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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		Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3, 2 2018-007685	
	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 None/not Applicable	
D E F E N D A N T	Location of Arrest (Including Name of Business) 328 NE 42ND ST BOCA RATON, FL 33431				Location of Offense (Business Name, Address) 328 NE 42ND ST, BOCA RATON, FL 33431			
	Date of Arrest 06/05/2018	Time of Arrest 10:40	Booking Date 06/05/2018	Booking Time 11:00	Jail Date 06/05/2018	Jail Time 11:00	Location of Vehicle N/A	
D E F E N D A N T	Name (Last, First, Middle) OIWA, MIKI				Alias (Name, DOB, Soc Sec #, Etc) Alias:			
	Race W - White B - Black	1 - American Indian O - Oriental/Asian	Sex F	Date of Birth 06/23/1976	Height 5'06	Weight 130	Eye Color BROWN	Hair Color BLACK
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status M	Religion NONE	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	Local Address (Street, Apt. Number) 328 NE 42ND ST, BOCA RATON, FL 33431				Phone	Residence Type 1 City 3 Florida 2 County 4 Out of State		
	Permanent Address (Street, Apt. Number) 328 NE 42ND ST, BOCA RATON, FL 33431				Phone	Address Source ARRESTEE		
	Business Address (Name, Street) UNEMPLOYED,				Phone	Occupation		
	DL Number, State 0000603011480 / MD		Soc Sec Number	INS Number	Place of Birth (City, State) KUMAMOTO, Japan		Citizenship JA	
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	
	J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other		Name (Last, First, Middle)		Residence Phone		Business Phone
<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number)		(City) (State) (Zip)				
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		
<input type="checkbox"/> Yes, by <input type="checkbox"/> No		Property Crime?		Description of Property		Value of Property		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Property Crime?		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/Derm		P Paraphernalia/ Equipment S Synthetic		U Unknown Z Other		
C H A R G E		Charge Description DOMESTIC BATTERY				Statute Violation Number 784.03(1A1)		Violation of ORD #
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	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 #	
	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 GOOD				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 N/A			
	Check which applies <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> TOT County Jail		PROPERTY - Received By 683		Released By 683	
N O T I C E	Transported By				Date Transported		Time Transported	
	Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444				Court Date and Time			
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				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			
A D M I N	HOLD for Other Agency N/A		Signature of Arresting Officer		Name Verification (Printed by Arrestee)		ID #	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Susceptible		Name of Arresting Officer (Print) CRAWFORD, A.		(PRINT) JUN 5 2018		683	
I N T A K E	Intake #		Pouch #		Transferring Officer CRAWFORD		ID # Agency 683 BRPD	
	Witness here if subject signed with an "X"						PAGE 1 OF 1	

RECEIVED JUN 06 2018

JUN 5 2018

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

ADMIN	Date / Time 06/05/2018 12:24		Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2018-007685	
	Name (Last, First, Middle) OIWA, MIKI						Race O	Sex F
CHARGE	Charge Description 784.03(1A1) DOMESTIC BATTERY							
	Victim's Name (Last, First, Middle) PAESE, ANDRE G						Race W	Sex M
VICTIM	Local Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source	
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation	
DEFENDANT'S STATEMENTS			Written <input type="checkbox"/>	Taped <input type="checkbox"/>	Oral <input checked="" type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): BRUISE/RED MARK		
VICTIM'S STATEMENTS			Written <input type="checkbox"/>	Taped <input type="checkbox"/>	Oral <input checked="" type="checkbox"/>			
RELATIONSHIP BETWEEN VICTIM & SUSPECT MARRIED								
ADDITIONAL INFORMATION	PHOTOGRAPHS	Scene	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO		
		Victim	<input checked="" type="checkbox"/>		<input type="checkbox"/>			
		911 CALL:	<input checked="" type="checkbox"/>		<input type="checkbox"/>	CALLER: MIKI OIWA		
		WEAPON USED	<input checked="" type="checkbox"/>		<input type="checkbox"/>	TYPE HANDS		
		WITNESSES	<input type="checkbox"/>		<input checked="" type="checkbox"/>	(If YES, attach witness list)		
		INJURIES:	<input checked="" type="checkbox"/>		<input type="checkbox"/>			
		MEDICAL TREATMENT	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
		AT: Scene	<input type="checkbox"/>		<input checked="" type="checkbox"/>	PARAMEDICS:		
		Hospital	<input type="checkbox"/>		<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:		
		ACT COMMITTED IN PRESENCE OF MINOR(S):	<input type="checkbox"/>		<input checked="" type="checkbox"/>	NAMES/AGES:		
		H R. S. NOTIFIED:	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
		VICTIM PREGNANT:	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
	VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/>		<input checked="" type="checkbox"/>	CASE # NOT REPORTED			
	PRIOR HISTORY OF DOMESTIC VIOLENCE	<input checked="" type="checkbox"/>		<input type="checkbox"/>				
	ALCOHOL OR DRUGS INVOLVED:	<input type="checkbox"/>		<input checked="" type="checkbox"/>				
NARR	On 06/05/18, at approximately 0942 hours, I was dispatched to a report of a domestic disturbance at 328 NE 42nd Street. Upon my arrival, I met with the caller, Miki Oiwa and her husband, Andre Paese.							
	According to Paese, his wife of approximately a year and half, Miki Oiwa, jumped on his back and scratched him							
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>5</u> day of <u>June</u> , <u>2018</u> _____ NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)								

CERTIFIED COPY

SCANNED
JUN 06 2018

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#: 2018-7685 Agency: Boca Raton
Offense: Domestic Battery
Suspect/Offender: Miki O'wa
D.O.B. 6-23-76 Race: Asian Sex: Female

2. Warrant#(s): _____

3.a. Victim's name: Andre Paese D.O.B. 5/1/79 Race: W Sex: M
Address: _____
City: _____ State: _____ Zip: _____
Home#: _____ Work#: _____ Other: _____

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

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: Off. Crawford I.D.# 483 Date: 6/5/18
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER: _____

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#: _____



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input type="checkbox"/>	(iii) 119.0714(1)(i)-(j), 2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input checked="" type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	5
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018018772

Date: 6-6-18

Specialist Name/ID: L. Rosales, 4489