

ARREST / NOTICE TO APPEAR

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

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 1 2 2016-004647																
Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many as apply. <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other						If Weapon Seized Enter Type Hands, Feet, Fist, Teeth		Multiple Clearance Indicator N															
Location of Arrest (Including Name of Business) 4800 N FEDERAL HWY					Location of Offense (Business Name, Address) 4800 N FEDERAL HWY 201, BOCA RATON, FL 33431																		
Date of Arrest 03/29/2017		Time of Arrest 15:22		Booking Date 03/29/2017		Booking Time 15:32		Jail Date 03/29/2017		Jail Time 15:12													
Name (Last, First, Middle) XU, RONG					Alias: _____																		
Race W - White B - Black		Sex F		Date of Birth 05/18/1977		Height 5'02		Weight 140		Eye Color BROWN													
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status		Religion			Indication of: Alcohol Influence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown Drug Influence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown													
Local Address (Street, Apt. Number) 6122 NW 31ST CT, BOCA RATON, FL 33496					(City) (State) (Zip)					Phone (908) 672-4737		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2											
Permanent Address (Street, Apt. Number) 6122 NW 31ST CT, BOCA RATON, FL 33496					(City) (State) (Zip)					Phone (908) 672-4737		Address Source FL DL											
Business Address (Name, Street)					(City) (State) (Zip)					Phone		Occupation											
D/L Number, State X000720776780 / FL			Soc. Sec. Number		INS Number			Place of Birth (City, State) CHINA			Citizenship												
Co-Defendant Name (Last, First, Middle)					Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor												
Co-Defendant Name (Last, First, Middle)					Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor												
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <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 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Description of Property				Value of Property									
C O D E		Drug Activity 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	
C H A R G E		Charge Description DOMESTIC BATTERY										Statute Violation Number 784.03(1A1)					Violation of ORD #						
C H A R G E		Drug Activity N		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number					Bond				
C H A R G E		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				
C H A R G E		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				
I N T A K E		Health / Apparent Physical Condition of Defendant GOOD					Any knowledge of the following: Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail Posted Bond <input type="checkbox"/> South County Mental Health					Released By _____					Released To _____						
I N T A K E		Transported By _____					Date Transported // : : Time Transported 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) South County 200 W Atlantic Ave Delray Beach, FL 33444					Court Date and Time					No Photo Available						
T O A P P E A R		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 BUCKHEIT, PATRICK H.					Name Verification (Printed by Arrestee) 648											
		<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other					Name of Arresting Officer (Print) BUCKHEIT, PATRICK H.					I.D. # 648					(PRINT)						
		Intake Deputy		I.D. #		Pouch #		Transporting Officer BUCKHEIT		I.D. # 648		Agency BOCA		PAGE 1 OF 1									
																	Witness here if subject signed with an "X". 2017 MAR 30						

