

ARREST / NOTICE TO APPEAR

OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2016-016550		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1		JUVENILE					
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 None/not Applicable		Multiple Clearance Indicator											
Location of Arrest (Including Name of Business)					Location of Offense (Business Name - Address)									
Date of Arrest 11/12/2016	Time of Arrest 17:44	Booking Date 11/12/2016	Booking Time 18:01	Jail Date 11/12/2016	Jail Time 18:01	Location of Vehicle N/A								
Name (Last, First, Middle) KOENIG, STEPHANIE FAUNCE					Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:									
Race W - White B - Black W	Sex M - Male F - Female F	Date of Birth 10/16/1967	Height 5'03	Weight 124	Eye Color BROWN	Hair Color BLONDE	Complexion LIGHT	Build Small						
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status M	Religion	Indication of: Alcohol Influence Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>							
Local Address (Street, Apt. Number) 201 NE 30TH ST, BOCA RATON, FL 33431					(City)	(State)	(Zip)	Phone (832) 507-5576	Residence Type: 1. City 2. County 3. Florida 4. Out of State					
Permanent Address (Street, Apt. Number) 201 NE 30TH ST, BOCA RATON, FL 33431					(City)	(State)	(Zip)	Phone (832) 507-5576	Address Source ARRESTEE					
Business Address (Name, Street) UNEMPLOYED,					(City)	(State)	(Zip)	Phone (561) -	Occupation Unemployed					
D/L Number, State K520786678760 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) HOUSTON, TX, United		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						
Parent <input type="checkbox"/> Other: <input type="checkbox"/> Name (Last, First, Middle)					Residence Phone									
Legal Custodian <input type="checkbox"/> Address (Street, Apt. Number)					(City)	(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 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. Disperse/ 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 DOMESTIC BATTERY (BODILY HARM)					Statute Violation Number 784.03(1)A2		Violation of ORD #							
Drug Activity		Drug Type N	Amount / Unit /	Offense # 2016-016550	Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond					
Charge Description					Statute Violation Number		Violation of ORD #							
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 #							
Drug Activity		Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond					
Health / Apparent Physical Condition of Defendant INTOXICATED					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: N/A									
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail					PROPERTY - Received By 683		Released By 683		Released To CJ					
Transported By					Date Transported	Time Transported	Other							
<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.					Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time							
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									
HOLD for Other Agency N/A					Signature of Arresting Officer CRAWFORD, ANDREW		Name Verification (Printed by Arrestee) (PRINT)		PAGE 1 OF 1					
Intake Deputy REILLY		I.D. # 778	Pouch #	Transporting Officer REILLY		I.D. # 778	Agency BRPD	Witness here if subject signed with an						

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 11/12/2016 20:14		Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2016-016550		
	Name (Last, First, Middle) KOENIG, STEPHANIE FAUNCE						Race W	Sex F	Date of Birth 10/16/1967
C H A R G E	Charge Description 784.03(1).. DOMESTIC BATTERY (BODILY HARM)								
	Victim's Name (Last, First, Middle) [REDACTED]						Race W	Sex M	Date of Birth 12/17/1965
V I C T I M	[REDACTED]						Phone [REDACTED]		Address Source [REDACTED]
	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): INJURY						
VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input 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: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		[REDACTED]						
	Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		[REDACTED]						
	911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		[REDACTED]						
	WEAPON USED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TYPE: KITCHEN FORK						
	WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		(If YES, attach witness list)						
	INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		[REDACTED]						
	MEDICAL TREATMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		[REDACTED]						
	AT: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PARAMEDICS: [REDACTED]						
	Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PHYSICIAN(S) / HOSPITAL: [REDACTED]						
	ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		NAMES/AGES: [REDACTED]						
N A R R	H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		[REDACTED]						
	VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		[REDACTED]						
	VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CASE #: MULTIPLE CASE #S						
	PRIOR HISTORY OF DOMESTIC VIOLENCE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		[REDACTED]						
ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		[REDACTED]							
On 11/12/16, at approximately 1655 hours, I was dispatched to a report of a domestic disturbance [REDACTED]. Upon my arrival, I met with [REDACTED] and [REDACTED] Stephanie Koenig. According to [REDACTED] he had an argument with [REDACTED] Stephanie Koenig where she stabbed him in his right leg									
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, [REDACTED] personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true. [REDACTED] SIGNATURE OF ARRESTING OFFICER Sworn to and subscribed to before me this 12 day of November , 2016 . [REDACTED] WOLLSCHLAGER, ANTHONY J 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 11/12/2016 20:14	Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2016-016550
	Agency ORI Number FL 0500200			

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with a grey metal kitchen fork. [REDACTED] was working around the house hanging shelves in closets and Stephanie was working around the house painting the base boards. The two began to argue and nitpick on each other. The argument continued while [REDACTED] stopped to watch the Auburn football game on television. They argued about [REDACTED]'s daughter [REDACTED] and the fact that she won't come to visit because of Stephanie. When he proved that was true by text messaging his daughter, Stephanie while sitting on the coffee table in the living room, grabbed [REDACTED]'s fork that he had been eating with from the table and stabbed him in the right leg. The injury did bleed; however the wound was small and superficial, he refused medical attention. After she stabbed him in the leg with the fork, he pushed her away on her shoulders to get her away from him in a way to restrain her from attacking him again. At one point Stephanie grabbed her neck and started rubbing it, trying to make it look red. She told him that she was going to call the police on him. She then dared him to call the police. He provided a written statement and photographs were taken of his injury. He also provided the fork from the kitchen sink that was used in the attack.

According to Stephanie, she told the same story as [REDACTED] except the part about the stabbing with the kitchen fork. Stephanie stated [REDACTED] and she were doing the same things he said they were around the house; they both began to pick on each other and argued. They also both argued in the living room and both agreed that is where it got physical. She said they were standing when it happened and he said they were sitting. Stephanie denied stabbing [REDACTED]; however, she admitted that [REDACTED] pushed her shoulders and also grabbed her neck. When I ask for further clarification why [REDACTED] may have touched her neck, I asked if it happened because [REDACTED] may have been trying to push her off of him and she agreed. She also admitted that she never lost consciousness and she never felt like she could not breathe. It should also be noted that I took photographs of Stephanie and her neck; there were no obvious red marks or signs of injury to her neck or body.

Based upon my investigation, I have probable cause to believe Stephanie Koenig did actually and intentionally strike [REDACTED] against the will of [REDACTED] and did intentionally cause bodily harm to [REDACTED] contrary to Florida Statute 784.03(1). At 1744 hours, I arrested Stephanie Koenig for domestic battery (bodily harm). I transported Stephanie to the Boca Raton Police Department for processing. I dropped the written statement, metal fork and photographs into evidence. Stephanie was TOT CJ.

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 OF ARRESTING OFFICER

Sworn to and subscribed to before me this 12 day of November, 2016.

WOLLSCHLAGER, ANTHONY J
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- 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.)

Upon completion, this form must accompany the booking paperwork.

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

1. Incident Report#: 2016-16550 Agency: Boca Raton
Offense: Domestic battery (bodily harm)
Suspect/Offender: Koenig, Stephanie
D.O.B. 10/16/67 Race: white Sex: Female

2. Warrant#(s): _____

3.a. Victim's  D.O.B. 12/17/65 Race: white Sex: Male
Address: 
City: _____
Home#: _____

b. Victim's next of kin, friend or neighbor: n/a
Address: _____
City: _____ State: _____ Zip: _____
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: Pursuant to F.S.119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).
Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: Crawford I.D.# 683 Date: 11/12/16

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

SUSPECT/OFFENDER: _____

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#: _____