

0296240

P-237

ARREST / NOTICE TO APPEAR Juvenile Referral Report		1 Arrest 2 NTA		3 Request for Warrant 4 Request for Capias		1		Juvenile	
OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>17126857</b>			
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		Multiple Clearance Indicator			
Location of Arrest (including Name of Business) <b>3803 Shoma Drive, Royal Palm Beach, FL 33411</b>				Location of Offense (Business Name, Address) <b>3803 Shoma Drive, Royal Palm Beach, FL 33411</b>					
Date of arrest <b>9/14/2017</b>		Time of Arrest <b>0353</b>		Booking Date		Booking Time		Jail Date	
Jail Time		Location of Vehicle							
Name (Last, First, Middle) <b>Vanderburg, Terri, Leigh</b>				Alias (Name, COB, Soc Sec #, Etc)					
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex <b>F</b>		Date of Birth <b>08/02/1961</b>		Height <b>5'03"</b>		Weight <b>120lbs</b>	
Eye Color <b>Brown</b>		Hair Color <b>Brown</b>		Complexion <b>light</b>		Build <b>small</b>			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>None</b>				Mental Status <b>Widow</b>		Religion <b>Baptist</b>		Indication of Alcohol Influence Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
Local Address (Street, Apt. Number) <b>3803 Shoma Drive</b>		(City) <b>Royal Palm Beach</b>		(State) <b>FL</b>		(zip) <b>33411</b>		Phone <b>(561) 255-6137</b>	
Permanent Address (Street, Apt. Number)		(City)		(State)		(zip)		Residence Type 1 City 3 Florida 2 County 4 Out of State 5 1	
Business Address (Name, Street)		(City)		(State)		(zip)		Address Source <b>Verbally Provided</b>	
D/L Number, State <b>V536-812-61-782-0, FL</b>		Soc Sec Number		INS Number		Place of Birth (City, State) <b>Chattanooga, TN</b>		Citizenship <b>US</b>	
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	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last)		(First)		(Middle)		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 355-2526) informed of any change of address. Yes, by (Name) No (Reason)						School Attended		Grade	
Property Crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property			
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 Barbiturate C Cocaine E Heroin		H Hallucinogen M Marijuana O Opium/Derv		P Paraphernalia/ Equipment S Synthetic	
U Unknown		Z Other		Statute Violation Number <b>784.03(1a1)</b>		Violation of ORD #			
Charge Description <b>Simple Domestic Battery</b>		Counts <b>1</b>		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond	
Drug Activity		Drug Type		Amount / Unit		Offense # <b>17126857</b>			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Location (Court, Room Number, Address)									
Court Date and Time Month Day Year Time A.M. 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 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 Name		Signature of Arresting Officer <b>Jon Snow</b>		Name Verification (Printed by Arrestee) <b>7982</b>		(PRINT)		PAGE	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>D/S Jon Snow</b>		ID # <b>7982</b>		Witness here if suspect signed with an "X"	
Inmate Deputy		ID #		Transporting Officer <b>Snaw</b>		ID # <b>7982</b>		Agency <b>PB30</b>	

PB30 4908

2017 MM011203 Axxx MB

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA		3 Request for Warrant 4 Request for Capias		1		Juvenile	
Agency ORI Number FLO 5 0 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 17126857					
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		Special Notes					
Name (Last, First, Middle) Vanderburg, Terri, Leigh		Alias				Race W		Sex F		Date of Birth 08/02/1961	
Charge Description Simple Domestic Battery		Charge Description									
Charge Description		Charge Description									
Victim's Name (Last, First, Middle) [REDACTED]		Race W		Sex F		Date of Birth 11/13/1980					
Business Address (Name, Street) [REDACTED]		(City) [REDACTED]		(State) [REDACTED]		(Zip) [REDACTED]		Phone ( ) [REDACTED]		Occupation [REDACTED]	
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law</p> <p>The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____</p> <p><input type="checkbox"/> confessed to _____ <input checked="" type="checkbox"/> that he/she saw the arrested person commit the below acts</p> <p>admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>14th</u> day of <u>September</u> 20<u>17</u> at <u>0320</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest)</p> <p>On Thursday, September 14, 2017 at approximately 0320 hours, Terri Vanderburg battered [REDACTED] during an altercation that occurred after the pair returned [REDACTED]</p> <p>During the trip from [REDACTED] Terri argued with [REDACTED] and at one point, [REDACTED] while [REDACTED] insisting she wanted to get out of [REDACTED] When they stopped, Terri then began yelling [REDACTED] This occurred while [REDACTED] them.</p> <p>Once they arrived at [REDACTED] Terri continued to argue with [REDACTED] mentioned to Terri that [REDACTED] were going to move into [REDACTED] Terri was apparently upset by that prospect, and accused [REDACTED] Terri got very close to [REDACTED] face during the argument, and [REDACTED] Terri then "attacked" [REDACTED]</p> <p>There were visible scratches to [REDACTED] Although [REDACTED] did not see the altercation, he heard it take place, and when he [REDACTED] told him Terri had [REDACTED] called 911.</p> <p>Based upon the totality of the circumstances, probable cause exists to arrest and charge Terri Vanderburg for committing simple domestic battery upon [REDACTED]</p>											
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>(Signature of Arresting Investigative Officer) <u>[Signature]</u> 2882</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>14th</u> day of <u>September</u> 20<u>17</u> by <u>D/S Jon Snow, 7982</u></p> <p>(Print name of Arresting Investigative Officer who is personally known to me and/or produced identification. Type of identification produced) <u>[Signature]</u> 266916</p> <p>Notary Public, Clerk of Court, Officer (F.S.S.) 117.1(b)</p>											

