

0433879

ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest 3. Request For Warrant
2. N.T.A. 4. Request For Capias

1 Juvenile N

OBTS Number

MM 2590 2138

Agency ORI Number FLO 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06	17-046613							
Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many as apply: <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other 		If Weapon Seized Enter Type Multiple Clearance Indicator 0 1								
Location of Arrest (Including Name of Business) 10584 Walnut Valley Dr BOYNTON BEACH, FL.										
Date of Arrest 03/02/2017	Time of Arrest 9:01pm	Booking Date Mar 2, 2017	Booking Time							
Jail Date		Jail Time								
Location of Vehicle N/A										
Name (Last, First, Middle) Broder Sherene M										
Alias (Name, DOB, Soc. Sec. #, Etc.) N/A										
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W F	Date of Birth 08/09/1969	Height 5'11 Weight 138 Eye Color Hazel Hair Color Blonde Complexion Fair Build Thin							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None			Marital Status Married Religion None Indication of: Alcohol Influence Drug Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk							
Local Address (Street, Apt. Number) 10584 Walnut Valley Dr		City Boynton Beach	State FL. Zip 33483 Phone 954-850-1787							
Permanent Address (Street, Apt. Number) 10584 Walnut Valley Dr		City Boynton Beach	State FL. Zip 33483 Phone 954-850-1787 Address Source Verbal / DAVID							
Business Address (Street, Apt. Number)		City	State Zip							
			Phone							
			Occupation Cosmetic Manager							
DL Number, State B636-793-69-789-0		Social Security Number [REDACTED]	INS Number N/A Place of Birth Sacramento - California Citizenship USA							
Co-Defendant Name (Last, First, Middle)			Race Sex Date of Birth <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile							
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	Name (Last, First, Middle)									
Address (Street, Apt. No.)		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 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								
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute P. Produce C. Cultivate	M. Manufacture/ Produce E. Heroin	Z. Other	B. Barbiturate C. Cocaine E. Marijuana	H. Hallucinogen M. Marijuana	J. Paraphernalia/ Equipment	U. Unknown Z. Other
Charge Description Battery Domestic			Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1a1)		Violation or ORD. # N/A			
Drug Activity N	Drug Type N	Amount/Unit N/A	Offense # 17-046613		Warrant/Capias Number N/A		Bond N/A			
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 Year	Time 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			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 D/S T. Lee ID # 28271				
Intake Deputy D/S J. BENNETT #8349			Transporting Officer ID # D/S T. Lee #28271			Agency PBSO				
Witness here if subject signed with an "X"										
Page 1 of 1										

OBTS Number		PROBABLE CAUSE AFFIDAVIT					1. Arrest 2. N.T.A.	3. Request For Warrant 4. Request For Capias	Juvenile 1 N
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 06		17-046613		
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						Special Notes			
Defendant Name (Last, First, Middle) Broder Sherene						Race M	Sex W	Date of Birth 08/09/1969	
Charge Battery Domestic			Charge						
Charge			Charge						
Victim Name									
Local Address									
Business Address (Street, Apt. Number)		City		State		Zip		Phone	
The undersign 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...									
<input type="checkbox"/> committed the below acts in my presence.					<input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.				
<input checked="" type="checkbox"/> confessed to admitting to the below facts.					<input type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.				
On the <u>2</u> day of <u>March</u> 20 <u>17</u> at <u>9:00</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM									

On the above date and time, I responded to 10584 Walnut Valley Drive Boynton Beach 33483, located in Palm Beach County Florida, in reference to a Domestic Battery.

Mrs. Broder was sitting on the patio with [REDACTED] and they were arguing about infidelity. When [REDACTED] called her a whore she walked over to where he was sitting and slapped him with an open right hand on the left side of the face. After that he pushed her and she fell to the ground back towards her chair and then he kicked it at her. [REDACTED] never gave Mrs. Broder permission to slap him in the face.

I determined that Mrs. Broder is the dominate aggressor. The two [REDACTED]
[REDACTED] the last year and a half.

Based on the above facts, I found Probable Cause exists to arrest Mrs. Sherene Broder for Domestic Battery pursuant to Florida State Statute 784.03(1a1).

The foregoing instrument was sworn to and affirmed before me this 2 day of March 20 17, by:
D/S R. Rodriguez 13919 D/S T. Lee **28271**
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00) Name of Arresting/Investigating Officer
01/08/18 13919
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00) Signature of Arresting/Investigating Officer
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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: _____ DOB: _____ Race: _____

Relationship between Victim and Defendant: _____

Photographs: Scene Yes No Victim Yes No Defendant Yes No911 Call: Yes No Caller: Broder, ShereneWeapon Used: Yes No Type: _____Witness: Yes No Name: _____Victim Pregnant: Yes No If yes, _____ Weeks _____ MonthsInjuries: Yes No Description: Scratch on hipMedical Treatment: Yes NoAt Scene: Yes No Paramedics: _____At Hospital: Yes No Hospital: Bethesda West Physician: DO. WinogradAre children living in the 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 UnknownPrior history of Domestic/Dating Violence Yes NoDefendant's statements Yes No If yes, written recorded oralFirst words Defendant said when you responded to scene: 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 oralFirst words Victim said when you responded to scene: 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: _____

Phone: _____ Home: _____ Work: _____ Cell: _____

Employer: _____

Name of Relative: _____ Phone: _____