

0493012

NR 17mm013314 P-3878  
ARREST / NOTICE TO APPEAR

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

A D M I N I S T R A T I O N	OBTS Number		Agency ORI Number <b>0500800</b>		Agency Name <b>West Palm Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>9   4   2017-0020478</b>				
	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		Multiple Clearance Indicator				
	Location of Arrest (Including Name of Business) <b>3010 S DIXIE HWY</b>				Location of Offense (Business Name, Address) <b>3010 S DIXIE HWY, WEST PALM BEACH, FL 33401</b>						
D E F E N D A N T	Date of Arrest <b>11/01/2017</b>	Time of Arrest <b>22:02</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
	Name (Last, First, Middle) <b>JARA, SHARON KATHIE</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)						
	Race W - White B - Black	1 - American Indian O - Original/Asian	Sex <b>F</b>	Date of Birth <b>10/09/1989</b>	Height <b>4'08</b>	Weight <b>100</b>	Eye Color <b>BROWN</b>	Hair Color <b>BROWN</b>	Complexion <b>LIGHT</b>	Build <b>Small</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>M</b>	Religion	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) <b>2777 10TH AVE N 201, PALM SPRINGS, FL 33461</b>			(City)	(State)	(Zip)	Phone <b>(561) 201-8307</b>		Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>2</b>			
Permanent Address (Street, Apt. Number) <b>2777 10TH AVE N 201, PALM SPRINGS, FL 33461</b>			(City)	(State)	(Zip)	Phone <b>(561) 201-8307</b>		Address Source <b>DL</b>			
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone		Occupation <b>None</b>			
D/L Number, State <b>J600791898690 / FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>NEW YORK, NY</b>		Citizenship <b>US</b>			
C O D E F	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		
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)		Residence Phone						
	<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number)		(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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property		Value of Property				
C O D E	Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperses/ 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 <b>BATTERY - BATTERY (SIMPLE)</b>						Statute Violation Number <b>784.03(1)(A)</b>		Violation of ORD #		
C H A R G E	Drug Activity	Drug Type <b>N</b>	Amount / Unit <b>/</b>	Offense # <b>2017-0020478</b>	Counts <b>1</b>	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond		
	Charge Description						Statute Violation Number		Violation of ORD #		
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		Bond		
	Charge Description						Statute Violation Number		Violation of ORD #		
I N T A K E	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		Released To		
N O T I C E T O A P P E A R	Transported By				Date Transported	Time Transported	Other				
	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Location (Court, Room)						
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				No Photo Available			
Signature of Defendant (or Juvenile and Parent/Guardian)				Date Signed							
A D M I N	HOLD for Other Agency		Signature of Arresting Officer <b>1584</b>		Name Verification (Printed by Arrestee)						
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	Name of Arresting Officer (Print) <b>ERHARDT, IVY</b>		I.D. # <b>01584</b>	(PRINT) <b>NOV 1 11:17</b>		PAGE <b>1 OF 1</b>			
<b>D/S B. SHATARA #7623</b>		Transporting Officer <b>ERhardt 1584</b>		Witness here if subject signed with an "X" <b>WJB</b>							

No Bond

VICTIM NOTIFICATION  
REQUIRED

NOV 1 2017 11:17 AM  
2017 NOV 1 2 AM 5:22

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

A D M I N I S T R A T I V E	OBTS Number	Agency Name		Agency Report Number
	Agency ORI Number <b>FL 0500800</b>	<b>WEST PALM BEACH POLICE DEPARTMENT</b>		<b>9   4   2017-0020478</b>
Charge Type: Check as many as apply.				Special Notes:
<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				

D E F E N D A N T	Name (Last, First, Middle) <b>JARA, SHARON KATHIE</b>	Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>10/09/1989</b>
	Charge Description <b>784.03(1) BATTERY - BATTERY (SIMPLE)</b>		Charge Description		
C H A R G E S	Charge Description		Charge Description		
	Charge Description		Charge Description		
M A R R I E D	Name (Last, First, Middle)		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>01/24/1993</b>
	Address		Address Source		
Occupation					

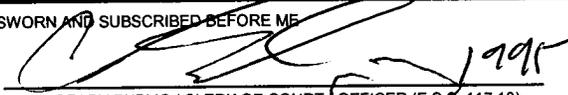
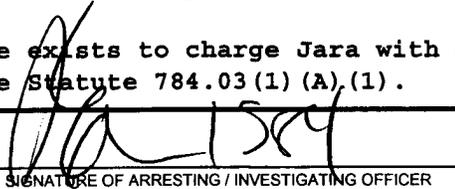
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.  
 The Person taken into custody . . .  
 committed the below acts in my presence.     was observed by \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person committ the below acts.  
 confessed to \_\_\_\_\_ admitting to the below facts.     was found to have committed the below acts, resulting from my (described) investigation.  
 On the 1 day of November, 2017 at 20:48 (Specifically include facts constituting cause for arrest.)

