



AD M I N I S T R A T I O N		OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE		N	
		Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2017-006147									
		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, Feet, Fist, Teeth		Multiple Clearance Indicator									
		Location of Arrest (Including Name of Business) 21290 JUEGO CIR, BOCA RATON FL, 33433		Location of Offense (Business Name, Address) 5150 TOWN CENTER CIR, BOCA RATON, FL 33486											
		Date of Arrest 04/28/2017		Time of Arrest 16:23		Booking Date 04/28/2017		Booking Time 17:00		Jail Date // : :		Jail Time		Location of Vehicle N/A	
		Name (Last, First, Middle) KANSEROVA, OKSANA		Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)											
		Race W - White B - Black O - Oriental/Asian W		Sex F		Date of Birth 10/07/1987		Height 5'06		Weight 115		Eye Color BROWN		Hair Color LIGHT	
		Complexion LIGHT		Build											
		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status M		Religion		Indication of: Alcohol Influence Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>							
		Local Address (Street, Apt. Number) 21290 JUEGO CIR 12B, BOCA RATON, FL 33433		(City) BOCA RATON		(State) FL		(Zip) 33433		Phone (954) 806-2646		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2			
		Permanent Address (Street, Apt. Number) 21290 JUEGO CIR 12B, BOCA RATON, FL 33433		(City) BOCA RATON		(State) FL		(Zip) 33433		Phone (954) 806-2646		Address Source DEFENDANT			
		Business Address (Name, Street) Unemployed		(City) BOCA RATON		(State) FL		(Zip) 33433		Phone (954) 806-2646		Occupation Unemployed			
		D/L Number, State /		Soc. Sec. Number		INS Number		Place of Birth (City, State) SAMARKAND		Citizenship Uzbekistan					
		Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile					
		Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile					
		<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)						Residence Phone					
		Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone					
		Notified by: (Name)		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 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? <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. 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 BATTERY		Statute Violation Number 784.03(1A1)		Violation of ORD #									
		Drug Activity N		Drug Type N		Amount / Unit /		Offense # 2017-006147		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number	
		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	
		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	
		Health / Apparent Physical Condition of Defendant OKAY		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 CLINARD		Released By		Released To			
		Transported By		Date Transported // : :		Time Transported		Other							
		<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) South County 200 W Atlantic Ave Delray Beach, FL 33444		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 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		Signature of Arresting Officer CLINARD, RICKY L.		Name of Arresting Officer (Print) CLINARD, RICKY L.		I.D. # 780		Name Verification (Printed by Arrestee) SCANNED		PAGE 1 OF 1			
		<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Intake Agency 67034		Pouch #		Transporting Officer Reissi		I.D. # 776		Agency BRPD		Witness here if subject signed with an "X".	

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 04/28/2017 14:23		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2017-006147	
	Agency ORI Number FL 0500200					
D E F	Name (Last, First, Middle) KANSEROVA, OKSANA				Race W	Sex F
	Alias				Date of Birth 10/07/1987	
C H R G	Charge Description 784.03(1A1)					
	Victim's Name (Last, First, Middle) SARKISOV, MIKHAIL				Race W	Sex M
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) 21290 JUEGO CIR 12B, BOCA RATON, FL 33433				Phone (954) 806-2646	
	Business Address (Name, Street) (City) (State) (Zip)				Address Source	
					Occupation	
A D D I T I O N A L I N F O R M A T I O N	Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/> DEFENDANT'S STATEMENTS: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> VICTIM'S STATEMENTS: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): CALM		
	RELATIONSHIP BETWEEN VICTIM & SUSPECT SPOUSE					
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"/> YES <input checked="" type="checkbox"/> NO					
	Victim: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		CALLER: ANONYMOUS			
	WEAPON USED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TYPE: HANDS			
	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					
	MEDICAL TREATMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	AT: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PARAMEDICS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PHYSICIAN(S) / HOSPITAL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		NAMES/AGES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
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 #: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
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						
N A R R	On 04/28/17 at 1401 hours I responded to 5150 Town Center Circle in reference to a delayed suspicious incident.					
	An anonymous caller called 911 to report that he had witnessed what appeared to be a man choking a female					
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>28</u> day of <u>April</u> , 2017.  CODLING, JEREMY R NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)						

SCANNED

APR 29 2017

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 04/28/2017 14:23	Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2017-006147
	N A R R A T I V E			

inside of a black Toyota Camry (bearing FL tag EDEP09). The caller stated that the incident happened at approximately 1330 hours but did not report it until later and was no longer in the area. The caller did not wish to provide any contact information or have any other information available of the incident.

Once I arrived on scene, I ran the tag and found that the vehicle was currently registered to a Mikhail Sarkisov with an address of 21290 Juego Cir Apt 12B, Boca Raton FL, 33433. I looked up Sarkisov's photo and began searching the parking lot and surrounding area for either him or the vehicle. The search yielded negative findings.

I then proceeded to 21290 Juego Cir Apt 12B to see if I could locate him at his residence in order to question him about the incident. Upon arrival, I was able to make contact with Sarkisov on the front porch of the aforementioned address. I immediately noticed that Sarkisov had two superficial scratches around his right eye. When questioned about what happened, Sarkisov stated he was in the vehicle earlier with his wife Oksana Kanserova and they were involved in a verbal argument. He stated at one point Kanserova reached over and pulled his glasses off of his face, causing the scratches. Sarkisov stated at no time did he physically touch her or defend himself, and that and that she initiated physical contact. Sarkisov stated that he and his wife had been married for a few months and she just recently moved here from Russia. Sarkisov refused to allow photographs to be taken of his injuries and refused medical assistance. Sarkisov did not want to provide a witness statement of the incident and was being uncooperative throughout the investigation.


I then spoke with Kanserova. While speaking with her, I did not notice any visible injuries or marks on her person. Kanserova advised that she spoke very little English and that her language of preference was Russian. I contacted Boca Raton Police Department dispatch who patched me through to Language Line Russian translator Mariam (ID#20492). Kanserova advised that her and Sarkisov were having an argument because she was having difficulties here by not knowing the language and she missed her family home. Kanserova stated that Sarkisov was not paying attention to her so she reached over and pulled his glasses off of his face, breaking them in the process. Kanserova stated Sarkisov had not harmed her in any way, and that she initiated the physical confrontation.

Based on the corroborating statements and evidence of injury consistent with the statements, I found probable cause to arrest Oksana Kanserova for Battery (Domestic) in accordance with F.S.S. 784.03(1A1).

Kanserova was transported to Palm Beach County Jail for final disposition.

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 28 day of April, 2017.

CODLING, JEREMY R
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED
APR 29 2017