

pch 1067

Jnt 0452406

ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1 Juvenile N					
ADMINISTRATION	OBTS Number Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-16-063082						
	Charge Type: Check as many as Apply. 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other		If Weapon Seized Enter Type		Multiple Clearance Indicator				
Location of Arrest (Including Name of Business) 300 VIA LUGANO CIR APT.109				Location of Offense (Business Name, Address) 300 VIA LUGANO CIR APT.109							
Date of Arrest 11/12/2016		Time of Arrest 0003		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle			
DEFENDANT	Name (Last, First, Middle) TRNKOVA, TEREZA SARAH				Alias (Name, DOB, Soc. Sec. #, Etc)						
	W - White B - Black	I - American Indian O - Oriental / Asian	Race W	Sex F	Date of Birth 06/13/84	Height 506	Weight 110	Eye Color HAZEL	Hair Color BLON	Complexion LIGHTBRNTHIN	Build
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) ON FEET						Marital Status SINGLE	Religion UNK	Indication of: Alcohol Influence Drug Influence			
Local Address (Street, Apt. Number) 300 VIA LUGANO CIR APT.109 BOYNTON BEACH, FL. 33436						Phone ( ) - NO	Residence Type 1. City 3. Florida 2. County 4. Out of State			1	
Permanent Address (Street, Apt. Number) SAME						Phone ( ) -	Address Source VERBAL				
Business Address (Street, Apt. Number)						Phone ( ) -	Occupation				
D/L Number, State 28329405, NC			Soc. Sec. Number		INS Number	Place of Birth CZ REPUBLIC		Citizenship NO			
CO-DEF	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			
JUVENILE	<input type="checkbox"/> Parent Name (Last) <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other				(First)	(Middle)	REquired			Residence Phone	
	Address (Street, Apt. Number)				(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 change of address: Yes, By: (Name) No: (Reason)							School Attended		Grade		
Property Crime? Description of Property				Value of Property							
Yes <input type="checkbox"/> No <input type="checkbox"/>											
CODE	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. Barbituate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
CHARGE	Charge Description SIMPLE BATTERY				Counts 1	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number 784.03.1a1		Violation of ORD#	
CHARGE	Drug Activity	Drug Type	Amount/Unit	Offense # 16-063082				Warrant/Capias Number		Bond	
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#	
CHARGE	Drug Activity	Drug Type	Amount/Unit	Offense #				Warrant/Capias Number		Bond	
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#	
CHARGE	Drug Activity	Drug Type	Amount/Unit	Offense #				Warrant/Capias Number		Bond	
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#	
CHARGE	Drug Activity	Drug Type	Amount/Unit	Offense #				Warrant/Capias Number		Bond	
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 <input type="checkbox"/> Mandatory Appearance in Court <input type="checkbox"/> Instruction No. 2 <input type="checkbox"/> You need not appear in Court but must <input type="checkbox"/> Comply with instruction on reverse side.		Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444 Court Date and Time Month Day Year Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.								
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD NOT 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 _____											
ADMIN.	HOLD for other Agency Name:			Signature of Arresting Officer Name: WILLIAMS I.D. # 873			Name Verification (Printed by Arrestee) (PRINT) <input type="checkbox"/> <input type="checkbox"/>				
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other: <i>ofc new</i>		Transporting Officer I.D. # <i>910 554</i>		Agency		Witness here is subject Signed with an 'X'.		
	Intake Deputy <i>Colletta Lemmen 4716</i>		I.D. # <i>4716</i>		Pouch #						
	Page 1 OF 1										

Melo

SCANNED  
NOV 12 AM 2:30  
NOV 12 2016

DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT  
PALM BEACH COUNTY

On the 12 day of NOVEMBER 2016 at 300 VIA LUGANO CIR APT.109

Subject: TRNKOVA, TEREZA SARAH DOB: 06/13/84 Case #: 16-063082

Charge Description: SIMPLE BATTERY Statute #: 784.03.1a1

Victim: ██

Local Address: ██

Personal Contact: ██

Narrative:

On the above date and time I responded to the above location reference a domestic dispute where a male was scratched by a female. Upon arrival I made contact with w/m █████ who said he was assaulted by his girlfriend later identified as w/f Tereza Trnkova. █████ was not forth coming with any information and would not provide a written statement. I spoke with █████ for approx 20 minutes and was only able to piece together that the two left a friends house off SW 5th Ave in the City of Boynton Beach. While driving home the two started to argue and Trnkova started hitting and scratching █████ said once they returned home he called police.

