

0336986

12/14 13/4/3

1692

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

Check if Supplement is Attached  
1. Arrest  2. N.T.A.  3. Request for Warrant  4. Request for Capias  Juvenile

OBTS Number	Agency ORI Number FLO 5 0 0 3 0 0		Agency Name BOYNTON BEACH POLICE DEPARTMENT	Agency Report Number (N.T.A.'s only) 3 4 1 1 7 1 0 6 2 1 1 4 ( ) ( )
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	# Weapon Seized Enter Type
Date of Arrest 0 2 7 1 7				Time of Arrest 2 3 3 6

Name (Last, First, Middle) Holtzclaw, Sandi Marie		Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex M F	Date of Birth 0 4 2 3 7 6	Height 4 1 0
Weight 1 0 0	Eye Color Green	Hair Color Blonde	Complexion Fair	Build Thin
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status Married	Religion Catholic	Indication of: Alcohol Influence 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input type="checkbox"/>
Local Address (Street, Apt. Number) 517 NW 8th Ct		(City) Boynton Beach	(State) FL	(Zip) 33426
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)
Business Address (Name, Street)		(City)	(State)	(Zip)
D/I Number, State H 432-793-7663-0	Soc. Sec. Number	INS Number	Place of Birth (City, State) ELYRIA, OH	Citizenship Yes

Co-Defendant (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 (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 <input type="checkbox"/> Other:	Name (Last) (First) (Middle)	Residence Phone ( ) ( )
Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone ( ) ( )
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: (Name) <input type="checkbox"/> No (Reason)		School Attended
Property Crime? <input type="checkbox"/> Yes <input 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. Dispense/ 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
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Charge Description Simple Battery	Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 7 8 4 1 0 3	Violation of ORD # 1 1 A 1
Drug Activity N	Drug Type N/A	Amount / Unit N/A	Offense # 17-62114	Warrant / Capias Number
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number

Location (Court, Room Number, Address) South County Courthouse • 200 W. Atlantic Avenue, Delray Beach, FL 33444
Court Date and Time Month Day Year Time A.M. P.M.

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"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	Signature of Arresting Officer X [Signature] 873 Name of Arresting Officer (Print) WILLIAMS 873 Intake Deputy SANN 8101 I.D. # Pouch # Transporting Officer WILLIAMS 873 I.D. # Agency
Name Verification (Printed by Arrestee) (PRINT) BU# 109926	PAGE 1 OF 1

**DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT  
PALM BEACH COUNTY**

On the 27 day of OCTOBER 2017 at 517 NW 8TH CT. BB, FL.

Subject: SANDI MARIE HOLTZCLAW DOB: 04/23/76 Case #: 17-062114

Charge Description: SIMPLE BATTERY Statute #: 784.03.1a1

Victim: [REDACTED] DOB: 03/05/72 Race: W Sex: M

Local Address: [REDACTED]

Personal Contact: [REDACTED]

**Narrative:**

On the above date and time I responded to the above location reference a domestic dispute. Upon arrival I spoke with the victim w/m [REDACTED] the defendant w/f Sandi Holtzclaw, and witness w/m Frank Kuzkk and these are their stories.

I spoke with [REDACTED] who said he was in a verbal argument with Sandi tonight over jealousy issues, again. [REDACTED] said he was looking for his keys and was asking Sandi where they were. Sandi became very upset and latched on to [REDACTED] arm, biting him. [REDACTED] said he had to take his right hand with an open palm and strike Sandi on her head to defend himself. The sworn statement by [REDACTED] was given @ 2328 hrs via BWC.

I then spoke with Frank who said he was outside when he heard [REDACTED] arguing with Sandi about his car keys. Frank then heard a loud slap and Sandi yelling to "stop hitting me". Frank went inside the residence and called police. Frank advised he did not see anything just heard the incident. The sworn statement by Frank was given @ 2339 hrs via BWC.

I then spoke with Sandi who said she was arguing with [REDACTED] over some guys that were looking at her while at the bar tonight. Sandi said they have been having fights over jealousy issues for sometime now. Sandi said the argument became physical when [REDACTED] started to punch the top of her head with a closed fist. Sandi said [REDACTED] punched her 5-6 times with his left hand. Sandi said she bit [REDACTED] on the arm so he would stop hitting her. It should be noted Sandi did not know which arm she bit [REDACTED] but did know even while she was biting him he was still hitting her. The sworn statement by Sandi was given @ 2332 hrs.

[REDACTED] had distinct bite mark on the top of his left arm just below the elbow which was consistent with what he had told me. [REDACTED] refused to have his injuries photographed and FD was not needed. I then observed Sandi who had no visible injuries or marks. Sandi would not allow any photos to be taken and FD was not needed. Sandi's story does not seem to be accurate and between what Frank heard and the fact [REDACTED] cannot strike Sandi with his left arm while being bitten I find her to be the primary aggressor for this incident.

I charged Sandi with one count Simple Battery Domestic pursuant to FSS 784.03.1a1. Sandi was transported to BBPD for processing then TOT PBCJ. [REDACTED] was left with a Victim Advocate Brochure and signed an Exemption from public records. The incident was captured on BWC. Nothing Further.

Defendant's Statement: Taped Victim's Statement: Taped

Observation Of Victim (Physical and Emotional):

**BOTH VERY UPSET**

Relationship Between Victim and Suspect:

[REDACTED]

Photographs: Scene:  Yes  No  
 Victim:  Yes  No  
 911 Call:  Yes  No Caller: witness  
 Tape Requested:  Yes  No  
 Weapon Used:  Yes  No Type: \_\_\_\_\_  
 Witnesses:  Yes  No  
 Injuries:  Yes  No  
 Medical Treatment:  Yes  No  
 At Scene  Yes  No Paramedics: \_\_\_\_\_  
 At Hospital  Yes  No Physician(s): \_\_\_\_\_  
 Hospital: \_\_\_\_\_

Act Committed In Presence Of Minor(s):  Yes  No  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_

F.D.C.F. Notified:  Yes  No Victim Pregnant:  Yes  No  
 Violation Of Restraining Order:  Yes  No Case #: \_\_\_\_\_  
 Prior History Of Domestic Violence:  Yes  No  
 Alcohol Or Drugs Involved:  Yes  No  Unknown

**Victim Contact Information:**

Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_  
 Employer: retired  
 Relative Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address:   
 City/State: \_\_\_\_\_

State Of Florida  
 County Of Palm Beach  
 Appeared before me, WILLIAMS, (print name) 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 me before this 27 day of Oct, 2017

  
 Notary Clerk Of Court/Officer (F.S.S. 117 10)

# VICTIM NOTIFICATION FORM

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

- **Homicide (Ch. 782)**
- **Attempted Murder**
- **Stalking (S. 784.084)**
- **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 dwelling)
- **Sexual Offense (Ch. 794)**
- **Attempted Sexual Offense**

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 17-062114 Agency: Boynton Beach Police Department  
Offense: SIMPLE BATTERY  
Suspect/Offender: SANDI MARIE HOLTZCLAW  
DOB: 04/23/76 Race: B Sex: M

2. Warrant # (s): \_\_\_\_\_

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):  
\_\_\_\_\_

**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.**

Signature of Victim: \_\_\_\_\_

Printed Name of Victim: \_\_\_\_\_

Officer's Name: WILLIAMS

I.D.# 873 Date: 10/27/2017

SUSPECT/OFFENDER:

SANDI MARIE HOLTZCLAW

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

2017