, Apt. Number) (City) (State) (Zip) Phone 899 DUVAL ST, LANTANA, FL 33462											
Residence Type: 1. City 3. Florida 2. County 4. Out of State											
Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone 899 DUVAL ST, LANTANA, FL 33462											
Address Source											
Business Address (Name, Street) (City) (State) (Zip) Phone UNEMPLOYED (561) -											
Occupation											
D/L Number, State S620557869120 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) INDIANAPOLIS, IN		Citizenship US			
C O D E F Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile 2. At Large <input type="checkbox"/> 4. Misdemeanor											
Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile 2. At Large <input type="checkbox"/> 4. Misdemeanor											
J U V E N I L E Parent <input type="checkbox"/> Other: NO BOND Name (Last, First, Middle) Residence Phone Legal Custodian											
Address (Street, Apt. Number) (City) (State) (Zip) Business Phone											
Notified by: (Name) Date Time JUVENILE DISPOSITION 1. Handled/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.											
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Description of Property Value of Property											
C O D E Drug Activity S. Sell R. Smuggle K. Disperses/ 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 S. Synthetic P. Possess T. Traffic											
C H A R G E Charge Description BATTERY - SIMPLE TOUCH / STRIKE Statute Violation Number 784.03 (1)(a)(0) Violation of ORD #											
Drug Activity Drug Type Amount / Unit Offense # N / 17-001561 Counts Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Warrant / Capias Number											
C H A R G E Charge Description RESIST/OBSTRUCT W/OUT VIOLENCE Statute Violation Number 843.02 Violation of ORD #											
Drug Activity Drug Type Amount / Unit Offense # N / 17-001561 Counts Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Warrant / Capias Number											
C H A R G E Charge Description Statute Violation Number Violation of ORD #											
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond											
I N T A K E 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 Q.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											
E Transported By Date Transported Time Transported Other											
N O T I C E INSTRUCTION NO. 1 - Mandatory appearance in court Location (Court, Room) <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court South County DELRAY BEACH but must comply with instructions on Page 2. Court Date and Time 07/20/2017 08:30:00											
T O A P P E A 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.											
No Photo Available 2017 JUN 23											
Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed											
HOLD for Other Agency			Signature of Arresting Officer 865			Name Verification (Printed by Arrestee) 865					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other			Name of Arresting Officer (Print) WALDKOETTER, ELIZABETH J.			(PRINT) JUN 23 2017					
Intake Deputy I.D. # Sym 801			Pouch # WALDKOETTER 865 LPD			Transporting Officer I.D. # Agency					
PAGE 1 OF 1 Witness here if subject signed with an "X".											

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 06/22/2017 21:22	Agency Name LANTANA POLICE DEPARTMENT			Agency Report Number 6 4 17-001561
D E F	Agency ORI Number FL 0502000	Name (Last, First, Middle) SEARS, MAYGEN SUE		Alias Race Sex Date of Birth W F 11/12/1986	
C H R G	Charge Description 784.03 BATTERY - SIMPLE TOUCH / STRIKE				
V I C T I M	Victim's Name (Last, First, Middle) SEARS, DANIEL ALLEN			Race B	Sex Date of Birth M 10/06/1984
Local Address (Street, Apt. Number) 899 DUVAL ST, LANTANA, FL 33462			(City) (State) (Zip)	Phone (561) 214-1853	Address Source
Business Address (Name, Street) (City) (State) (Zip)			Phone	Occupation	
DEFENDANT'S STATEMENTS: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Written VICTIM'S STATEMENTS: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Taped Oral		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): DISCHEVELED			
RELATIONSHIP BETWEEN VICTIM & SUSPECT HUSBAND/WIFE					
A D D I T I O N A L I N F O R M A T I O N	<p>PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Victim: <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>911 CALL: <input checked="" type="checkbox"/> <input type="checkbox"/> CALLER: DANIEL SEARS</p> <p>WEAPON USED: <input checked="" type="checkbox"/> <input type="checkbox"/> TYPE: HANDS/FIST/ FEET</p> <p>WITNESSES: <input checked="" type="checkbox"/> <input type="checkbox"/> (If YES, attach witness list)</p> <p>INJURIES: <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>MEDICAL TREATMENT: <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>AT: Scene: <input type="checkbox"/> <input checked="" type="checkbox"/> PARAMEDICS: Hospital: <input type="checkbox"/> <input checked="" type="checkbox"/> PHYSICIAN(S) / HOSPITAL:</p>				
N A R R	<p>ACT COMMITTED IN PRESENCE OF MINOR(S): <input checked="" type="checkbox"/> <input type="checkbox"/> NAMES/AGES ██████████</p> <p>H. R. S. NOTIFIED: <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>VICTIM PREGNANT: <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> <input checked="" type="checkbox"/> CASE #:</p> <p>PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> <input type="checkbox"/></p>				
N A R R	On June 22, 2017 at approximately 2126hrs, I Officer Waldkoetter (ID 865) responded to 898 W. Duval St. Lantana, FL 33462 in reference to a domestic disturbance.				
N A R R	Upon my arrival I observed a w/f and a w/m in the front yard of the residence. I made contact with Maygen				
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.					
 865 SIGNATURE OF ARRESTING OFFICER					
Sworn to and subscribed to before me this <u>23</u> day of <u>June</u> , <u>2017</u> .					
 877 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)					

