

0485086

ARREST / NOTICE TO APPEAR

3954


AD M I N I S T R A T I O N	OBTS Number		Agency OR# Number <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>		Agency Report Number (N.T.A.'s only) <b>3   2   2017-001848</b>		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias <b>1</b>		JUVENILE											
	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 <b>Hands, Feet, Fist, Teeth</b>		Multiple Clearance Indicator																	
	Location of Arrest (Including Name of Business) <b>2400 N MILITARY TRL</b>						Location of Offense (Business Name, Address) <b>1900 N MILITARY TRL, BOCA RATON, FL 33431</b>															
	Date of Arrest <b>02/05/2017</b>		Time of Arrest <b>01:17</b>		Booking Date <b>02/05/2017</b>		Booking Time <b>01:27</b>		Jail Date		Jail Time		Location of Vehicle <b>NONE</b>									
	Name (Last, First, Middle) <b>STRICKLAND, MICHELLE ROBERTS</b>												Alias (Name, DOB, Soc. Sec. #, Etc.)									
	Race W - White B - Black I - American Indian O - Oriental/Asian <b>W</b>		Sex <b>F</b>		Date of Birth <b>02/10/1978</b>		Height <b>5'08</b>		Weight <b>115</b>		Eye Color <b>BROWN</b>		Hair Color <b>BLONDE</b>		Complexion <b>MEDIUM</b>		Build <b>Small</b>					
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status <b>S</b>		Religion <b>CHRISTIAN</b>		Indication of: Alcohol Influence Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>1</b>		Address Source <b>FL DL</b>		Occupation <b>Cook</b>					
	Local Address (Street, Apt. Number) <b>8336 NW 8TH TER, BOCA RATON, FL 33487</b>						(City) <b>(City)</b>		(State) <b>(State)</b>		(Zip) <b>(Zip)</b>		Phone <b>(646) 753-1712</b>									
	Permanent Address (Street, Apt. Number) <b>8336 NW 8TH TER, BOCA RATON, FL 33487</b>						(City) <b>(City)</b>		(State) <b>(State)</b>		(Zip) <b>(Zip)</b>		Phone <b>(646) 753-1712</b>									
	Business Address (Name, Street) <b>SELF,</b>						(City) <b>(City)</b>		(State) <b>(State)</b>		(Zip) <b>(Zip)</b>		Phone <b>(646) 753-1712</b>									
D/L Number, State <b>S362556785500 / FL</b>				Soc. Sec. Number <b>[REDACTED]</b>		INS Number		Place of Birth (City, State) <b>STUART, FL, United</b>		Citizenship <b>US</b>												
C O D E F	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									
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle) <b>No Bond</b>		(City) <b>(City)</b>		(State) <b>(State)</b>		(Zip) <b>(Zip)</b>		Residence Phone		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.										School Attended		Grade									
	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property																	
C O D E	Drug Activity N. N/A P. Possess		S. Sell B. Buy 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 <b>DOMESTIC BATTERY</b>										Statute Violation Number <b>784.03(1A1)</b>		Violation of ORD #									
C H A R G E	Drug Activity		Drug Type		Amount / Unit		Offense # <b>2017-001848</b>		Counts <b>1</b>		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond							
	Charge Description										Statute Violation Number		Violation of ORD #									
C H A R G E	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 #									
C H A R G E	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 <b>GOOD</b>										Any knowledge of the following: Explain: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries											
I N T A K E	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 <b>RAFALKO</b>		Released By <b>RAFALKO</b>		Released To <b>TOT CJ</b>											
	Transported By <b>RAFALKO</b>		Date Transported <b>02/05/2017</b>		Time Transported <b>04:00</b>		Other															
N O T I C E	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>		Court Date and Time															
	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									
A D M I N	HOLD for Other Agency		Signature of Arresting Officer <b>RAFALKO, TRAVIS</b>		ID. # <b>779</b>		Name Verification (Printed by Arrestee)		(PRINT)													
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Intake Deputy <b>Cap Hardemon</b>		Pouch # <b>4716</b>		Transporting Officer <b>RAFALKO</b>		ID. # <b>779</b>		Agency <b>BRPD</b>		Witness here if subject signed with an "X".		PAGE <b>1 OF 1</b>					

