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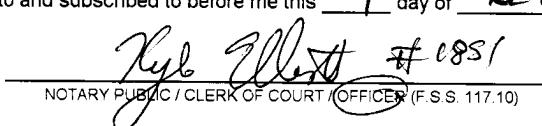
ARREST / NOTICE TO APPEAR

ARREST / NOTICE TO APPEAR				1. Arrest		3. Request for Warrant		1		JUVENILE			
Agency ORINumber <b>0500800</b>		Agency Name <b>West Palm Beach Police Department</b>				Agency Report Number (N.T.A.'s only) <b>9 4 2016-0022459</b>							
Charge Type: Check as many as apply: 1. Felony 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 <b>Hands/feet/teeth</b>		Multiple Clearance Indicator					
Location of Arrest (Including Name of Business) <b>5823 CHURCHILL CIR W</b>						Location of Offense (Business Name, Address) <b>5823 CHURCHILL CIR W, WEST PALM BEACH, FL 33405</b>							
Date of Arrest <b>12/14/2016</b>		Time of Arrest <b>01:29</b>		Booking Date <b>12/14/2016</b>		Booking Time <b>01:39</b>		Jail Date <b>/ / : :</b>		Jail Time		Location of Vehicle	
Name (Last, First, Middle) <b>CALIN, STEVEN KEITH</b>													
Alias: <b>Alias (Name, DOB, Soc. Sec. #, Etc.)</b>													
Race W - White B - Black		Sex <b>W M</b>		Date of Birth <b>12/14/1962</b>		Height <b>6'00</b>		Weight <b>170</b>		Eye Color <b>BROWN</b>		Hair Color <b>BROWN</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status <b>S</b>		Religion	
Local Address (Street, Apt. Number) (City) (State) (Zip) Phone <b>(561) 577-6295</b>													
Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone <b>(561) 577-6295</b>													
Business Address (Name, Street) (City) (State) (Zip) Phone <b>(561) 577-6295</b>													
D/L Number, State <b>C450791624540 / FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>PALM BEACH</b>		Citizenship <b>USA</b>					
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input checked="" 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 checked="" type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle) _____ Residence Phone _____													
Legal Custodian _____ Business Phone _____													
Address (Street, Apt. Number) (City) (State) (Zip)													
Notified by: (Name) Date Time JUVENILE DISPOSITION Handed/Proceeds/Email <b>NOT JAC</b> Department and Released <b>3. Incarcerated</b>													
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 S. Sell R. Smuggle K. Disperse M. Manufacture/ Produce' Z. Other						Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ Equipment		N. N/A C. Cocaine M. Marijuana O. Opium/Deriv.		U. Unknown S. Synthetic Z. Other			
Charge Description <b>BATTERY - BATTERY (SIMPLE)</b> Statute Violation Number <b>784.03(1) A</b> <b>AM</b> Violation of ORD #													
Drug Activity <b>N</b>		Drug Type <b>/</b>		Amount / Unit		Offense # <b>2016-0022459</b>		Counts <b>1</b>		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number	
Charge Description <b>ASSAULT - ASSAULT (SIMPLE)</b> Statute Violation Number <b>784.011</b> Violation of ORD #													
Drug Activity <b>N</b>		Drug Type <b>/</b>		Amount / Unit		Offense # <b>2016-0022459</b>		Counts <b>1</b>		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number	
Charge Description Statute Violation Number Violation of ORD #													
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number	
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 Explain:													
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail						PROPERTY - Received By				Released By		Released To	
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail						PROPERTY - Received By				Released By		Released To	
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail						PROPERTY - Received By				Released By		Released To	
Transported By						Date Transported <b>/ / : :</b>		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)							
						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 COMTEMPT 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>1787</b>							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other						Name of Arresting Officer (Print) <b>MICHELE, ANDRE</b> ID # <b>01987</b>							
Intake Deputy <b>ID #</b>						Transporting Officer <b>ID #</b> <b>WPB</b> Agency <b>WPB</b>							
Witness here if subject signed with an "X".													

