

0463708/578

18mm 1680

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-18036691				
	Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>				
	Location of Arrest (Including Name of Business) 10462 228TH LN S BOCA RATON FL 33428		Location of Offense (Business Name, Address) 10462 228TH LN S, BOCA RATON FL 33428		Date of Arrest 02/09/2018		Time of Arrest 1345				
DEFENDANT	Name (Last, First, Middle) Fischer, Scott, Allen				Alias (Name, DOB, Soc. Sec. #, Etc.)						
	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex M	Date of Birth 04/10/1961	Height 5'09	Weight 145	Eye Color HAZEL	Hair Color BROWN	Complexion FAIR	Build SMALL	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) N/A				Marital Status Single	Religion NONE	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>				
	Local Address (Street, Apt. Number) (City) (State) (Zip) 10456 S 228th Ln, Boca Raton, FL 33428				Phone () 5616021997		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2				
	Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone ()		Address Source				
	Business Address (Name, Street) (City) (State) (Zip)				Phone ()		Occupation				
	D/L Number, State F260781611300, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) BROOKLYN, NY		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		
	CO-DEF.	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other				Residence Phone ()					
Address (Street, Apt. Number) (City) (State) (Zip)				Business Phone ()							
Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated							
Released To: (Name) Relationship				Date	Time						
The above address 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade					
CHARGE	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property						
	Drug Activity N. N/A S. Sell B. Buy P. Possess 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. Synthetics	U. Unknown Z. Other
	Charge Description DOMESTIC BATTERY			Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03 1A1		Violation of ORD #			
	Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # 18036691	Warrant / Capias Number N/A		Bond NONE				
	Charge Description			Counts	Domestic Violence	Statute Violation Number		Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
Charge Description			Counts	Domestic Violence	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
Charge Description			Counts	Domestic Violence	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
NOTICE TO APPEAR	Location (Court, Room Number, Address)										
	Court Date and Time Month Day Year Time AM PM 02/09/2018										
	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 02/09/2018							
ADMIN	HOLD for other Agency Name:		Signature of Arresting Officer <i>[Signature]</i>			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) D/S D. DUTTENHOEFFER 6387			(PRINT)					
	Intake Deputy <i>[Signature]</i>		Transporting Officer <i>[Signature]</i> ID # <i>[ID]</i> Agency <i>[Agency]</i>			Witness here if subject signed with an "X" 1 OF 1					

SCANNED

FEB 10 2018

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
 (Submit this form with the original Probable Cause affidavit)

Suspect: Fischer, Scott, Allen DOB: 04/10/1961 Case #: 18036691

Victim: Tridico, Denise, Elizabeth DOB: 07/30/1962 Race: W Sex: F

Relationship between Victim and Defendant: _____

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: Denise Tridico

Weapon Used: Yes No Type: _____

Witness: Yes No Name: _____

Victim Pregnant: Yes No If yes, _____ weeks _____ months

Injuries: Yes No Description: Swelling and abrasion on left wrist.

Medical Treatment: Yes No

At Scene: Yes No Paramedics: _____

At Hospital: Yes No Hospital: _____ Physician: _____

Are Children Living in Home? Yes No DCF Notified? Yes No

Name: _____ DOB: / /

Name: _____ DOB: / /

Name: _____ DOB: / /

Injunction Yes No Case #: _____

No Contact Order Yes No Case #: _____

Alcohol or Drugs Yes No Unknown

Prior History of Domestic/Dating Violence Yes No

Defendant's Statements Yes No If yes, written recorded oral

First words Defendant said when you responded to scene: See report

Victim's Statements Yes No If yes, written | recorded oral

First words Victim said when you responded to scene: See report

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

Yes No If yes, name: _____ phone () -

Observations of Victim (Physical & Emotional): _____

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other _____

Victim Contact Information:

Local Address: 10462 S 228th Ln, Boca Raton, FL 33428

Phone: Home () 5616747428 Work () - Cell () -

Employer: _____

Name of Relative: _____ Phone () -

Address: _____

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)
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**

- **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.**

SUSPECT/OFFENDER: **Fischer, Scott, Allen**

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#

1. Incident Report #: 18036691 Agency: PBSO
Offense: DOMESTIC BATTERY
Suspect/Offender: Fischer, Scott, Allen
D.O.B. 04/10/1961 Race: W Sex: M

2. Warrant # (s): _____

3.a. Victim's name: Tridico, Denise, Elizabeth D.O.B. 07/30/1962 Race: W Sex: F
Address: 10462 S 228th Ln
City: Boca Raton, FL 33428
Home #- 0 5616747428 Work #: 0 Other: _____

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____
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: I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: _____

Printed name of person waiving notification: Tridico, Denise, Elizabeth

Deputy's Name: D/S D. DUTTENHOEFFER I.D.# 682 Date: 02/09/2018

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

PBSO 00029A REV. 4199

SCANNED

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