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

Narrative Continuation

A	Date / Time
D	06/22/2017 21:22
M	Agency ORI Number
I	FL 0502000
N	Agency Name
	LANTANA POLICE DEPARTMENT

Agency Report Number
6 | 4 | 17-001561

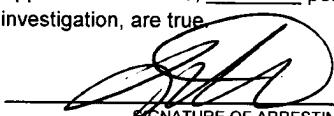
N Sears (DOB 11/12/1986) and Erik Kip Sr. (DOB 01/18/51). Maygen appeared highly intoxicated and became belligerent immediately. I attempted to obtain information from Maygen as to what had occurred with little success. Erik Kip Sr. was the resident of the property we were on, he explained that Maygan's daughter Ava was in the home with Trudy Kip. Ava left her residence, 899 W. Duval St., where the domestic disturbance occurred and fled to the neighbors house (898 W. Duval St.). I instructed Maygen to stay outside while I went into the Kip's residence to speak to Ava. While in the residence I heard Maygen charge through the front door, yelling and screaming. I approached Maygen and instructed her to wait outside until I was finished and I would speak to her. She refused, screaming at me to allow her to see her daughter. I stated that she would be able to see her daughter when I was finished speaking to her. While making that statement she was pushing me and forcing her way further into the residence, of which she did not reside, and was not invited into. I had to go hands on to guide her out of the residence. Once outside Maygan began screaming at me to not touch her and that I was not allowed to touch her or tell her what to do. She then leaned into my face and gave me an angry stare and again stated not to fucking touch her. I then placed her in handcuffs, detaining her to complete my investigation.

I made contact with the juvenile Ava Sears (08/08/2006) who stated that her mother came home drunk, from being out with and friend. Ava stated that her mother began to scream at her father and calling him names, it continued to escalate and they made their way outside. Once outside Ava stated that her mother began to shove and grab her father, Maygen was swinging her arms at Daniel and pushing him. Ava stated that she ran to the neighbors house because she was afraid. Due to Maygen's level of intoxication, Ava stated that she was afraid to go home with her mother and began to cry.

I contacted Daniel via telephone and requested that he come to the residence and pick up Ava. At that time Daniel explained that he was afraid to come back because he did not want to fight with Maygen. I explained that he would not have physical contact with her, as she is under arrest for the domestic battery and resisting/obstructing an officer. Daniel also stated that Maygen is struggling with alcoholism and refuses to accept treatment. Maygen appeared to be highly intoxicated and became violent in the rear of the patrol car. Daniel returned and appeared very disheveled. His entire shirt had been ripped, consistent with what I have witnessed in past domestic violence calls. Daniel had scratches on his arms as well. Daniel refused to take pictures, fill out a statement or cooperate as a victim. The couple has a history of domestic violence and Lantana officers have had several calls to the residence for domestic violence. DCF will be contacted.

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.

 865

SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 23 day of June, 2017.

 020

NOTARY PUBLIC CLERK OF COURT / OFFICER (F.S.S. 117.10)

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.