

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N																				
ADMINISTRATIVE	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06- 17129411																									
	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		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 1																							
	Location of Arrest (Including Name of Business) 2071 VITEX LANE NDS, FL 33408						Location of Offense (Business Name, Address) 2091 VITEX LN, NORTH PALM BEACH, FL 33408																									
	Date of Arrest 9/20/17		Time of Arrest 2100		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle																			
DEFENDANT	Name (Last, First, Middle) BAUER, MICHELLE, ANN												Alias (Name, DOB, Soc. Sec. #, Etc.)																			
	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex F		Date of Birth 12/05/1981		Height 5'06		Weight 165		Eye Color GREEN		Hair Color RED		Complexion FAIR		Build THIN															
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) BUTTERFLY ON RIGHT SHOULDER CHINESE SYMBOL ON RIGHT												Marital Status Single		Religion NONE		Indication of: Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.															
	Local Address (Street, Apt. Number) 2091 VITEX LANE, NORTH PALM BEACH, FL 33408						(City)		(State)		(Zip)		Phone (561) 401-8604		Residence Type: 1. City 2. County 3. Florida 4. Out of State																	
	Permanent Address (Street, Apt. Number)						(City)		(State)		(Zip)		Phone ()		Address Source																	
	Business Address (Name, Street)						(City)		(State)		(Zip)		Phone ()		Occupation																	
	D/L Number, State B-600-541-81-945-0				Soc. Sec. Number [REDACTED]				INS Number				Place of Birth (City, State) WPB, FL				Citizenship US															
	Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile																	
	Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile																	
	JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other: No Bond												Residence Phone ()																		
Address (Street, Apt. Number) (City)												(State)		(Zip)		Business Phone ()																
Notified by: (Name)						Date		Time		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated																						
Released To: (Name)						Relationship						Date		Time																		
The above address 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No: (Reason)												School Attended				Grade																
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 B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ 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. Synthetics		U. Unknown Z. Other		
Charge Description BATTERY DOMESTIC						Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03(1)(a)(1)						Violation of ORD #																
Drug Activity N						Drug Type N		Amount / Unit		Offense # 17129411		Warrant / Capias Number						Bond														
CHARGE		Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number						Violation of ORD #														
	Drug Activity						Drug Type		Amount / Unit		Offense #		Warrant / Capias Number						Bond													
	Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number						Violation of ORD #															
	Drug Activity						Drug Type		Amount / Unit		Offense #		Warrant / Capias Number						Bond													
CHARGE	Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number						Violation of ORD #															
	Drug Activity						Drug Type		Amount / Unit		Offense #		Warrant / Capias Number						Bond													
	Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number						Violation of ORD #															
	Drug Activity						Drug Type		Amount / Unit		Offense #		Warrant / Capias Number						Bond													
NOTICE TO APPEAR	Location (Court, Room Number, Address)												SEP 20 AM 2:28																			
	Court Date and Time Month Day Year Time AM PM												SEP 20 AM 2:28																			
ADMIN	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															
	HOLD for other Agency Name:						Signature of Arresting Officer D/S C. APPLE #24109						Name Verification SEP 20 2017																			
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal						<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:						Name of Arresting Officer (Print) D/S C. APPLE #24109						I.D. #													
	Intake Deputy ANN 8101						ID # 24109						Agency PBSO						Witness here if subject signed with an "X"													

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile N	
ADMIN	OBTS Number			Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 17129411			
	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		Special Notes:			
DEF	Name (Last, First, Middle) BAUER, MICHELLE, ANN		Alias		Race W	Sex F	Date of Birth 12/05/1981				
CHARGES	Charge Description BATTERY DOMESTIC		784.03(1)(a)(1)		Charge Description						
	Charge Description				Charge Description						
VICTIM	Victim's Name (Last, First, Middle) PACHECO, DESIREE, ALAYNA				Race W	Sex F	Date of Birth 5/25/1985				
	Local Address (Street, Apt. Number) 2091 VITEX LANE, NORTH PALM BEACH, FL 33408		(City)	(State)	(zip)	Phone (561) 848-2315	Address Source				
	Business Address (Name, Street)		(City)	(State)	(zip)	Phone ()	Occupation				
PROBABLE CAUSE STATEMENT	The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.										
	On the _____ day of _____ 20____ at _____ <input type="checkbox"/> A. M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)										
ADMINISTRATIVE	<p>On September 19th, 2017 at approximately 22:50 hours I arrived at 2091 Vitex Lane in unincorporated North Palm Beach, FL 33408 regarding a disturbance.</p> <p>Upon my arrival I met with Keara A. Butler. Keara stated that she, her aunt Desiree A. Pacheco, and her mother Michelle A. Bauer had been in a fight. I observed a cut on Keara's hand that was wrapped inside of a cloth. EMS responded and treated Keara's injury. Keara stated that she and her mother were in a fight, however she stated that the injury on her hand was obtained by her punching a wall. She informed me that she came home and that her mom was drunk. She said that her mom pushed her and that she went outside to avoid the conflict. Keara then said Michelle chased after her outside of the house. She further informed me that while outside of the house her aunt Desiree A. Pacheco and aunt's husband Michael Pacheco became involved. She stated all the parties then began to fight in the street to prevent Michelle from coming back inside the house.</p> <p>I met with the victim Desiree A. Pacheco. Desiree informed me that her sister Michelle Bauer who also resides at the same address was drunk from alcohol. She further stated that Michelle got into an altercation with her daughter Keara A. Butler. She informed me that Michelle was attempting to fight her daughter and that she stepped in to defend Keara. She stated that she was pushed down on the street by Michelle and sustained lacerations on both of her arms due to the struggle. She further stated that her glasses were knocked off during the struggle with Michelle which caused a cut to her face. I observed the lacerations on both arms. Desiree declined medical attention by EMS.</p> <p>I then met with Michael Pacheco. Michael stated that he and others tried to break up a fight between Desiree and Keara. He stated that they locked Michelle out of the home because of her violent behavior and that she broke one of the front windows while trying to get back into the house.</p> <p>I obtained a sworn victim statement from Michael, Desiree, and Keara. The D.A.R.T. investigation and photographs were completed by D/S Lee #28271. Desiree was provided with a victims rights and remedies brochure and a case information form.</p> <p>Based on the above investigation I find probable cause exists to charge Michelle Bauer with Battery (domestic) pursuant to F.S.S. 784.03(1)(a)(1).</p>										
	STATE OF FLORIDA COUNTY OF PALM BEACH D/S C. APPLE #24109 (Signature of Arresting/Investigative Officer)										
The foregoing instrument was sworn to or affirmed and subscribed before me this 20 day of SEPTEMBER 20 by D/S C. APPLE (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced D/S MIRANDA #19477 Notary Public, Clerk of Court, Officer (F.S.S. 117.10)											

SCANNED
SEP 20 2017