

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3, 2 2017-014803	
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	If Weapon Seized Enter Type None/not Applicable		Multiple Clearance Indicator
Date of Arrest 10/28/2017		Time of Arrest 17:48	Booking Date 10/28/2017	Booking Time 19:18	Jail Date 10/28/2017	Jail Time 19:09
Name (Last, First, Middle) MODESKI, TARA DIANE		Alias (Name, DOB, Soc. Sec. #, Etc.)				

Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex W	Date of Birth 08/19/1990	Height 5'03	Weight 150	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build Small	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE						Marital Status S	Religion	Indication of: Alcohol Influence - Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence		
Local Address (Street, Apt. Number) (City) (State) (Zip) 3050 NORWOOD PL N112, BOCA RATON, FL 33431				Phone (561) 563-1657		Residence Type: 1. City 3. Florida 2. County 4. Out of State 1				
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 3050 NORWOOD PL N112, BOCA RATON, FL 33431				Phone (561) 563-1657		Address Source				
Business Address (Name, Street) (City) (State) (Zip) STRATEGIC PUBLISHING,				Phone		Occupation				
D/L Number, State M320804907990 /		Soc. Sec. Number		INS Number		Place of Birth (City, State) WATERFORD, PN,		Citizenship US		

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor

<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____	Name (Last, First, Middle)			Residence Phone
<input type="checkbox"/> Legal Custodian	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.				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. Posses	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 BATTERY / DOMESTIC BATTERY	Statute Violation Number 784.03(1) A1	Violation of ORD #
Drug Activity N	Drug Type N	Amount / Unit
Offense # 2017-014803	Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Warrant / Capias Number	Bond NONE	

VICTIM NOTIFICATION REQUIRED

Health / apparent Physical Condition of Defendant GOOD	Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Physical <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain: NONE		
Check with applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond	<input type="checkbox"/> Released to Parent/Guardian	<input checked="" type="checkbox"/> T.O.T. County Jail	PROPERTY - Received By COON
Transported By COON	Date Transported 10/28/2017	Time Transported 20:00	Released To CJ

<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444
<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	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 WILL FULLY 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	

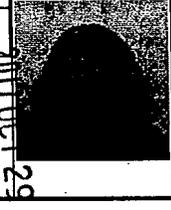
HOLED : Other Agency	Signature of Arresting Officer Rebecca Coon	Name Verification (Printed by Arrestee) COON, REBECCA
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	Name of Arresting Officer (Print) COON, REBECCA	ID.# 794
D/S. C. GILYARD #7392	Transporting Officer COON	Agency BRPD
Witness here if subject signed with ad...		

