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ARREST / NOTICE TO APPEAR

OBTS Number			1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
Agency ORI Number	0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2017-008564			
Charge Type: Check as many as apply.	<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		<input type="checkbox"/> If Weapon Seized Enter Type Hands, Feet, Fist, Teeth		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business)			Location of Offense (Business Name, Address)					
Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle		
06/14/2017	21:51							
Name (Last, First, Middle) KMETZ, TREVOR JAMES			Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White B - Black O - Oriental/Asian			Sex W M	Date of Birth 01/16/1983	Height 6'02	Weight 185	Eye Color Brown	Hair Color LIGHT
Complexion LIGHT			Build Med					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status			Religion NONE		
Local Address (Street, Apt. Number) 961 NW 7TH ST, BOCA RATON, FL 33486			(City) (State) (Zip)			Phone (406) 853-2468		
Permanent Address (Street, Apt. Number) 961 NW 7TH ST, BOCA RATON, FL 33486			(City) (State) (Zip)			Phone (406) 853-2468		
Business Address (Name, Street) TK ENGINEERING,			(City) (State) (Zip)			Phone Occupation Owner		
D/L Number, State K532810830160 / FL			Soc. Sec. Number			INS Number		
Place of Birth (City, State) MILECITY, MO, United			Citizenship US					
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 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 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.			School Attended			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 S. Sell B. Buy P. Possess R. Smuggle D. Deliver E. Use K. Disperse/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 FELONY BATTERY-DOMESTIC STRANGULATION			Statute Violation Number 784.041(2A)			Violation of ORD #		
Drug Activity	Drug Type N	Amount / Unit /	Offense # 2017-008564	Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		
Bond								
Charge Description			Statute Violation Number			Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		
Bond								
Charge Description			Statute Violation Number			Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		
Bond								
Health / Apparent Physical Condition of Defendant			Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries					
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health			PROPERTY - Received By			Released By		
Transported By			Date Transported	Time Transported	Other			
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.			Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444 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 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 JUN 15 2017 12:25					
HOLD for Other Agency <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other			Signature of Arresting Officer REISSI, DANIEL Name of Arresting Officer (Print) I.D. # 776			Name Verification (Printed by Arrestee) (PRINT) Witness here if subject signs with		
Intake Deputy SPAW B101 I.D. # Pouch #			Transporting Officer REISSI I.D. # 776 Agency BRPD			PAGE 1 OF 1		

No Photo Available

JUN 15 2017 12:25

SCAN

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

ADMIN	Date / Time 06/14/2017 21:51	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2017-008564	
	Name (Last, First, Middle) KMETZ, TREVOR JAMES				Alias	Race W
CHRG	Charge Description 784.041(2A) FELONY BATTERY-DOMESTIC STRANGULATION					
	Victim's Name (Last, First, Middle) [REDACTED]				Race W	Sex M
VICTIM	Local Address (Street, Apt. Number) (City) (State) (Zip) [REDACTED]				Address Source	
	Occupation STUDENT 6TH					
ADDITIONAL INFORMATION	DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): SHAKEN			
	VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral					
NARR	RELATIONSHIP BETWEEN VICTIM & SUSPECT [REDACTED]					
	<p>PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>Victim: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>911 CALL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CALLER:</p> <p>WEAPON USED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TYPE:</p> <p>WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If YES, attach witness list)</p> <p>INJURIES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>MEDICAL TREATMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>AT: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PARAMEDICS:</p> <p>Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PHYSICIAN(S) / HOSPITAL:</p> <p>ACT COMMITTED IN PRESENCE OF MINOR(S): <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO NAMES/AGES: [REDACTED]</p> <p>H. R. S. NOTIFIED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CASE #:</p> <p>PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>					
W/M Arrested for Domestic Simple Battery						
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p><i>Daniel Reissi 776</i> Daniel Reissi 776 SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this 14 day of June, 2017.</p> <p><i>W 776</i> WOLLSCHLAGER, ANTHONY J NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>						

SCAN

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

JUNE ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 06/14/2017 21:51	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2017-008564
	Agency ORI Number FL 0500200		

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On Wednesday, 06/14/2017, at approximately 2109 hours, I responded to [REDACTED] to investigate a domestic disturbance. Upon arrival, I met with W/M [REDACTED] (18 years old).

[REDACTED] appeared to be shaken and stated he is afraid of [REDACTED]. Trevor Kmetz. [REDACTED] stated Trevor has been physical with his [REDACTED]. [REDACTED] advised that tonight he made [REDACTED] do 25 push-ups as punishment. [REDACTED] stated [REDACTED] did the exercises but Trevor was unhappy with his form and made [REDACTED] repeat the 25 push-ups. [REDACTED] explained Trevor's behavior was very frightening especially to [REDACTED] being 11 years old. [REDACTED] explained that Trevor forcefully pushed [REDACTED] in his room and damaged a photo of [REDACTED] real father which further upset [REDACTED]. [REDACTED] further explained that during the argument, Trevor grabbed [REDACTED] neck with both hands and then took one hand off making the motion as if he were going to punch [REDACTED] in the face.

I then spoke with [REDACTED], whose story was identical to [REDACTED]'s story. [REDACTED] advised during the argument over push-ups, he was forced into his room while Trevor destroyed a photo of his real father. [REDACTED] further explained Trevor grabbed him by the neck with both hands and made the motion as if he were going to punch him in the face. [REDACTED] advised he was temporarily deprived of oxygen. It should be noted, I observed [REDACTED] neck which appeared to be slightly red. [REDACTED] refused medical attention and did not feel comfortable with having his picture taken.

I also spoke with [REDACTED] story was similar and stated she observed Trevor grab [REDACTED] by the neck.

Finally, I spoke with Trevor who stated nothing physical occurred. Trevor stated that he was upset because [REDACTED] was talking back to him. When questioned further, Trevor still denied any physical altercation.

Based on the totality of circumstances and physical injuries, I placed Trevor Kmetz under arrest for Felony Battery (Domestic Strangulation), pursuant to FSS 784.041(2A) after he grabbed an 11 year old by the neck temporarily depriving him of oxygen.

A domestic violence pamphlet was issued. A victim notification form was completed and Trevor was delivered to Palm Beach County Jail after processing.

STATE OF FLORIDA
COUNTY OF PALM BEACH

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

Daniel Reissi
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 14 day of June, 2017.

Wollschlager, Anthony J
WOLLSCHLAGER, ANTHONY J

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCAN

JUN 15

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

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#: 17-8564 Agency: BRPD
Offense: DDM / Domestic Batter (Strangulation)
Suspect/Offender: Trevor Kmetz
D.O.B. 1/16/83 Race: wht Sex: male

2. Warrant#(s): _____

3.a. Victim's name: [REDACTED] D.O.B. 7/14/05 Race: wht Sex: male
Address: [REDACTED]
City: [REDACTED]
Home#: [REDACTED]

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____ State: _____ Zip: _____
Home#: _____ Work#: _____ Other: _____

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

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: D. Reissi I.D.# 776 Date: 6/14/17
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Certification/Records

SUSPECT/OFFENDER: _____

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#: _____