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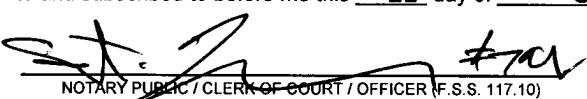
ARREST / NOTICE TO APPEAR

A OBTS Number		D		M		I		N		I		S		T		R		A		T		I		O		N					
Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)		1. Arrest		3. Request for Warrant		1		JUVENILE																			
0502000		Lantana Police Department		6 1 4 16-002331				2. N.T.A.		4. Request for Capias																					
Charge Type:		<input type="checkbox"/> 1. Felony		<input checked="" type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance		<input type="checkbox"/> 6. Other		If Weapon Seized		Multiple Clearance Indicator																			
Check as many as apply.		<input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 4. Traffic Misdemeanor						Enter Type		None/not Applicable																			
Location of Arrest (Including Name of Business)										Location of Offense (Business Name, Address)																					
1280 W LANTANA RD, LANTANA FL 33462										1409 W DREW ST, LANTANA, FL 33462																					
Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle																			
10/21/2016 20:04																															
Name (Last, First, Middle)										Alias (Name, DOB, Soc. Sec. #, Etc.)																					
MATZ, NATHALIE BERNADETTE										Alias:																					
Race		Sex		Date of Birth		Height		Weight		Eye Color		Hair Color		Complexion		Build															
W - White B - Black		I - American Indian O - Oriental/Asian		W F		12/08/1967		5'04		140		BROWN		BLACK		MEDIUM		Small													
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status		Religion																			
S										S		CHRISTIAN																			
Local Address (Street, Apt. Number) (City) (State) (Zip)										Phone																					
1409 W DREW ST, LANTANA, FL 33462										(678) 231-1074																					
Permanent Address (Street, Apt. Number) (City) (State) (Zip)										Phone																					
1409 W DREW ST, LANTANA, FL 33462										(678) 231-1074																					
Business Address (Name, Street) (City) (State) (Zip)										Phone																					
SELF,																															
D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State)		Citizenship																							
M320622679480 / FL						BROOKLYN, NY,		US																							
Co-Defendant Name (Last, First, Middle)										Race		Sex		Date of Birth																	
Co-Defendant Name (Last, First, Middle)										Race		Sex		Date of Birth																	
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____										Name (Last, First, Middle)																					
<input type="checkbox"/> Legal Custodian																															
Address (Street, Apt. Number) (City) (State) (Zip)										Phone																					
Notified by: (Name)										Date		Time		JUVENILE DISPOSITION																	
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																					
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:										Property Crime?		Description of Property																			
										<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																					
C O D E										Drug Activity		S. Sell		R. Smuggle		K. Disperses/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type		B. Barbiturate		H. Hallucinogen		P. Paraphernalia/ Equipment		U. Unknown	
										N. N/A		B. Buy		D. Deliver		E. Use				N. N/A		C. Cocaine		M. Marijuana		O. Opium/Deriv.		S. Synthetic			
C H A R G E										Drug Activity		N		/		16-002331		Counts		Domestic Violence		Warrant / Capias Number		Statute Violation Number		Violation of ORD #					
																				784.03 1A1											
C H A R G E										Drug Activity		N		/		16-002331		Counts		Domestic Violence		Warrant / Capias Number		Statute Violation Number		Violation of ORD #					
																				901.36(1)											
C H A R G E										Drug Activity		N		/		Offense #		Counts		Domestic Violence		Warrant / Capias Number		Statute Violation Number		Violation of ORD #					
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I N T A K E										Drug Activity		N		/		Offense #		Counts													

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 10/21/2016 21:10	Agency Name LANTANA POLICE DEPARTMENT	Agency Report Number 6 4 16-002331
D E F	Name (Last, First, Middle) MATZ, NATHALIE BERNADETTE	Alias	Race W Sex F Date of Birth 12/08/1967
C H R G	Charge Description 784.03 BATTERY - SIMPLE TOUCH / STRIKE		
V I C T I M	Victim's Name (Last, First, Middle) PASS, DAVID BRYAN	Race W Sex M Date of Birth 12/28/1956	
Local Address (Street, Apt. Number) 1409 WEST DREW STREET, LANTANA, FL 33462		(City) (State) (Zip)	Phone (678) 231-1074 Address Source
Business Address (Name, Street) SELF		(City) (State) (Zip)	Phone Occupation
DEFENDANT'S STATEMENTS: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Written <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Taped <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Oral		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): UPSET	
VICTIM'S STATEMENTS: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Written <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Taped <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Oral			
RELATIONSHIP BETWEEN VICTIM & SUSPECT GIRLFRIEND			
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"/> <input checked="" type="checkbox"/> YES <input type="checkbox"/> <input checked="" type="checkbox"/> NO Victim: <input checked="" type="checkbox"/> <input type="checkbox"/> 911 CALL: <input checked="" type="checkbox"/> <input type="checkbox"/> CALLER: BOTH WEAPON USED: <input type="checkbox"/> <input checked="" type="checkbox"/> TYPE: 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:		
N A R R	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 #: 16000894 PRIOR HISTORY OF DOMESTIC VIOLENCE: <input checked="" type="checkbox"/> <input type="checkbox"/> ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> <input checked="" type="checkbox"/>		
On Friday October 21st 2016 at approximately 1937 hours I was dispatched to 1409 West Drew St, Lantana FL 33462 in reference to an in-progress domestic with a firearm. A female caller advised her room-mate has a gun and walked outside. A 2nd caller advised that he is the other person at the residence and owns a gun but does not have it on him. Upon arrival officers met with w/m, David Pass (12/28/1956) who advised me of the			
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.  #866 SIGNATURE OF ARRESTING OFFICER			
Sworn to and subscribed to before me this <u>21</u> day of <u>October</u> , <u>2016</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	Date / Time
D	10/21/2016 21:10
M	Agency ORI Number
N	FL 0502000

Agency Name	Agency Report Number
LANTANA POLICE DEPARTMENT	6 4 16-002331

N
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V
E following:

Pass and his live-in girlfriend w/f, Nathalie B Matz (12/08/1967) were involved in a verbal dispute. During the dispute Matz grabbed Pass's left arm and bit his forearm. There is visible blood and teeth marks on Pass's left forearm.

It should be noted that Matz left the scene prior to officers arrival.

Pass did not want to cooperate anymore with the investigation and refused to fill a victims sworn statement. A victim's notification was also filled out.

Photographs were taken of Pass's injuries and submitted into evidence.

Matz was located by Officer E. Tavcar #788 at 1280 West Lantana Rd, Lantana FL 33462. It should be noted that Officer Tavcar #788 is familiar with Matz from previous lawful encounters. When Officer Tavcar #788 asked for her name she replied with Lisa Stephanie Barbet (01/12/1970). He then asked her to be truthful and say her real name. Matz confirmed her name was "Lisa Stephanie Barbet".

Matz was then placed underarrest and handcuffs were double locked and checked for tightness. Matz was then transported to the Lantana Police department by Officer J. Frommer #859 for further processing.

Based on the facts from above I believe there is probable cause to charge Nathalie B Matz (12/08/1967) with the following:

1 charge of FSS 784.03 Battery- Simple touch / Strike.

1 charge of FSS 837.055 Giving false information to Law Enforcement Officer during investigation.

Matz was then transported to the Palm Beach County Jail.

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 21 day of October, 2016.



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