I observed █████ who had numerous scratches on his face and neck area consistent with the above allegations. I took photos that were later placed into BBPD evidence.

I then spoke with Trnkova who, like █████ would not provide a written statement and was very uncooperative. Trnkova also claims they were at a friends house in Boynton Beach and while driving home the two began to argue. Trnkova claims █████ pushed her out of the vehicle on Gateway Blvd. approx the 900 block. Trnkova says she then climbed back into the vehicle and they drove home.

I saw that Trnkova had a small bruise on her right knee and a few small scratches on both her left and right ankles. Injuries that are consistent with falling but not out of a moving vehicle and she portrayed. I took photos of her injuries and placed them into BBPD evidence. It should be noted neither party wanted any medical attention on scene.

I found Trnkova to be the primary aggressor reference this incident. I charged Trnkova with one count Simple Battery Domestic pursuant to FSS 784.03.1a1. Trnkova was transported to BBPD for processing then TOT PBCJ. █████ was left with a Victim Advocate Pamphlet but he refused to sign a Exemption from public records. Nothing Further.

Defendant's Statement: None

Victim's Statement: None

Observation Of Victim (Physical and Emotional):

both very emotional crying and angry

Relationship Between Victim and Suspect:

██

SCANNED  
NOV 12 2016

Photographs: Scene:  Yes  No  
Victim:  Yes  No  
911 Call:  Yes  No Caller: \_\_\_\_\_  
Tape Requested:  Yes  No  
Weapon Used:  Yes  No Type: \_\_\_\_\_  
Witnesses:  Yes  No  
Injuries:  Yes  No  
Medical Treatment:  Yes  No  
At Scene  Yes  No Paramedics: \_\_\_\_\_  
At Hospital  Yes  No Physician(s): \_\_\_\_\_  
Hospital: \_\_\_\_\_  
Act Committed In Presence Of Minor(s):  Yes  No  
Name: Siney Brown Age: 2  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
F.D.C.F. Notified:  Yes  No Victim Pregnant:  Yes  No  
Violation Of Restraining Order:  Yes  No Case #: \_\_\_\_\_  
Prior History Of Domestic Violence:  Yes  No  
Alcohol Or Drugs Involved:  Yes  No  Unknown

### Victim Contact Information:

Phone Home: [REDACTED] Work: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Relative Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: [REDACTED] \_\_\_\_\_  
City/State: [REDACTED] \_\_\_\_\_

State Of Florida  
County Of Palm Beach  
Appeared before me, WILLIAMS, (print name) 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 me before this 12 day of NOV , 2016

  
Notary/Clerk Of Court/Officer (F.S.S. 11710)

SCANNED  
NOV 12 2016

**VICTIM NOTIFICATION FORM**

This form must be filled out in a case involving one of the following crimes:

- **Homicide (Ch. 782)**
- **Attempted Murder**
- **Stalking (S. 784.084)**
- **Domestic Violence** (This includes any *Assault, Agg. Assault, Battery, Agg. Battery, Sexual Assault, Sexual Battery, Stalking, Agg. 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 dwelling*)

- **Sexual Offense (Ch. 794)**
- **Attempted Sexual Offense**

**Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.**

1. Incident Report #: 16-063082 Agency: Boynton Beach Police Department  
Offense: SIMPLE BATTERY  
Suspect/Offender: TRNKOVA, TEREZA SARAH  
DOB: 06/13/84 Race: W Sex: F
2. Warrant # (s): \_\_\_\_\_
3. Complete one (1) of the following:
  - A. Victim's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_
  - B. Victim's Next of Kin: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_
  - C. Victim's designated contact other than next of kin (for example: a friend or neighbor):  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_
4. Relevant identification or case numbers assigned to the case (please specify):  
\_\_\_\_\_

**WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND  
UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE  
SUSPECT/OFFENDER.**

Signature of Victim: \_\_\_\_\_

Printed Name of Victim: \_\_\_\_\_

Officer's Name: WILLIAMS I.D.# 873 Date: / /

SCANNED  
NOV 12 2016