

04/89/34

128

ARREST / NOTICE TO APPEAR

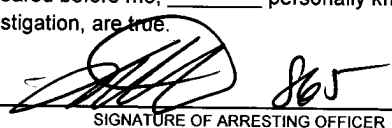
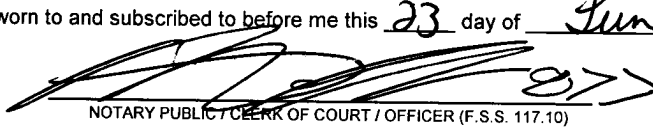
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|---|---|---|--|--|---|--|--|--|--|---|---|---------------------------------------|--|---|--|--|------------------------|--|--|------------------------|--|--|
| AD M I N I S T R A T I O N | OBTS Number | | Agency ORI Number 0502000 | | Agency Name Lantana Police Department | | Agency Report Number (N.T.A.'s only) 6, 4 17-001561 | | 1. Arrest 2. N.T.A. | | 3. Request for Warrant 4. Request for Capias | | 1 | | JUVENILE | | | | | | | |
| D E F E N D A N T | 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 HAND/FEET/FIST | | Multiple Clearance Indicator | | 2 | | | | | | | | | |
| | Location of Arrest (Including Name of Business) 898 DUVAL ST LANTANA 33462 | | | | | | | | Location of Offense (Business Name, Address) 899 DUVAL ST, LANTANA, FL 33462 | | | | | | | | | | | | | |
| | 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 | | | | | | | | | | | | | | | | | | | | | |
| C O D E F | Alias (Name, DOB, Soc. Sec. #, Etc.) | | | | | | | | | | | | | | | | | | | | | |
| | Race W - White B - Black O - Oriental/Asian | | Sex W | | Date of Birth 11/12/1986 | | Height 5'07 | | Weight 140 | | Eye Color BROWN | | Hair Color BROWN | | Complexion LIGHT | | Build Medium | | | | | |
| | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | | | | | | | | Marital Status M | | Religion | | Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> | | | | | | | | | |
| | Local Address (Street, Apt. Number) 899 DUVAL ST, LANTANA, FL 33462 | | | | | | | | (City) | | (State) | | (Zip) | | Phone | | | | | | | |
| | Permanent Address (Street, Apt. Number) 899 DUVAL ST, LANTANA, FL 33462 | | | | | | | | (City) | | (State) | | (Zip) | | Phone | | | | | | | |
| | Business Address (Name, Street) UNEMPLOYED, | | | | | | | | (City) | | (State) | | (Zip) | | Phone | | | | | | | |
| | D/L Number, State S620557869120 / FL | | | | | | | | Soc. Sec. Number | | INS Number | | Place of Birth (City, State) INDIANAPOLIS, IN | | Citizenship US | | | | | | | |
| | Co-Defendant Name (Last, First, Middle) | | | | | | | | Race | | Sex | | Date of Birth | | <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile | | | | | | | |
| | Co-Defendant Name (Last, First, Middle) | | | | | | | | Race | | Sex | | Date of Birth | | <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile | | | | | | | |
| | J U V E N I L E | <input type="checkbox"/> Parent <input type="checkbox"/> Other: | | Name (Last, First, Middle) | | | | | | | | | | | | Residence Phone | | | | | | |
| <input type="checkbox"/> Legal Custodian | | Address (Street, Apt. Number) | | | | | | | | | | | | 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. | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes, by: | | <input type="checkbox"/> No: | | Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Description of Property | | | | | | | | Value of Property | | | | | | | | |
| Drug Activity N. N/A P. Possess | | S. Sell T. Traffic | | R. Smuggle D. Deliver E. Use | | K. Disperse/ Distribute | | M. Manufacture/ Produce/ Cultivate | | Z. Other | | Drug Type N. N/A A. Amphetamine | | B. Barbiturate C. Cocaine E. Heroin | | H. Hallucinogen M. Marijuana O. Opium/Deriv. | | P. Paraphernalia/ Equipment S. Synthetic | | U. Unknown Z. Other | | |
| Charge Description BATTERY - SIMPLE TOUCH / STRIKE | | | | | | | | | | | | | | | | Statute Violation Number 784.03(1)(A)(D) | | Violation of ORD # | | | | |
| Drug Activity | | Drug Type N | | Amount / Unit / | | Offense # 17-001561 | | Counts 1 | | Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | | Warrant / Capias Number | | Bond | | | | | | | | |
| Charge Description RESIST/OBSTRUCT W/OUT VIOLENCE | | | | | | | | | | | | | | | | Statute Violation Number 843.02 | | Violation of ORD # | | | | |
| Drug Activity | | Drug Type N | | Amount / Unit / | | Offense # 17-001561 | | Counts 1 | | Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | | Warrant / Capias Number | | Bond | | | | | | | | |
| Charge Description | | | | | | | | | | | | | | | | Statute Violation Number | | Violation of ORD # | | | | |
| Drug Activity | | Drug Type | | Amount / Unit | | Offense # | | Counts | | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | 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 | | | | | | | | | | | | | |
| | Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health | | | | | | | | PROPERTY - Received By | | | | Released By | | | | Released To | | | | | |
| | Transported By | | | | | | | | Date Transported | | | | Time Transported | | | | Other | | | | | |
| N O T I C E T O A P P E A R | <input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2. | | | | | | | | Location (Court, Room) South County DELRAY BEACH | | | | | | | | | | | | | |
| | | | | | | | | | Court Date and Time 07/20/2017 08:30:00 | | | | | | | | | | | | | |
| | 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) | | | | | | | | | | | | | | | | Date Signed | | No Photo Available | | | | |
| A D M I N | HOLD for Other Agency | | | | | | | | Signature of Arresting Officer WALDKOETTER, ELIZABETH J. | | | | | | | | | | | | | |
| | <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. | | | | | | | | | | | | | |
| | Intake Deputy SMW 8101 | | | | | | | | Pouch # WALDKOETTER 865 LPD | | | | | | | | | | | | | |
| Name Verification (Printed by Arrestee) JUN 23 AM 11:55:32 | | | | | | | | | | | | | | | | | | | | | | |
| WITNESS here if subject signed with an "X". | | | | | | | | | | | | | | | | | | | | | | |

