

ARREST / NOTICE TO APPEAR	OBTS Number		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   2017-006149				
	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) 639 W CAMINO REAL					Location of Offense (Business Name, Address) 639 W CAMINO REAL, BOCA RATON, FL 33486				
Date of Arrest 04/28/2017		Time of Arrest 18:10		Booking Date 4/28/17		Booking Time		Jail Date	
Name (Last, First, Middle) MILLAR, SARAH CADIA					Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:				
Race W - White B - Black O - Oriental/Asian		Sex W F		Date of Birth 07/16/1980		Height 5'08		Weight 135	
Eye Color GREEN		Hair Color BLONDE		Complexion LIGHT		Build			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status M		Religion CATHOLIC		
Local Address (Street, Apt. Number) 639 W CAMINO REAL, BOCA RATON, FL 33486					Phone (561) 801-0351		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1		
Permanent Address (Street, Apt. Number) 639 W CAMINO REAL, BOCA RATON, FL 33486					Phone (561) 801-0351		Address Source FL DLL		
Business Address (Name, Street) TREATMENT ALTERNATIVES, BOCA					Phone		Occupation Hr Manager		
D/L Number, State M460783807560 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) WASHINGTON, DC,		Citizenship US	
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.					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		
Drug Activity S. Sell N. N/A P. Possess					Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		
R. Smuggle D. Deliver E. Use					K. Disperse/ Distribute		M. Manufacture/ Produce/ Cultivate		
Z. Other					H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		
U. Unknown Z. Other					Statute Violation Number 784.03(1A1)		Violation of ORD #		
Charge Description BATTERY					Drug Activity		Drug Type N		
Amount / Unit /					Offense # 2017-006149		Counts 1		
Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N					Warrant / Capias Number		Bond		
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					Bond				
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					Bond				
Health / Apparent Physical Condition of Defendant					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				
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health					PROPERTY - Received By		Released By		
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				
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.					Court Date and Time				
Signature of Defendant (or Juvenile and Parent/Custodian)					Date Signed				
HOLD for Other Agency					Signature of Arresting Officer Daniel Reissi 776				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other					Name Verification (Printed by Arrestee) (PRINT)				
Intake Deputy ID. #					Name of Arresting Officer (Print) REISSI, DANIEL ID. # 776				
Pouch #					Transporting Officer Reissi 776 Agency BRPD				
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 <b>04/28/2017 18:10</b>		Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2017-006149</b>	
	Name (Last, First, Middle) <b>MILLAR, SARAH CADIA</b>						Race <b>W</b>	Sex <b>F</b>
C H A R G E S	Charge Description <b>784.03(1A1) BATTERY</b>							
	Victim's Name (Last, First, Middle) <b>MILLAR, DAVID CARTER</b>						Race <b>W</b>	Sex <b>M</b>
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>639 W CAMINO REAL, BOCA RATON, FL 33486</b>				Phone <b>(954) 895-1749</b>		Address Source	
	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): <b>SHAKEN</b>					
	VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> <input type="checkbox"/> <input 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 <b>MARRIED</b>							
	<p>PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>Victim: <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>911 CALL: <input checked="" type="checkbox"/> <input type="checkbox"/> CALLER: <b>DAVID MILLAR</b></p> <p>WEAPON USED: <input type="checkbox"/> <input checked="" type="checkbox"/> TYPE:</p> <p>WITNESSES: <input type="checkbox"/> <input checked="" type="checkbox"/> (If YES, attach witness list)</p> <p>INJURIES: <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>MEDICAL TREATMENT: <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>AT: Scene: <input type="checkbox"/> <input checked="" type="checkbox"/> PARAMEDICS:</p> <p>Hospital: <input type="checkbox"/> <input checked="" type="checkbox"/> PHYSICIAN(S) / HOSPITAL:</p> <p>ACT COMMITTED IN PRESENCE OF MINOR(S): <input checked="" type="checkbox"/> <input type="checkbox"/> NAMES/AGES: <b>MATTHEW MILLAR</b></p> <p>H. R. S. NOTIFIED: <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>VICTIM PREGNANT: <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> <input checked="" type="checkbox"/> CASE #:</p> <p>PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> <input checked="" type="checkbox"/></p>							
N A R R	Domestic Arrest							
	<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>Daniel Reissi 776</i> <b>Daniel Reissi 776</b> SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <b>28</b> day of <b>April</b>, <b>2017</b>.</p> <p><b>CODLING, JEREMY R</b> 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

ADMINISTRATIVE	Date / Time <b>04/28/2017 18:10</b>	Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2017-006149</b>
	<p>On Friday 04/28/2017 at approximately 1732 hours I responded to 639 West Camino Real to investigate a Domestic Disturbance. Upon arrival I met with W/M David Millar (09/22/1976) and W/M/J Matthew Millar (06/16/2002).</p> <p>David stated that he was having an argument with his wife; Sarah Millar who he will be divorcing soon. David explained that the argument began because Matthew showed his mother (Sarah) his failing grade. David stated Sarah began yelling and saying demeaning words to Matthew causing Matthew to tear up. David attempted to comfort Matthew and they began walking away from the situation. David was going to take Matthew to hockey practice which further aggravated Sarah. David explained that Sarah continued to yell and say that he should not go to hockey. At this time, Sarah came behind David and punched his left shoulder multiple times causing it to become red in color. Additionally there were slight scratch marks on that same shoulder. David stated once it became physical he walked into the garage to call police. Sarah followed him into the garage and intentionally knocked off his hat and sunglasses and proceeded to break the sunglasses with her hands. David further explained that he started his vehicle so that he and Matthew could leave for hockey. David stated that Sarah ran to the car, grabbed the keys out of the ignition and intentionally poured an old cup of coffee all over his front passenger seat. At this time he was able to leave and meet police across the street and separate from Sarah.</p> <p>I then spoke to Matthew whose story collaborated with David. Matthew witnessed Sarah hitting David.</p> <p>I then spoke with Sarah who stated she was upset with Matthew due to his grades. Sarah stated she was even more upset because David wanted to take Matthew to hockey practice. Sarah denied ever touching David. Sarah stated she grabbed Matthew by the hand to bring him back inside. After I informed her that David's shoulder was red she stated it is possible that when she grabbed Matthew and brought him inside, her arm could have hit him. Additionally Sarah did not mention the hat and the sunglasses that were broken until after I mentioned them. Sarah did admit to intentionally breaking his sunglasses during this argument.</p> <p>Based on the totality of the circumstances, I placed Sarah Millar under arrest for domestic simple battery, pursuant to FSS 784.03(1A1) after she punched and scratched her husband during an argument.</p> <p>David declined the domestic violence pamphlet.</p> <p>A victim notification form was completed and Sarah was delivered to Palm Beach County Jail after processing.</p>				

  

STATE OF FLORIDA COUNTY OF PALM BEACH	
<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>Daniel Reissi 776</i>  <u>Daniel Reissi 776</u>          SIGNATURE OF ARRESTING OFFICER</p>	
<p>Sworn to and subscribed to before me this <u>28</u> day of <u>April</u>, <u>2017</u>.</p> <p><i>CODLING, JEREMY R</i>  <u>CODLING, JEREMY R</u>          NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>	

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