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N Date / Time 03/29/2017 15:36		AFFIDAVIT																																																
D E F Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2017-004647																																														
C H R G Name (Last, First, Middle) XU, RONG		Alias		Race O Sex F Date of Birth 05/18/1977																																														
Charge Description 784.03(1A1) DOMESTIC BATTERY																																																		
V I C T I M Victim's Name (Last, First, Middle) [REDACTED]		Race 05/15/1962 Sex Address Source		Date of Birth VICTIM																																														
Business Address (Name, Street) QTECH		(City)	(State)	(Zip)	Phone Occupation																																													
DEFENDANT'S STATEMENTS:		Written <input type="checkbox"/>	Taped <input type="checkbox"/>	Oral <input type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): UPSET																																													
VICTIM'S STATEMENTS:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																														
RELATIONSHIP BETWEEN VICTIM & SUSPECT [REDACTED]																																																		
<table border="0"> <tr> <td>PHOTOGRAPHS:</td> <td>Scene: <input checked="" type="checkbox"/> YES</td> <td>NO <input type="checkbox"/></td> </tr> <tr> <td></td> <td>Victim: <input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>911 CALL: <input checked="" type="checkbox"/></td> <td><input type="checkbox"/> CALLER: [REDACTED]</td> </tr> <tr> <td></td> <td>WEAPON USED: <input checked="" type="checkbox"/></td> <td><input type="checkbox"/> TYPE: HANDS</td> </tr> <tr> <td></td> <td>WITNESSES: <input type="checkbox"/></td> <td><input checked="" type="checkbox"/> (If YES, attach witness list)</td> </tr> <tr> <td></td> <td>INJURIES: <input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>MEDICAL TREATMENT: <input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>AT: Scene: <input type="checkbox"/></td> <td><input type="checkbox"/> PARAMEDICS:</td> </tr> <tr> <td></td> <td>Hospital: <input type="checkbox"/></td> <td><input type="checkbox"/> PHYSICIAN(S) / HOSPITAL:</td> </tr> <tr> <td colspan="3">ACT COMMITTED IN PRESENCE OF MINOR(S): <input checked="" type="checkbox"/> <input type="checkbox"/> NAMES/AGES: [REDACTED]</td> </tr> <tr> <td colspan="3">H. R. S. NOTIFIED: <input checked="" type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td colspan="3">VICTIM PREGNANT: <input type="checkbox"/> <input checked="" type="checkbox"/></td> </tr> <tr> <td colspan="3">VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> <input checked="" type="checkbox"/> CASE #: [REDACTED]</td> </tr> <tr> <td colspan="3">PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> <input checked="" type="checkbox"/></td> </tr> <tr> <td colspan="3">ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> <input checked="" type="checkbox"/></td> </tr> </table>						PHOTOGRAPHS:	Scene: <input checked="" type="checkbox"/> YES	NO <input type="checkbox"/>		Victim: <input checked="" type="checkbox"/>	<input type="checkbox"/>		911 CALL: <input checked="" type="checkbox"/>	<input type="checkbox"/> CALLER: [REDACTED]		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 type="checkbox"/> PARAMEDICS:		Hospital: <input type="checkbox"/>	<input type="checkbox"/> PHYSICIAN(S) / HOSPITAL:	ACT COMMITTED IN PRESENCE OF MINOR(S): <input checked="" type="checkbox"/> <input type="checkbox"/> NAMES/AGES: [REDACTED]			H. R. S. NOTIFIED: <input checked="" type="checkbox"/> <input type="checkbox"/>			VICTIM PREGNANT: <input type="checkbox"/> <input checked="" type="checkbox"/>			VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> <input checked="" type="checkbox"/> CASE #: [REDACTED]			PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> <input checked="" type="checkbox"/>			ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> <input checked="" type="checkbox"/>		
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N A R R On 03-29-2017 at approximately 1405 hours, I arrived at 4800 North Federal Highway, Suite 201 in reference to a Domestic Battery. Upon arrival, I met with [REDACTED] and Rong Xu.																																																		
Subsequent to my investigation, I was able to develop probable cause to arrest Rong Xu for Domestic Battery																																																		
<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><i>[Signature]</i> <i>6/18</i> SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>29</u> day of <u>March</u>, <u>2017</u>.</p> <p>SOMMER, LEE S NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>																																																		

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

Narrative Continuation

Date / Time 03/29/2017 15:36
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Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2017-004647
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N
A
R
A
T
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V
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contrary to Florida State Statute 784.03(1a1). Rong Xu did knowingly and unlawfully grab [REDACTED] against his will during the course of a verbal argument, which turned physical.

This act of violence occurred in front of [REDACTED]. Furthermore she scratched his arm in several locations causing visible scratches. I also observed injuries to his arm and his crotch of [REDACTED]

Additionally Rong Xu answered the 911 call back made from this location and attempted to cancel the Police response and stated she called 911 by accident when in fact it was [REDACTED] who reported that he initially called 911.

Rong Xu was taken into custody without incident and transported to the Boca Raton Police Department for processing. Once processed, she was transported to the Palm Beach County Jail without incident.

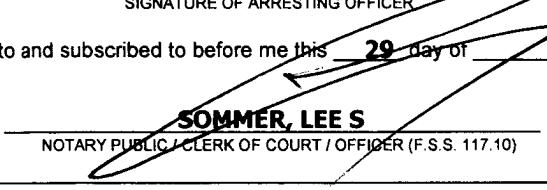
STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, [REDACTED] 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 29 day of March, 2017.



SOMMER, LEE S

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

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)
- Attempted Murder
- 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#: 2017-004647 Agency: Boca Raton P. D.
 Offense: Domestic Battery
 Suspect/Offender: Ron G Xu
 D.O.B. 5/18/1977 Race: Asian Sex: Female

2. Warrant#(s): _____

3.a. Victim: _____ Sex: Male
 Address: _____
 City: _____
 Home#: _____

b. Victim's next of kin, friend or neighbor: N/A
 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. Buechert I.D.# 64F Date: 3/29/17

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