

0433879

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

1

Juvenile

N

OBTS Number		Agency ORI Number <b>FLO 5 0 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06 17-046613</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 <b>0 1</b>			
Location of Arrest (Including Name of Business) <b>10584 Walnut Valley Dr BOYNTON BEACH, FL.</b>				Location of Offense (Including Name of Business) <b>[REDACTED]</b>			
Date of Arrest <b>03/02/2017</b>		Time of Arrest <b>9:01pm</b>		Booking Date <b>Mar 2, 2017</b>		Booking Time	
Jail Date		Jail Time		Location of Vehicle <b>N/A</b>			
Name (Last, First, Middle) <b>Broder Sherene M</b>				Alias (Name, DOB, Soc. Sec. #, Etc.) <b>N/A</b>			
Race W - White I - American Indian B - Black O - Oriental/Asian <b>W</b>		Sex <b>F</b>		Date of Birth <b>08/09/1969</b>		Height <b>5'11</b>	
Weight <b>138</b>		Eye Color <b>Hzi</b>		Hair Color <b>Bln</b>		Complexion <b>Fair</b>	
Build <b>Thin</b>		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>None</b>		Marital Status <b>Married</b>		Religion <b>None</b>	
Indication of Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk		Local Address (Street, Apt. Number) <b>10584 Walnut Valley Dr</b>		City <b>Boynton Beach</b>		State <b>FL.</b>	
Zip <b>33483</b>		Phone <b>954-850-1787</b>		Residence Type 1. City 2. County 3. Florida 4. Out of State <b>2</b>			
Permanent Address (Street, Apt. Number) <b>10584 Walnut Valley Dr</b>		City <b>Boynton Beach</b>		State <b>FL.</b>		Zip <b>33483</b>	
Phone <b>954-850-1787</b>		Address Source <b>Verbal / DAVID</b>		Occupation <b>Cosmetic Manager</b>			
Business Address (Street, Apt. Number)		City		State		Zip	
D/L Number, State <b>B636-793-69-789-0</b>		Social Security Number <b>[REDACTED]</b>		INS Number <b>N/A</b>		Place of Birth <b>Sacramento - California</b>	
Citizenship <b>USA</b>		Co-Defendant Name (Last, First, Middle)		Race		Sex	
Date of Birth		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		1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other		Name (Last, First, Middle)		Phone			
Address (Street, Apt. No.)		City		State		Zip	
Business Phone		Notified By (Name)		Date		Time	
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 561 355-2526) informed of any address change. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)		School Attended		Grade			
Property Crime? <input type="checkbox"/> Yes <input checked="" 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		Paraphernalia/ Equipment		U. Unknown Z. Other			
Charge Description <b>Battery Domestic</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>784.03(1a1)</b>	
Violation or ORD. # <b>N/A</b>		Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount/Unit <b>N/A</b>	
Offense # <b>17-046613</b>		Warrant/Capias Number <b>N/A</b>		Bond <b>N/A</b>			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Violation or ORD. #		Drug Activity		Drug Type		Amount/Unit	
Offense #		Warrant/Capias Number		Bond			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Violation or ORD. #		Drug Activity		Drug Type		Amount/Unit	
Offense #		Warrant/Capias Number		Bond			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Violation or ORD. #		Drug Activity		Drug Type		Amount/Unit	
Offense #		Warrant/Capias Number		Bond			
Location (Court, Address, Room Number)							
Court Date and Time Month Day Year Time AM <input type="checkbox"/> PM <input type="checkbox"/>							
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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		Signature of Arresting Officer <b>D/S T. Lee</b>		ID # <b>28271</b>		Name Verification (Printed by Arrestee)	
Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer <b>D/S T. Lee</b>		ID # <b>28271</b>		(PRINT)	
Intake Deputy <b>D/S J. BENNETT #8349</b>		Transporting Officer <b>D/S T. Lee #28271</b>		Agency <b>PBSO</b>		Page <b>1 of 1</b>	
Witness here if subject signed with an "X"							



## VICTIM NOTIFICATION FORM

- Homicide (Ch.782)
- Attempted Murder
- Stalking (F.S. 784.048)
- 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.
- Sexual Offense (Ch.794)
- Attempted Sexual Offense
- Dating Violence

Upon completion, this form must accompany the booking paperwork.

If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 17-046613 Agency: Palm Beach County Sheriff's Office  
Offense: Battery Domestic  
Suspect/Offender: Broder Sherene M  
DOB: 08/09/1969 Race: W Sex: F

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

3.a. Victim's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other #: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other #: \_\_\_\_\_

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY 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: \_\_\_\_\_

Deputy's Name: D/S T. Lee ID #: 28271 Date: 01/03/2017

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

Defendant: Broder Sherene M DOB: 08/09/1969 Case #: 17-046613

Victim: [REDACTED] DOB: [REDACTED] Race: [REDACTED]

Relationship between Victim and Defendant: \_\_\_\_\_

Photographs: Scene ☒ Yes ☐ No Victim ☒ Yes ☐ No Defendant ☒ Yes ☐ No

911 Call: ☒ Yes ☐ No Caller: Broder, Sherene

Weapon Used: ☐ Yes ☒ No Type: \_\_\_\_\_

Witness: ☐ Yes ☒ No Name: \_\_\_\_\_

Victim Pregnant: ☐ Yes ☒ No If yes, \_\_\_\_\_ Weeks \_\_\_\_\_ Months

Injuries: ☒ Yes ☐ No Description: Scratch on hip

Medical Treatment: ☒ Yes ☐ No

At Scene: ☐ Yes ☒ No Paramedics: \_\_\_\_\_

At Hospital: ☒ Yes ☐ No Hospital: Bethesda West Physician: DO. Winograd

Are children living in the home? ☒ Yes ☐ No DCF Notified? ☒ Yes ☐ No

Name: [REDACTED] DOB [REDACTED]

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: [REDACTED] called me a whore, I slapped him, then he pushed me and hit me with a chair.

Victim's statements ☒ Yes ☐ No If yes, ☒ written ☐ recorded ☒ oral

First words Victim said when you responded to scene: [REDACTED] has a drinking problem, she accused me of cheating, I called her a whore, she slapped me, I pushed her.

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

☐ Yes ☒ No If yes, name: \_\_\_\_\_ phone \_\_\_\_\_

Observations of Victim (Physical & Emotional): Frustrated

☒ Upset ☐ Crying ☐ Fearful ☐ Hysterical ☐ Afraid ☒ Calm ☐ Nervous

☐ Complained of pain ☐ Other \_\_\_\_\_

Victim contact information:

Local Address: [REDACTED]

[REDACTED]

Phone: Home: [REDACTED] Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_

Name of Relative: \_\_\_\_\_ Phone: \_\_\_\_\_