


ADMISSION		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE	
Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2017-004647							
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 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	Location of Vehicle LEFT AT SCENE					
Name (Last, First, Middle) XU, RONG		Alias: CHINA		Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White B - Black W		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		Complexion MEDIUM		Build 2		Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
Local Address (Street, Apt. Number) 6122 NW 31ST CT, BOCA RATON, FL 33496		(City) BOCA RATON		(State) FL		(Zip) 33496		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) BOCA RATON		(State) FL		(Zip) 33496		Phone (908) 672-4737		Address Source FL DL	
Business Address (Name, Street) X000720776780 / FL		(City) BOCA RATON		(State) FL		(Zip) 33496		Phone		Occupation	
D/L Number, State X000720776780 / FL		Soc. Sec. Number [REDACTED]		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"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 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 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.		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. Disperse/ 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 DOMESTIC BATTERY		Statute Violation Number 784.03(1A1)		Violation of ORD #							
Drug Activity		Drug Type N		Amount / Unit /		Offense # 2016-004647		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
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	
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	
Health / Apparent Physical Condition of Defendant GOOD		Any knowledge of the following: Explain: VICTIM NOTIFICATION REQUIRED		Mental		Escape Risk		Investigation		Permanities	
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		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.										No Photo Available	
Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed									
HOLD for Other Agency <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Signature of Arresting Officer BUCKHEIT, PATRICK H.		I.D. # 648		Name Verification (Printed by Arrestee) BUCKHEIT, PATRICK H.		(PRINT)			
Intake Deputy BUCKHEIT		I.D. # 648		Agency BOCA		Witness here if subject signed with an "X"				PAGE 1 OF 1	

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 03/29/2017 15:36		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2017-004647	
	Agency ORI Number FL 0500200					
D E F	Name (Last, First, Middle) XU, RONG				Race O	Sex F
	Alias				Date of Birth 05/18/1977	
C H R G	Charge Description 784.03(1A1) DOMESTIC BATTERY					
V I C T I M	Victim's Name (Last, First, Middle)				Race	Sex
					Date of Birth 05/15/1962	
					Address Source VICTIM	
A D D I T I O N A L I N F O R M A T I O N	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone
	QTECH					
N A R R	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):			
	VICTIM'S STATEMENTS: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		UPSET			
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]					
	PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
	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 #:					
PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> <input checked="" type="checkbox"/>						
ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> <input checked="" type="checkbox"/>						
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					
N A R R	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>29</u> day of <u>March</u> , <u>2017</u> .					
	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.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT


Palm Beach County

Narrative Continuation

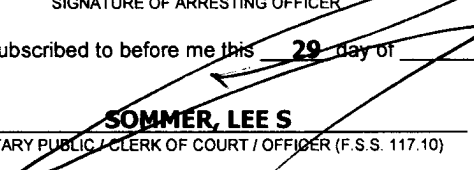
A D M I N N A R R A T I V E	Date / Time 03/29/2017 15:36		
	Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2017-004647
	<p>contrary to Florida State Statue 784.03(1a1). Rong Xu did knowingly and unlawfully grab [REDACTED] against his will during the course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

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

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

2. Warrant#(s): _____

3.a. Victim [REDACTED] x: Walle
Address [REDACTED]
City: [REDACTED]
Home# [REDACTED]

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. Buckheit I.D.# 646 Date: 3/29/17
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER: _____

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#: _____