

ARREST / NOTICE TO APPEAR

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

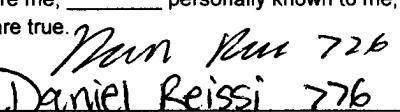
1 JUVENILE

OBTS Number			ARREST / NOTICE TO APPEAR																		
Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)																	
0500200		Boca Raton Police Department		3 2 2017-006149																	
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor				<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized		Multiple Clearance Indicator											
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)																			
639 W CAMINO REAL		639 W CAMINO REAL, BOCA RATON, FL 33486																			
Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
04/28/2017		18:10		4/28/17																	
Name (Last, First, Middle) MILLAR, SARAH CADIA																					
Alias: Alias:																					
Race W - White B - Black		Sex I - American Indian O - Oriental/Asian		Date of Birth 07/16/1980		Height 5'08		Weight 135		Eye Color GREEN		Hair Color BLONDE		Complexion LIGHT							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)																					
Marital Status M		Religion CATHOLIC		Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>																	
Local Address (Street, Apt. Number) 639 W CAMINO REAL, BOCA RATON, FL 33486		(City)		(State)		(Zip)		Phone (561) 801-0351		Residence Type: 1. City 3. Florida 2. County 4. Out of State		1									
Permanent Address (Street, Apt. Number) 639 W CAMINO REAL, BOCA RATON, FL 33486		(City)		(State)		(Zip)		Phone (561) 801-0351		Address Source		FL DLL									
Business Address (Name, Street) TREATMENT ALTERNATIVES, BOCA		(City)		(State)		(Zip)		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)																					
Co-Defendant Name (Last, First, Middle)																					
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)																			
<input type="checkbox"/> Legal Custodian		Residence Phone																			
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone													
Notified by: (Name)				Date		Time		JUVENILE DISPOSITION													
Released To: (Name)		Relationship		Date		Time		1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated													
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:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Property Crime?		Description of Property		Value of Property											
C O D E		Drug Activity N. N/A B. Buy P. Possess		S. Sell R. Smuggle T. Traffic		K. Disperses/ D. Deliver E. Use		M. Manufacture/ P. Produce/ C. 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 BATTERY																			
C H A R G E		Drug Activity N		Drug Type		Amount / Unit /		Offense # 2017-006149		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number 784.03(1A1)		Statute Violation Number				Violation of ORD #	
C H A R G E		Charge Description																			
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		Statute Violation Number				Violation of ORD #	
C H A R G E		Charge Description																			
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		Statute Violation Number				Violation of ORD #	
I N T A K E		Health / Apparent Physical Condition of Defendant																			
I N T A K E		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 Explain:																			
I N T A K E		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																			
I N T A K E		PROPERTY - Received By 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.																			
T O A P P E A R		Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444																			
T O A P P E A R		Court Date and Time																			
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)																					
HOLD for Other Agency				Signature of Arresting Officer <i>Adam Run</i> 776				Name Verification (Printed by Arrestee)													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Officer (Print) REISSI, DANIEL				I.D. # 776													
Intake Deputy I.D. #				Transporting Officer I.D. #				Agency													
Reissi 776 BRPD																					
No Photo Available																					
2017 APR 29																					
PAGE 1 OF 1																					
Witness here if subject signed with an <input type="checkbox"/> 5																					

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

Date / Time 04/28/2017 18:10		AFFIDAVIT Palm Beach County		
Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2017-006149
Name (Last, First, Middle) MILLAR, SARAH CADIA		Alias		Race W Sex F Date of Birth 07/16/1980
Charge Description 784.03(1A1) BATTERY				
Victim's Name (Last, First, Middle) MILLAR, DAVID CARTER				Race W Sex M Date of Birth 09/22/1976
Local Address (Street, Apt. Number) 639 W CAMINO REAL, BOCA RATON, FL 33486			(City) (State) (Zip)	Phone (954) 895-1749 Address Source
Business Address (Name, Street)			(City) (State) (Zip)	Phone Occupation
DEFENDANT'S STATEMENTS:		Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): SHAKEN	
VICTIM'S STATEMENTS:		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
RELATIONSHIP BETWEEN VICTIM & SUSPECT MARRIED				
ADDITIONAL INFORMATION	PHOTOGRAPHS:	Scene: <input type="checkbox"/> <input checked="" type="checkbox"/> NO		
	Victim:	<input checked="" type="checkbox"/> <input type="checkbox"/>		
	911 CALL:	<input checked="" type="checkbox"/> <input type="checkbox"/>	CALLER: DAVID MILLAR	
	WEAPON USED:	<input type="checkbox"/> <input checked="" type="checkbox"/>	TYPE:	
	WITNESSES:	<input type="checkbox"/> <input checked="" type="checkbox"/>	(If YES, attach witness list)	
	INJURIES:	<input type="checkbox"/> <input checked="" type="checkbox"/>		
	MEDICAL TREATMENT:	<input type="checkbox"/> <input checked="" type="checkbox"/>		
	AT: Scene:	<input type="checkbox"/> <input checked="" type="checkbox"/>	PARAMEDICS:	
	Hospital:	<input type="checkbox"/> <input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:	
	ACT COMMITTED IN PRESENCE OF MINOR(S):	<input checked="" type="checkbox"/> <input type="checkbox"/>	NAMES/AGES: MATTHEW MILLAR	
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"/>			
Domestic Arrest				
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.				
 <u>Daniel Reissi 776</u> SIGNATURE OF ARRESTING OFFICER				
Sworn to and subscribed to before me this <u>28</u> day of <u>April</u> , <u>2017</u>				
CODLING, JEREMY R				
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)				

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. *M. J. B.*

re true.
Dan Dan 726
Daniel Peissi 726

SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 28 day of April, 2017.

CODLING, JEREMY R

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	Date / Time 04/28/2017 18:10		
	Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2017-006149
N A R A T I V E	<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>		
<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> <u><i>Daniel Reissi 776</i></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><u>CODLING, JEREMY R</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>			

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