0492898

N/R

2131

OCT 28 2017

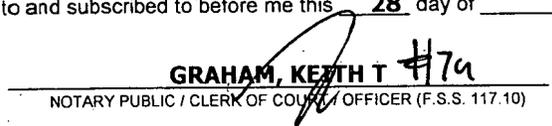


RECEIVED FOR THE JUVENILE COURT CLERK'S OFFICE
OCT 28 2017 5:55 AM

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

ADMIN	Date / Time 10/28/2017 19:04	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2017-014803		
	Name (Last, First, Middle) MODESKI, TARA DIANE				Alias	Race W	Sex F
CRIME	Charge Description SIMPLE BATTERY						
	Victim's Name (Last, First, Middle) [REDACTED]				Race W	Sex M	Date of Birth 07/23/1989
VICTIM	Local Address (Street, Apt. Number) (City) (State) (Zip)			Phone		Address Source	
	Business Address (Name, Street) (City) (State) (Zip)			Phone		Occupation	
DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):				
VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input type="checkbox"/>							
RELATIONSHIP BETWEEN VICTIM & SUSPECT [REDACTED]							
ADDITIONAL INFORMATION	PHOTOGRAPHS:		Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
			Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
	911 CALL:		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CALLER: VICTIM			
	WEAPON USED:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TYPE:			
	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				
	MEDICAL TREATMENT:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
	AT: Scene:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PARAMEDICS:			
	Hospital:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PHYSICIAN(S) / HOSPITAL:			
	ACT COMMITTED IN PRESENCE OF MINOR(S):		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	NAMES/AGES:			
H. R. S. NOTIFIED:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
VICTIM PREGNANT:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
VIOLATION OF RESTRAINING ORDER:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CASE #:				
PRIOR HISTORY OF DOMESTIC VIOLENCE:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
ALCOHOL OR DRUGS INVOLVED:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
NARR	On 10/28/17, at approximately 1647 hours, I responded to [REDACTED] in reference to a domestic disturbance.						
	I met with the victim, [REDACTED] who advised [REDACTED] Tara Modeski, punched him and						
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, <u>Is</u> 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 <u>28</u> day of <u>October</u> , <u>2017</u> .  GRAHAM, KEITH T #794 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)							

PHOTOCOPIED CERTIFIED COPY

SCANNED
CRIME ANALYSIS
OCT 28 2017 P.I.O.

COURT STATE ATTORNEY CENTRAL RECORDS JAIL

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 10/28/2017 19:04	Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2017-014803
	N A R R A T I V E <p>scratched his neck. [REDACTED] stated that he and Modeski had gotten into an argument over Suboxone. [REDACTED] advised that he and Modeski are recovering addicts. [REDACTED] stated that Modeski found the bottle of Suboxone in the bathroom and walked out onto the porch with it. [REDACTED] attempted to get the bottle back from her. [REDACTED] was standing behind her and she thrust her right fist backward and struck [REDACTED] in the cheek. [REDACTED] was able to get the bottle away from Modeski and she then attempted to regain the bottle. [REDACTED] advised that Modeski scratched the right side of his neck with her left hand. [REDACTED] walked back into the residence into the kitchen. [REDACTED] advised Modeski was still attempting to get the bottle back, saying that she "needs them". [REDACTED] stated that Modeski then took a knife out of the knife block and walked into the bathroom. [REDACTED] blocked the door so that Modeski could not shut it. Modeski then walked back into the kitchen and returned the knife to the knife block. At no time did Modeski make any threats to harm herself or [REDACTED] with the knife nor did she make any attacking movements. [REDACTED] advised that Modeski then walked out the back door and walked toward the lake. I observed several scratches on [REDACTED] neck and took photographs. [REDACTED] was unwilling to provide a written statement.</p> <p>Officers Alvino and McGarry made contact with Modeski on the south west corner of the lake. Modeski advised [REDACTED] had given her the Suboxone and then changed his mind and took them back. Modeski stated that when she was trying to get the Suboxone back from [REDACTED] she punched him and scratched his neck. Modeski stated that she took the kitchen knife and ran into the bathroom and threw it in the sink. Modeski stated she did not make any threats towards [REDACTED] with the knife.</p> <p>Based on my investigation, I placed Tara Modeski under arrested in violation of F.S.S. 784.03(1A1) Simple Battery, Domestic. Modeski was transported to Palm Beach County Jail.</p> <p>The photograph was submitted into BRPD evidence and the victim notification form was completed.</p>			

STATE OF FLORIDA
COUNTY OF PALM BEACH

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

[Signature] 794
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 28 day of October, 2017.

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

SCANNED
OCT 28 2017

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#: 2017-014803 Agency: BOCARATON POLICE DEPT
Offense: SIMPLE BATTERY
Suspect/Offender: TARA MUDESKI
D.O.B. 08/19/90 Race: W Sex: F

2. Warrant#(s): _____

3.a. Victim _____
Address _____
City: _____
Home _____

b. _____

FOR WARRANTS USE ONLY

SUSPECT/OFFENDER:

COURT CASE/WARRANT#:

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

SCANNED
OCT 28 2017

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: OFFICER R. COON I.D.# 794 Date: 10/28/17