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>12/14/2016 01:29</b>	Agency Name <b>WEST PALM BEACH POLICE</b>			Agency Report Number <b>9   4   2016-0022459</b>
D E F	Name (Last, First, Middle) <b>CALIM, STEVEN KEITH</b>	Alias	Race	Sex	Date of Birth
C H R G	Charge Description <b>784.03(1) BATTERY - BATTERY (SIMPLE)</b>		<b>W</b>	<b>M</b>	<b>12/14/1962</b>
V I C	Victim's Name (Last, First, Middle) <b>ROHAN, CARRIE KINDLEY</b>	Race	<b>W</b>	Sex	Date of Birth <b>11/28/1956</b>
T I M	Local Address (Street, Apt. Number) <b>5823 CHURCHILL CIR W, WEST PALM BEACH, FL 33405</b>	(City)	(State)	(Zip)	Phone <b>(561) 281-9381</b>
	Business Address (Name, Street)	(City)	(State)	(Zip)	Address Source Phone Occupation
DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>VISUAL</b>			
RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>DATING</b>					
A D D I T I O N A L I N F O R M A T I O N A L	PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Victim: <input checked="" type="checkbox"/>	911 CALL: <input checked="" type="checkbox"/> CALLER: <b>STEVEN CALIM</b>	WEAPON USED: <input type="checkbox"/> <input checked="" type="checkbox"/> TYPE:	WITNESSES: <input type="checkbox"/> <input checked="" type="checkbox"/> (If YES, attach witness list)
	INJURIES: <input type="checkbox"/> <input checked="" type="checkbox"/>	MEDICAL TREATMENT: <input type="checkbox"/> <input checked="" type="checkbox"/>	AT: Scene: <input type="checkbox"/> <input checked="" type="checkbox"/> PARAMEDICS	Hospital: <input type="checkbox"/> <input checked="" type="checkbox"/> PHYSICIAN(S) / HOSPITAL:	
N A R R	ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> <input checked="" type="checkbox"/> NAMES/AGES:	H. R. S. NOTIFIED: <input type="checkbox"/> <input checked="" type="checkbox"/>	VICTIM PREGNANT: <input type="checkbox"/> <input checked="" type="checkbox"/>	VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> <input checked="" type="checkbox"/> CASE #: <b>20160019798</b>	PRIOR HISTORY OF DOMESTIC VIOLENCE: <input checked="" type="checkbox"/> <input type="checkbox"/>
	ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> <input type="checkbox"/>	On December 14, 2016 at approximately 0023 hours, I was dispatched to 5823 Churchill Cir W in reference to a domestic trouble call. Upon arrival, the following was revealed.			
	Steven Calim advised he called the police because his girlfriend Carrie Rohan was putting his belongings in				
	STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, <input checked="" type="checkbox"/> personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.				
	 SIGNATURE OF ARRESTING OFFICER 12/14/2016				
	Sworn to and subscribed to before me this <u>14</u> day of <u>Dec</u> , <u>16</u>				
	 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 <b>12/14/2016 01:29</b>	Agency ORI Number <b>FL 0500800</b>	Agency Name <b>WEST PALM BEACH POLICE</b>	Agency Report Number <b>9   4   2016-0022459</b>
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N bags and placing them outside. He was upset and being belligerent event to officers upon our arrival. Steven  
A stated nothing was physical, but he didn't want to get kicked out of the house after their argument.  
R

R While speaking with Carrie, she advised they were arguing because she owns the house they live in, but he has  
A not been paying rent. She stated they have an intimate relationship and have been having issues for a while  
T since he moved in about a year ago. Tonight Carrie stated the argument got out of hand resulting in Steven  
I slapping her in the face with his cell phone and saying he was going to knock her upside the head. When I  
V asked what exactly she thought he meant by knocking her upside the head, she advised he meant he was going to  
E hit her.

In front of officers, Steven was being hostile toward Carrie and yelling at her, demanding her to grab his belongings and bring them inside. Carrie gave a sworn statement advising of Steven smacking her with the cell phone and verbally assaulting her.

Due to the facts stated above, probable cause exists to charge Steven Calim with one count of Battery per FSS 784.03(1) and one count of Assault per FSS 784.011.

NOT A CERTIFIED COPY

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Appeared before me, X personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

1987  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 14 day of DEC, 16.

Kyle Elliott #1831  
NOTARY PUBLIC CLERK OF COURT OFFICER (F.S.S. 117.10)