

0496229

18MM2627

1229

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

A D M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 0 18-003339	
	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 Hands/fist/feet/teeth		Multiple Clearance Indicator 1			
D E F E N D A N T	Location of Arrest (Including Name of Business) 500 N CONGRESS AVE				Location of Offense (Business Name, Address) 500 N CONGRESS AVE C305, DELRAY BEACH, FL 33445			
	Date of Arrest 03/03/2018	Time of Arrest 13:37	Booking Date 03/03/2018	Booking Time 13:47	Jail Date // ::	Jail Time	Location of Vehicle	
C O D E F	Name (Last, First, Middle) HATEM, MICHELLE ADELE				Alias (Name, DOB, Soc. Sec. #, Etc.)			
	Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex F	Date of Birth 02/23/1986	Height 5'01	Weight 130	Eye Color BROWN	Hair Color BROWN
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status S		Religion NOT INDICA		Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
	Local Address (Street, Apt. Number) 500 N CONGRESS AVE C305, DELRAY BEACH, FL 33445		City (State) (Zip)		Phone (954) 909-3042		Residence Type: 1. City 3. Florida 2. County 4. Out of State 4	
	Permanent Address (Street, Apt. Number) 500 N CONGRESS AVE C305, DELRAY BEACH, FL 33445		City (State) (Zip)		Phone (954) 909-3042		Address Source	
	Business Address (Name, Street)		City (State) (Zip)		Phone		Occupation	
	D/L Number, State H350541865620 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) SURRY, LONDON, 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 <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"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
	Parent <input type="checkbox"/> Other: _____ Legal Custodian <input type="checkbox"/>		Name (Last, First, Middle)		Residence Phone		Business Phone	
Address (Street, Apt. Number)		City (State) (Zip)		Notified by: (Name)		Date		
Address (Street, Apt. Number)		City (State) (Zip)		Released To: (Name)		Date		
Relationship		Date		Time		JUVENILE DISPOSITION 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.		School Attended		Grade		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Description of Property		Value of Property		PROPERTY - Received By		Released By		
Drug Activity S. Sell P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Disperses/ 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 SIMPLE BATTERY(TOUCH OR STRIKE)		Statute Violation Number 784.03(1A1)		Violation of ORD #		Bond		
Drug Activity N		Drug Type /		Amount / Unit /		Offense # 18-003339		
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 #		Bond		
Drug Activity		Drug Type		Amount / Unit		Offense #		
Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond		
Charge Description		Statute Violation Number		Violation of ORD #		Bond		
Drug Activity		Drug Type		Amount / Unit		Offense #		
Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		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"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		
Transported By		Date Transported // ::		Time Transported		Other		
INSTRUCTION NO. 1 - Mandatory appearance in court 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 04/05/2018 08:30:00		No Photo Available		
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 HOWELL, DAVE L.		Name Verification (Printed by Arrestee) HOWELL, DAVE L.		L.D. # 1119		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Transporting Officer HOWELL, DAVE		L.D. # 1119		
Intake Deputy Sis Colvard		Pouch #		Agency DELRA		Witness here if subject signed with an		

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 03/03/2018 14:45		Agency OR# Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 18-003339			
	Name (Last, First, Middle) HATEM, MICHELLE ADELE							Race W	Sex F	Date of Birth 02/23/1986
Charge Description 784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)										
V I C T I M	Victim's Name (Last, First, Middle) SCHIRMER, BRANDOM SCOTT							Race W	Sex M	Date of Birth 05/04/1991
	Local Address (Street, Apt. Number) 500 N CONGRESS AVE C305, DELRAY BEACH, FL 33445					Phone (937) 825-2228		Address Source		
	Business Address (Name, Street) 500 N CONGRESS AVE C305, DELRAY BEACH, FL 33445					Phone (937) 825-2228		Occupation		

DEFENDANT'S STATEMENTS:	Written <input type="checkbox"/>	Taped <input type="checkbox"/>	Oral <input checked="" type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): UPSET
VICTIM'S STATEMENTS:	Written <input type="checkbox"/>	Taped <input type="checkbox"/>	Oral <input checked="" type="checkbox"/>	

RELATIONSHIP BETWEEN VICTIM & SUSPECT
COUPLE

PHOTOGRAPHS:	Scene:	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
	Victim:	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
	911 CALL:	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	CALLER:
WEAPON USED:		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	TYPE:
WITNESSES:		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	(If YES, attach witness list)
INJURIES:		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
MEDICAL TREATMENT:		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
AT:	Scene:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	PARAMEDICS:
	Hospital:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	PHYSICIAN(S) / HOSPITAL:
ACT COMMITTED IN PRESENCE OF MINOR(S):		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	NAMES/AGES:
H. R. S. NOTIFIED:		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
VICTIM PREGNANT:		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
VIOLATION OF RESTRAINING ORDER:		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	CASE #:
PRIOR HISTORY OF DOMESTIC VIOLENCE:		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
ALCOHOL OR DRUGS INVOLVED:		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	

The following incident occurred in the city of Delray Beach, Palm Beach County, Florida:

On March 3, 2018, I responded to a domestic dispute at 500 N Congress Ave Apt. C305. Upon arrival, I made contact with Michelle Hatem who stated that her and her boyfriend, Brandon Schirmer got into a physical

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]
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 3 day of March, 2018.

[Signature]
DORFMAN, PHILIP
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 03/03/2018 14:45
	Agency ORI Number FL 0500400
N A R R A T I V E	Agency Name DELRAY BEACH POLICE DEPARTMENT
	Agency Report Number 4 0 18-003339

altercation at their residence and she advised that she just wanted to leave. Her father, Salim Hatem was also present and I spoke with him to find out what took place. Mr. Hatem explained that both his daughter and Schirmer have been fighting since Wednesday, March 1, 2018 due to cheating allegations. Mr. Hatem then explained that he picked his daughter up on Wednesday to remove her from the incident and took her to his residence. Mr. Hatem stated that he brought his daughter back to this address this morning to get her belongings out of the house and both Schirmer and Michelle Hatem got into another physical altercation. Mr. Hatem advised that he saw both his daughter and Schirmer pushing and striking each other with their hands. Mr. Hatem explained that he intervened by getting in between both of them before officers arrived.

I made contact with Schirmer who stated that Michelle Hatem was the aggressor and was striking him. He advised that Hatem got upset because he confronted her about cheating allegations. Schirmer also advised that Hatem was breaking many personal items in the residence during the dispute. Schirmer then advised that he had Hatem on video being the aggressor.

Michelle Hatem advised that Schirmer was the aggressor between the two of them and that she received a small laceration on her finger in the process of the altercation. However, Mr. Hatem advised that his daughter received a laceration on her right hand pointer finger from breaking glass in the residence. There was visible blood on the stairway leading up to the residence and blood on Hatem's right hand. Crime scene was requested for photos and CSI Del Valle arrived shortly after. This investigation was captured on my body worn camera.

Based on the aforementioned facts, both Brandon Schirmer and Michelle Hatem were charged with Simple Battery pursuant to Florida State Statute 784.03(1A1).

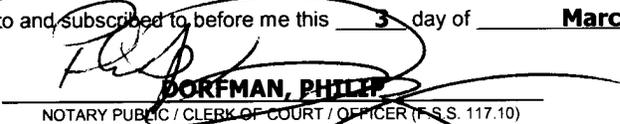
NOT A CERTIFIED COPY

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.

 #1119
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 3 day of March, 2018.


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

SCANNED
MAR 04 2018