SCANNED  
FEB 06 2017 AM 4:46

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>02/05/2017 01:17</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2017-001848</b>	
	Agency ORI Number <b>FL 0500200</b>				
D E F	Name (Last, First, Middle) <b>STRICKLAND, MICHELLE ROBERTS</b>	Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>02/10/1978</b>
C H R G	Charge Description <b>784.03(1A1) DOMESTIC BATTERY</b>				
V I C T I M					
A D D I T I O N A L  I N F O R M A T I O N	DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>SHAKEN</b>			
	VICTIM'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral				
R E L A T I O N S H I P B E T W E E N V I C T I M & S U S P E C T	RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>CHILD IN COMMON</b>				
P H O T O G R A P H S	PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
	Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
9 1 1 C A L L	911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CALLER: <b>VICTIM</b>			
	WEAPON USED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TYPE:			
W I T N E S S E S	WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	(If YES, attach witness list)			
	INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
M E D I C A L T R E A T M E N T	MEDICAL TREATMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
	AT: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PARAMEDICS:			
H O S P I T A L	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 N O T I F I E D	H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
	VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
V I O L A T I O N O F R E S T R A I N I N G	VIOLETION 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				
A L C O H O L O R D R U G S I N V O L V E D	ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
S T A T E O F F L O R I D A	STATE OF FLORIDA				
	COUNTY OF PALM BEACH <i>mw</i>				
A P P E A R E D	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				
S W O R N	Sworn to and subscribed to before me this <u>5</u> day of <u>February</u> , <u>2017</u> .				
	<u>VAZQUEZ-BELLO, YVETTE D</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)				

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

SCANNED

FEB 06 2017

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County  
Narrative Continuation

A D M I N	Date / Time <b>02/05/2017 01:17</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2017-001848</b>
	Agency ORI Number <b>FL 0500200</b>			

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On 2/5/17 at 0053 hours I responded to the [REDACTED] in reference to a domestic battery. Upon my arrival, I made contact with W/F Michelle Strickland who advised that she had gotten into an argument with her boyfriend, W/M [REDACTED].

Strickland stated that [REDACTED] was driving her home from a night of drinking alcohol at Blue Martini at 6000 W. Glades Rd. She stated that she got jealous about how he was interacting with other women in the bar. Strickland advised that during the argument, [REDACTED] grabbed her by the arm and that she was trying to exit the vehicle. Strickland had [REDACTED] stop the vehicle, exited the vehicle, and approached a passerby for assistance. Strickland advised that she had consumed four Crown Royal Drinks at Blue Martini.

[REDACTED] advised that they had an argument on their way home from Blue Martini. He stated that during the argument while he was driving Northbound on Military Trail, Strickland grabbed his chest which caused his shirt to rip and scratched his left arm. [REDACTED] advised that he called the police after the altercation.

I observed that [REDACTED] and Strickland appeared intoxicated. I observed that [REDACTED] shirt was ripped down the middle open and that he had several scratch marks on his left arm around his bicep. I did not observe any visible injuries on Strickland. It should be noted that Strickland and [REDACTED] currently live together and have a 9 month old child in common. I did not observe [REDACTED] or Strickland in actual physical control of a vehicle.

Based on my investigation, it was determined that Michelle Strickland was the primary aggressor in the altercation. Michelle Strickland is being charged with Domestic Battery pursuant to F.S.S. 784.03(1A1).

Photos of [REDACTED] injuries were collected and placed into BRPD evidence. [REDACTED] was provided a BRPD Victim's Rights pamphlet. Strickland was transported to the Boca Raton Police Department to be processed into our facility. Once processing was complete, she was turned over to the Palm Beach County Jail in WPB.

