

Jnt 0452406

pch 1067

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	N
Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-16-063082				
Charge Type: Check as many as Apply. <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <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				
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		
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
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) ON FEET		Marital Status SINGLE		Religion UNK		Complexion LIGHTBROWN		
Local Address (Street, Apt. Number) (City) (State) (Zip) 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) (City) (State) (Zip) SAME		Phone () -		Address Source VERBAL				
Business Address (Street, Apt. Number) (City) (State) (Zip) SAME		Phone () -		Occupation				
D/L Number, State 28329405, NC		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth CZ REPUBLIC		Citizenship NO
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 <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
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 <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
<input type="checkbox"/> Parent Name (Last) (First) (Middle) <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Residence Phone		REQUIRED				
Address (Street, Apt. Number) (City) (State) (Zip) No Bond		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: <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade		
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property				
Drug Activity S. Sell R. Smuggle K. Dispense/Distribute M. Manufacture Produce/Cultivate Z. Other N. N/A B. Buy D. Deliver E. Use		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 SIMPLE BATTERY		Counts 1	Domestic Violence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number 784.03.1a1		Violation of ORD#		
Drug Activity		Drug Type	Amount/Unit	Offense # 16-063082		Warrant/Capias Number		Bond
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#		
Drug Activity		Drug Type	Amount/Unit	Offense #		Warrant/Capias Number		Bond
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#		
Drug Activity		Drug Type	Amount/Unit	Offense #		Warrant/Capias Number		Bond
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#		
Drug Activity		Drug Type	Amount/Unit	Offense #		Warrant/Capias Number		Bond
<input 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 instruction on reverse side.		Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444						
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.		Month		Day	Year	Time	A.M. <input type="checkbox"/> P.M.	
Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed						
HOLD for other Agency Name:		Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee) (PRINT)				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) WILLIAMS		I.D. # 873		BU# 107798		Page 1 OF 1
Intake Deputy Cpl. [Signature]		I.D. # 4716	Pouch #	Transporting Officer [Signature]		I.D. # 910	Agency BAD	Witness here is subject Signed with an "X".

Melo

SCANNED
NOV 12 AM 2:39
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: [REDACTED]

Local Address: [REDACTED]

Personal Contact: [REDACTED]

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 [REDACTED] who said he was assaulted by his girlfriend later identified as w/f Tereza Trnkova. [REDACTED] was not forth coming with any information and would not provide a written statement. I spoke with [REDACTED] 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 [REDACTED] said once they returned home he called police.

I observed [REDACTED] 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 [REDACTED] 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 [REDACTED] 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 injures 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. [REDACTED] 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:

[REDACTED]

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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]
Signature Of Arresting Officer

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

[Signature]
Notary/Clerk Of Court/Officer (F.S.S. 117.10)

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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: / /

SUSPECT/OFFENDER:

TRNKOVA, TEREZA SARAH

COURT CASE/ WARRANT #:
(FOR WARRANTS USE ONLY)

SCANNED
NOV 12 2016