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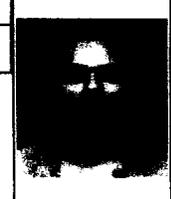
ARREST / NOTICE TO APPEAR

1 Arrest 2 N.F.A. 3 Request for Warrant 4 Request for Capias 1 JUVENILE

Agency ORI Number 0500400	Agency Name Delray Beach Police Department	Agency Report Number - N.F.A.'s only 4 0 17-017736
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/fist/feet/teeth	Multiple Clearance Indicator: 1
Location of Arrest (Including Name of Business) 1000 AUBURN CIR N APT G		Location of Offense (Business Name, Address) 1000 AUBURN CIR N G, DELRAY BEACH, FL 33444
Date of Arrest 11/12/2017	Time of Arrest 21:07	Booking Date 11/12/2017
Booking Time 21:17	Jail Date	Jail Time
Name (Last, First, Middle) MATOS, RICHARD VINCENT		
Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White B - Black	Sex M	Date of Birth 06/07/1984
Height 6'02	Weight 200	Eye Color GREEN
Hair Color BROWN	Complexion FAIR	Build Big
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status S
Local Address (Street, Apt. Number) 985 AUBURN CIR N B, DELRAY BEACH, FL 33444		Phone (561) 400-5342
Permanent Address (Street, Apt. Number) 985 AUBURN CIR N B, DELRAY BEACH, FL 33444		Phone (561) 400-5342
Business Address (Name, Street)		Occupation Unemployed
D/L Number, State M320758842070 / FL	Soc. Sec. Number	INS Number
Place of Birth (City, State) NEW YORK, New York	Citizenship US	
Co-Defendant Name (Last, First, Middle)	Race	Sex
Co-Defendant Name (Last, First, Middle)	Race	Sex
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian	Name (Last, First, Middle)	
Address (Street, Apt. Number)	(City)	(State)
Notified by: (Name)	Date	Time
Released To: (Name)	Relationship	Date
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.		
<input type="checkbox"/> Yes, by:	<input type="checkbox"/> No:	Name (Last, First, Middle)
Drug Activity S. Sell 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 SIMPLE BATTERY (TOUCH OR STRIKE)	Statute Violation Number 784.03(1A1)	Violation of ORD #
Drug Activity N	Amount / Unit /	Offense # 17-017736
Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number 1
Charge Description	Statute Violation Number	Violation of ORD #
Drug Activity	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	Amount / Unit	Offense #
Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Health / Apparent Physical Condition of Defendant	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	
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.F. County Jail
Transported By SARGENT	Date Transported	Time Transported
<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.	Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444	
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 <input type="checkbox"/> Dangerous <input type="checkbox"/> Suspected	Signature of Arresting Officer SARGENT, TYSEN L.	Name Verification (Printed by Arresting Officer) NOV 13 2017 1:38 AM
Thomas Coy	I.D.# 1140	Agency DBPD
Pouch #	Transporting Officer SARGENT	I.D.# 1140
Witness here if subject signed with an "X".		

VICTIM NOTIFICATION REQUIRED

NO BOND



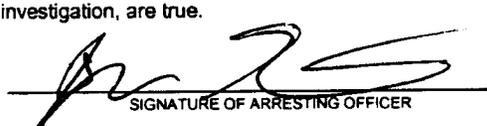
SCANNED

NOV 13 2017

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 11/12/2017 21:38	Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 17-017736				
	Name (Last, First, Middle) MATTOS, RICHARD VINCENT				Alias	Race W	Sex M	Date of Birth 06/07/1984	
C H A R G E S	Charge Description 784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)								
	Victim Information								
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip)				Phone	Address Source	Race W	Sex F	Date of Birth
	Business Address (Name, Street) (City) (State) (Zip)				Phone	Occupation			
O B S E R V A T I O N S	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): SCRATCH MARKS					
	VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>								
A D D I T I O N A L I N F O R M A T I O N	RELATIONSHIP BETWEEN VICTIM & SUSPECT [REDACTED]								
	<p>PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Victim: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>911 CALL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CALLER:</p> <p>WEAPON USED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO TYPE: HANDS</p> <p>WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If YES, attach witness list)</p> <p>INJURIES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>MEDICAL TREATMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>AT: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PARAMEDICS:</p> <p>Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PHYSICIAN(S) / HOSPITAL:</p> <p>ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NAMES/AGES:</p> <p>H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CASE #:</p> <p>PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>								
N A R R	The following incident occurred within the City of Delray Beach, Palm Beach County, FL.								
	On 11/12/17 at approximately 1730 hours I responded to [REDACTED] in reference to a domestic disturbance. Upon arrival, contact was made with the defendant, [REDACTED]								
<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 to and subscribed to before me this <u>12</u> day of <u>November</u>, 2017.</p> <p> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.0)</p>									

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NOV 13 2017

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N I S T R A T I V E	Date - Time 11/12/2017 21:33	Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 17-017736
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Richard Mattos, where his cigarettes were. stated they began to argue about where his cigarettes were when the argument became physical. stated Mattos approached her in a physical manner and stated while Mattos was admitted to throwing water from inside a Brita water filter at Mattos. stated she pushed Mattos back in self-defense. stated Mattos stated Mattos left the area. did not appear to have any marks, bruises, or swelling.

Contact was made with defendant, Mattos who returned to . Mattos stated he left to pick up a pack of cigarettes. Mattos stated he and got into a verbal argument over where his cigarettes where located. Mattos stated began to get physical with Mattos scratching him on the front of his neck and the back of his neck. Mattos stated he then in self-defense. Mattos admitted to in order to get her away from him. Mattos stated then began to throw objects at him. Mattos stated threw a glass up at him that broke all over the floor of . Mattos stated grabbed the Brita water maker and threw all the water on him and then threw the Brita water container at him. Mattos stated then left and began to walk around the neighborhood. Mattos stated he tried to follow but left to get another pack of cigarettes. Mattos had red scratch marks that appeared to be from nails on the front and back of his neck. had glass broken all over the floor and Brita water container laying in the hallway.

Based on conflicting stories and no independent witnesses I was unable to determine the primary aggressor. Both subjects had evidence that supported their side of the incident therefore both subjects were arrested and charged accordingly.

Based on the above facts the defendants, Richard Mattos and were charged with Simple Battery FSS 784.03 (1A1) .

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 12 day of November, 2017.

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

SCANNED
NOV 13 2017

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- **Homicide** (Ch. 782)
- **Sexual Offense** (Ch. 794)
- **Attempted Murder**
- **Attempted Sexual Offense**
- **Stalking** (S. 784.048)
- **Domestic Violence** - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. 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 #: 17-17736 Agency: DBPD
 Offense: Domestic Violence
 Suspect/Offender: Richard Mattos
 D.O.B. 06/07/84 Race: White Sex: Male

2. Warrant #(s): N/A

3. Complete one (1) of the following:

a. Victim's name: _____
 Address: _____
 City: _____
 Home #: _____ Work #: _____ Other: _____

b. Victim's next of kin:
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Other: _____

c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Other: _____

4. Relevant identification or case numbers assigned to the case (please specify):
N/A

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

SCANNED
NOV 13 2017

Signature of person waiving notification: _____
Printed name of person waiving notification: _____

Officer's Name : Sargent I.D.: 1140 Date: 11/12/17

SUSPECT/OFFENDER: _____

COURT CASE/WARRANT #:
(FOR WARRANTS USE ONLY)