On 2/5/17 at 0053 hours I responded to the intersection of Butts Road and Military Trail in reference to a domestic battery. Upon my arrival, I made contact with W/F Michelle Strickland who advised that she had gotten into an argument with her boyfriend, W/M [REDACTED].

Strickland stated that [REDACTED] was driving her home from a night of drinking alcohol at Blue Martini at 6000 W. Glades Rd. Strickland advised that she had consumed four Crown Royal Drinks at Blue Martini during her time at Blue Martini. She stated that she got jealous about how he was interacting with other women in the bar. Strickland advised that during the argument, [REDACTED] grabbed her by the arm and that she tried to exit the vehicle. Strickland had [REDACTED] stop the vehicle, exited the vehicle, and approached a passerby for assistance.

[REDACTED] advised that they had an argument on their way home from Blue Martini. He stated that during the argument while he was driving Northbound on Military Trail, Strickland grabbed his chest which caused his shirt to rip and scratches on his left arm. [REDACTED] advised that he called the police after the altercation.

I observed that [REDACTED] and Strickland appeared intoxicated. I observed that [REDACTED] shirt was ripped down the middle open and that he had several scratch marks on his left arm around his bicep. I did not observe any visible injuries on Strickland. It should be noted that Strickland and [REDACTED] currently live together and have a 9 month old child in common. I did not observe [REDACTED] or Strickland in actual physical control of a vehicle.

Based on my investigation, it was determined that Michelle Strickland was the primary aggressor in the altercation. Michelle Strickland is being charged with Domestic Battery pursuant to F.S.S. 784.03(1A1).

STATE OF FLORIDA  
COUNTY OF PALM BEACH *nr*

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 5 day of February, 2017.

**VAZQUEZ-BELLO, YVETTE D** *[Signature]*  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL


SCANNED  
FEB 06 2017

P.I.O.

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County  
Narrative Continuation

A D M I N  N A R R A T I V E	Date / Time <b>02/05/2017 01:17</b>		
	Agency ORI Number <b>FL 0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2017-001848</b>
	<p>Photos of [REDACTED] injuries were collected and placed into BRPD evidence. [REDACTED] was provided a BRPD Victim's Rights pamphlet. Strickland was transported to the Boca Raton Police Department to be processed into our facility. Once processing was complete, she was turned over to the Palm Beach County Jail in WPB.</p>		
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p> SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn, and subscribed to before me this <u>5</u> day of <u>February</u>, <u>2017</u>.</p> <p><u>VAZQUEZ-BELLO, YVETTE D</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 17.10)</p> <p><b>SCANNED</b> <b>FEB 06 2017</b></p>			

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

# VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (F.S. 784.048)
- Domestic Violence - ( This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated 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 single 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#: 17-1848 Agency: BRPD  
Offense: Domestic Battery  
Suspect/Offender: Strickland, Michelle  
D.O.B. 02/10/78 Race: W Sex: F

2. Warrant#(s): \_\_\_\_\_

3.a. Vict \_\_\_\_\_  
Add \_\_\_\_\_  
City \_\_\_\_\_  
Hom \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Other: \_\_\_\_\_

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY.

**Victim/Relation Notification Waiver and Confidential Information Request.**

(check applicable boxes)

- ☐ Waiver: I choose not to be notified when the arrestee is released from custody.
- ☐ Confidential: Pursuant to F.S.119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).
- Other confidentiality provisions of Florida State Statutes may also be applicable

**SCANNED**  
**FEB 06 2017**

Signature of person waiving notification: \_\_\_\_\_

Printed name of person waiving notification: \_\_\_\_\_

Officer's Name: Bafalko I.D.# 779 Date: 02/05/17

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER:

(FOR

COURT CASE/WARRANT#:  
(USE ONLY)