**PALM BEACH COUNTY SHERIFF'S OFFICE**  
**DOMESTIC VIOLENCE PROBABLE CAUSE SUPPLEMENTAL FORM**  
(SUBMIT WITH STATE ATTORNEY'S COPY OF PROBABLE CAUSE AFFIDAVIT)

CASE NUMBER: 17126857

DEFENDANT'S NAME: Fern L. Vandenberg

DEFENDANT'S STATEMENT: ☐ YES ☒ NO (IF YES: ☐ WRITTEN ☐ TAPED ☐ ORAL)

SYNOPSIS: \_\_\_\_\_

VICTIM'S NAME: \_\_\_\_\_

VICTIM'S STATEMENTS: ☒ YES ☐ NO (IF YES: ☒ WRITTEN ☐ TAPED ☐ ORAL)

OBSERVATIONS OF VICTIM: (PHYSICAL & EMOTIONAL) Calm, unemotional

RELATIONSHIP BETWEEN VICTIM AND SUSPECT: \_\_\_\_\_

PHOTOGRAPHS: SCENE: ☐ YES ☒ NO VICTIM(S): ☐ YES ☐ NO

911 CALL: ☒ YES ☐ NO WHO CALLED: \_\_\_\_\_

WEAPON USED: ☐ YES ☒ NO TYPE: \_\_\_\_\_

MEDICAL TREATMENT: ☐ YES ☒ NO

AT SCENE: ☐ YES ☒ NO PARAMEDICS: \_\_\_\_\_

AT HOSPITAL: ☐ YES ☒ NO HOSPITAL: \_\_\_\_\_ PHYSICIAN: \_\_\_\_\_

ARE CHILDREN LIVING IN HOME: ☐ YES ☐ NO

NAME: \_\_\_\_\_ DOB: 9/26/2009

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

WAS ACT(S) COMMITTED IN PRESENCE OF MINOR(S): ☐ YES ☒ NO (IF YES ☐ SAME AS ABOVE OR SPECIFY)

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

DCF NOTIFIED: (IF CHILD ABUSE) ☒ YES ☐ NO

VICTIM PREGNANT: ☐ YES ☒ NO

PRIOR HISTORY OF DOMESTIC VIOLENCE: ☐ YES ☒ NO

ALCOHOL OR DRUGS INVOLVED: ☐ YES ☒ NO

VIOLATION OF RESTRAINING ORDER: ☐ YES ☒ NO CASE #: \_\_\_\_\_

ALTERNATE VICTIM CONTACT INFORMATION: (IF VICTIM DECIDES TO LEAVE RESIDENCE)

RELATIVE/FRIEND NAME: \_\_\_\_\_

RELATIVE/FRIEND ADDRESS: \_\_\_\_\_

# 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 #: 17125857 Agency: PBSO  
Offense: Simple Domestic Battery  
Suspect/Offender: Terr L Vandenberg  
D.O.B. 8/02/1961 Race: W/L Sex: F

2. Warrant #(s): \_\_\_\_\_

3.a. Victim  
Address  
City:  
Home

b. Victim  
Address  
City:  
Home

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:** I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: \_\_\_\_\_

Printed name of person waiving notification: \_\_\_\_\_

Deputy's Name: Snow John I.D.# 7982 Date: 9/14/17

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records  
PBSO #0029A REV. 4/99

SUSPECT/OFFENDER:

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