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.T.O. ☐ DEFENDANT

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Balm Beach County

| | | | | | | | | |
|--|--|--|--|--|---|-------------------------------|--|-----------------|
| A D M I N | Date / Time 06/22/2017 21:22 | | Agency ORI Number FL 0502000 | | Agency Name LANTANA POLICE DEPARTMENT | | Agency Report Number 6 4 17-001561 | |
| | Name (Last, First, Middle) SEARS, MAYGEN SUE | | | | | | Race W | Sex F |
| C H R G | Charge Description 784.03 BATTERY - SIMPLE TOUCH / STRIKE | | | | | | | |
| | Victim's Name (Last, First, Middle) SEARS, DANIEL ALLEN | | | | | | Race B | Sex M |
| V I C T I M | Local Address (Street, Apt. Number) 899 DUVAL ST, LANTANA, FL 33462 | | | | Phone (561) 214-1853 | | Address Source | |
| | Business Address (Name, Street) | | | | Phone | | Occupation | |
| A D D I T I O N A L I N F O R M A T I O N | Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input type="checkbox"/> DEFENDANT'S STATEMENTS: <input type="checkbox"/> VICTIM'S STATEMENTS: <input type="checkbox"/> | | | 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 | PHOTOGRAPHS: | | Scene: <input type="checkbox"/> | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | | | |
| | | | Victim: <input type="checkbox"/> | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | | | |
| | 911 CALL: | | <input checked="" type="checkbox"/> | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | CALLER: DANIEL SEARS | | |
| | WEAPON USED: | | <input checked="" type="checkbox"/> | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | TYPE: HANDS/FIST/ FEET | | |
| | WITNESSES: | | <input checked="" type="checkbox"/> | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | (If YES, attach witness list) | | |
| | INJURIES: | | <input checked="" type="checkbox"/> | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | | | |
| | MEDICAL TREATMENT: | | <input type="checkbox"/> | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | | | |
| | AT: Scene: | | <input type="checkbox"/> | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | PARAMEDICS: | | |
| | Hospital: | | <input type="checkbox"/> | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | PHYSICIAN(S) / HOSPITAL: | | |
| | ACT COMMITTED IN PRESENCE OF MINOR(S): | | <input checked="" type="checkbox"/> | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | NAMES/AGES: | | |
| N A R R | H. R. S. NOTIFIED: | | <input checked="" type="checkbox"/> | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | | | |
| | VICTIM PREGNANT: | | <input type="checkbox"/> | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | | | |
| | VIOLATION OF RESTRAINING ORDER: | | <input type="checkbox"/> | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | CASE #: | | |
| | PRIOR HISTORY OF DOMESTIC VIOLENCE: | | <input type="checkbox"/> | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | | | |
| | ALCOHOL OR DRUGS INVOLVED: | | <input checked="" type="checkbox"/> | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | | | |
| 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. 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.  SIGNATURE OF ARRESTING OFFICER Sworn to and subscribed to before me this <u>23</u> day of <u>June</u> , <u>2017</u> .  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) | | | | | | | | |

COURT

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 06/22/2017 21:22 | | |
| | Agency ORI Number FL 0502000 | Agency Name LANTANA POLICE DEPARTMENT | Agency Report Number 6 4 17-001561 |

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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 Maygen'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 Maygen 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 a 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.


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

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.