On 11/01/17 at 2055 hours I responded to 3010 S. Dixie Hwy in reference to a domestic. When I arrived I saw a female, Sharon Jara, standing in the parking lot holding a brown male`s shoe in her hand. Jara was yelling at a male, \_\_\_\_\_, who appeared to be upset. As I approached Jara and \_\_\_\_\_ Jara hit \_\_\_\_\_ in the side of the head several times with the shoe. I told Jara she was under arrest and she dropped the shoe and put her arms out for me to handcuff her. Jara said, "Please take me to jail because I am going to kill him." Once Jara was detained \_\_\_\_\_ told me the following:

He has been in a \_\_\_\_\_ with Jara for 6 years and they have \_\_\_\_\_ for 2 years. They currently \_\_\_\_\_. \_\_\_\_\_ recently told Jara he wanted a divorce which made her very angry. \_\_\_\_\_ advised he had to call the police to \_\_\_\_\_ last night because of a domestic incident during which Jara broke the window of \_\_\_\_\_`s truck. Tonight \_\_\_\_\_ was at work and when he went out the back door Jara was waiting in the parking lot for him. Jara began to yell at \_\_\_\_\_ and demanded he give her his passport. \_\_\_\_\_ started to walk back inside the restaurant and Jara followed him. Jara picked up one of \_\_\_\_\_`s shoes that was inside the back door and she hit \_\_\_\_\_ in the back numerous times with it. \_\_\_\_\_ was able to get away from Jara and call 911. Jara followed \_\_\_\_\_ into the parking lot and grabbed his shirt and ripped it off of his body.

Jara continued to yell at and hit \_\_\_\_\_ while he was on the phone with the 911 operator and she only stopped when she was physically arrested. \_\_\_\_\_ had numerous abrasions on his back and his stomach. His shirt was ripped and draped over his shoulder. Once Jara was placed in handcuffs she became uncooperative and refused to answer and questions or even tell me her name.

Based on the above facts, I believe probable cause exists to charge Jara with one count of simple battery domestic per Florida State Statute 784.03(1)(A),(1).

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	 NOTARY PUBLIC / CLERK OF COURT OFFICER (F.S.S. 117.10) DATE: <u>11-17</u>	 <b>ERHARDT, IVY (01584)</b> NAME OF OFFICER (PLEASE PRINT) DATE: <u>11/01/2017</u>

SCANNED  
NOV 02 2017

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>11/01/2017 20:48</b>	Agency ORI Number <b>FL 0500800</b>		Agency Name <b>WEST PALM BEACH POLICE DEPARTMENT</b>	Agency Report Number <b>9   4   2017-0020478</b>	
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D E F	Name (Last, First, Middle) <b>JARA, SHARON KATHIE</b>	Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>10/09/1989</b>
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C H R G	Charge Description <b>784.03(1) BATTERY - BATTERY (SIMPLE)</b>	Race	Sex	Date of Birth
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A D D I T I O N A L I N F O R M A T I O N	[Redacted]	Race	Sex	Date of Birth
	[Redacted]	<b>W</b>	<b>M</b>	<b>01/24/1993</b>
Address Source				
Occupation				

DEFENDANT'S STATEMENTS:	Written <input type="checkbox"/>	Taped <input type="checkbox"/>	Oral <input type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>UPSET</b>
VICTIM'S STATEMENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

RELATIONSHIP BETWEEN VICTIM & SUSPECT

[Redacted]

A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS:	Scene:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
		Victim:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		WEAPON USED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		WITNESSES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		INJURIES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		MEDICAL TREATMENT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		AT: Scene:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Hospital:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		ACT COMMITTED IN PRESENCE OF MINOR(S):	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		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"/>
		PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		ALCOHOL OR DRUGS INVOLVED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Offense / Incident: < >  
 Date: < >  
 Time: < >  
 Location: < >

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]*  
 SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 1st day of November 2017.

*[Signature]*  
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED  
NOV 02 2017

**VICTIM NOTIFICATION FORM**

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

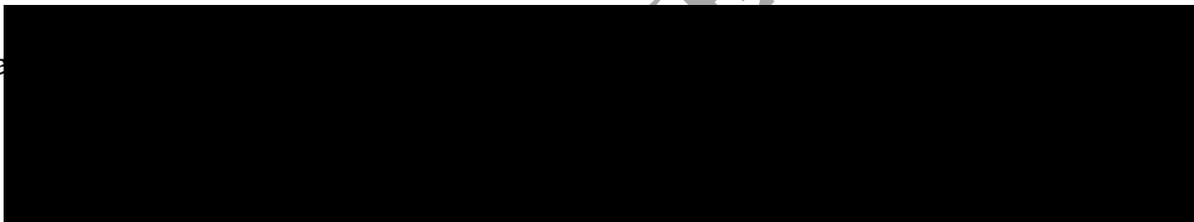
- Homicide (Ch 782)
- Attempted Murder
- Stalking (S. 784.048)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense
- Domestic Violence - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same 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 #. 17-20478 Agency: WPBPD  
 Offense: Domestic Battery  
 Suspect/Offender: SHARON KATHIE JANT  
 D.O.B. 10-9-89 Race: HISPANIC Sex: F

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

3. Complete one (1) of the following:



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 person waiving notification: \_\_\_\_\_  
 Printed name of person waiving notification: \_\_\_\_\_

Officer's Name: Erhardt I.D.: 1584 Date: 11-1-17

SUSPECT/OFFENDER: \_\_\_\_\_  
 COURT CASE/WARRANT#  
 (FOR WARRANTS USE ONLY)

**SCANNED**  
 NOV 02 2017