19MM011565

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number:

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias: **1** | Juvenile: **N**

ADMINISTRATION

Agency ORI Number	Agency Name	Agency Report Number
FL0500300	BOYNTON BEACH POLICE DEPT.	34-19-057912

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: NONE | Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business): 3591 S FEDERAL HWY #C BOYNTON BEACH, FL 33435

Location of Offense (Business Name, Address): 3591 S FEDERAL HWY #C BOYNTON BEACH, FL 33435

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
10/15/2019	0342					

DEFENDANT

Name (Last, First, Middle): WERTMAN, TRACEY MICHELE

Alias (Name, DOB, Soc. Sec. #, Etc):

W - White B - Black I – American Indian O – Oriental / Asian

Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	5/17/1981	507	130	BROWN	BLACK	FAIR	THIN

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description):

Marital Status: MARRIED | Religion: NONE

Indication of: Y N Unk. Alcohol Influence ☐ ■ ☐ Drug Influence ☐ ■ ☐

Local Address (Street, Apt. Number) (City) (State) (Zip): 3591 S FEDERAL HWY #C BOYNTON BEACH, FL 33435 | Phone: (248)982-2949

Residence Type: 1. City 2. County 3. Florida 4. Out of State: **1**

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 3591 S FEDERAL HWY #C BOYNTON BEACH, FL 33435 | Phone: ( ) - | Address Source: VERBAL

Business Address (Street, Apt. Number) (City) (State) (Zip): | Phone: ( ) - | Occupation: UNEMPLOYED

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth	Citizenship
W635802603374 (MI)	[redacted]		MICHIGAN	US

CO-DEF

Co-Defendant Name (Last, First, Middle): | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant Name (Last, First, Middle): | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ 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 ☐ defendant and/or ☐ 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? Yes ☐ No ☐ | Description of Property | Value of Property

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	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#
SIMPLE DOMESTIC BATTERY	1	■ Yes ☐ No	784.03(1A1)	

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
N	N		19-057912		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#
		☐ Yes ☐ No		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#
		☐ Yes ☐ No		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#
		☐ Yes ☐ No		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond

NOTICE TO APPEAR

☐ Instruction No. 1 Mandatory Appearance in Court
☐ 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

Court Date and Time: Month NOV Day 13 Year 2019 Time 0930 ■ 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: 10/15/2019

ADMIN

HOLD for other Agency Name:

☐ Dangerous ☐ Suicidal ☐ Resisted Arrest Other:

Intake Deputy | I.D. # | Pouch #

Signature of Arresting Officer: [signature]

Name of Arresting Officer (Print): MENDEZ | I.D. #: 1120

Transporting Officer: Andrews | I.D. #: 1116 | Agency: BBPD

Name Verification (Printed by Arrestee) (PRINT): ______

BU# 114319

Witness here is subject Signed with an "X".

Page 1 OF 1

SCANNED OCT 16 2019

DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT
PALM BEACH COUNTY

On the 15TH day of October 2019 at 0245 hrs

Subject: WERTMAN, TRACEY MICHELE DOB: 5/17/1981 Case #: 19-057912

Charge Description: SIMPLE DOMESTIC BATTERY Statute #: 784.03(1A1)

Victim: KEATING, MICHAEL DOB: 05/25/1976 Race: W Sex: M

Local Address: 3591 S Federal Hwy #C , Boynton Beach ,FL, 33435

Personal Contact: 248-982-2951

Narrative:

I responded to 3591 S Federal Hwy # in Boynton Beach, FL in reference to a domestic. Upon arrival, I made contact with W/M Keating, Michael (DOB 05/25/1976) who advised he was in a verbal dispute with his wife W/F Wertman, Tracey (DOB 05/17/1981). Keating stated Wertman was on the phone with her friends and became upset after an argument. Keating advised Wertman then slapped his hat off of his head and began punching him in the face with a closed fist after being instigated by her friends over the phone. Keating stated he was punched in the face approx. 6 times and did not put his hands on Wertman.

I then spoke with Wertman who advised she was on the phone with her friends when Keating became upset with her. Wertman stated she believed Keating became jealous. Wertman advised she flicked Keating's hat off of his head and that she was pushed after doing so. Wertman stated she began to punch Keating in the face after being pushed.

I then spoke with Xavier who stated he was in his room playing video games when he heard his mother and his father in a verbal dispute. Xavier stated it was common for them to be in a verbal argument. Xavier advised he exited his room and observed his mother punch his father in the face.

I observed physical injuries to Wertman's right knuckles and Wertman complained of pain in her right wrist consistent with punching someone. I observed redness on Keating's face (Photos taken).

An F/NCIC check on Wertman was negative for warrants.

Wertman was charged with Simple Domestic Battery F.S.S. 784.03(1A1). Wertman was then transported to Bethesda East for medical clearance and then BBPD for processing. Wertman was TOT PBCJ.

Defendant's Statement: Taped Victim's Statement: Taped

Observation Of Victim (Physical and Emotional):

redness on face

Relationship Between Victim and Suspect:

husband and wife, have two children in common

Photographs: Scene: ☐ Yes ☒ No

Victim: ☒ Yes ☐ No

911 Call: ☒ Yes ☐ No Caller: Michael Keating

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: Bethesda East

Act Committed In Presence Of Minor(s): ☒ Yes ☐ No

Name: Xavier Keating Age: 10

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: 248-982-2951 Work: _____

Employer: _____

Relative Name: _____ Phone: _____

Address: _____

City/State: _____ , _____

State Of Florida
County Of Palm Beach
Appeared before me, MENDEZ , (print name) personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

_____
Signature Of ArrestingOfficer

Sworn to and subscribed to me before this 15th day of Oct ,2019

_____
Notary/Clerk Of Court/Officer (F.S.S. 117 10)

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

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

SUSPECT/ OFFENDER: WERTMAN, TRACEY MICHE
COURT CASE/ WARRANT #:
(FOR WARRANTS USE ONLY)

1. Incident Report #: 19-057912 Agency: Boynton Beach Police Department
   Offense: SIMPLE DOMESTIC BATTERY
   Suspect/Offender: WERTMAN, TRACEY MICHELE
   DOB: 5/17/1981 Race: W Sex: F

2. Warrant # (s): _____

3. Complete one (1) of the following:

   A. Victim's Name: KEATING, MICHAEL
   Address: 3591 S Federal Hwy #C
   City: Boynton Beach State: FL Zip: 33435
   Home #: 248-982-2951 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: KEATING, MICHAEL

Officer's Name: MENDEZ I.D.# 1120 Date: / /

PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2019033497	**Date:** 10/15/2019
	Specialist Name/ID: J. Beck/9007