

0437822

1745889

1719

**ARREST / NOTICE TO APPEAR**

ARREST / NOTICE TO APPEAR				1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE					
OBTS Number <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>		Agency Report Number (N.T.A.'s only) <b>3 2 2017-008564</b>								
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		If Weapon Seized Enter Type <b>Hands, Feet, Fist, Teeth</b>						
Location of Arrest (Including Name of Business)				Location of Offense (Business Name, Address)								
Date of Arrest <b>06/14/2017</b>		Time of Arrest <b>21:51</b>		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) <b>KMETZ, TREVOR JAMES</b>												
Alias: <b>None</b>												
Race W - White B - Black		Sex <b>W M</b>	Date of Birth <b>01/16/1983</b>	Height <b>6'02</b>	Weight <b>185</b>	Eye Color <b>Brown</b>	Hair Color <b>LIGHT</b>	Complexion <b>LIGHT</b>				
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status <b>None</b>	Build <b>Med</b>					
Local Address (Street, Apt. Number) <b>961 NW 7TH ST, BOCA RATON, FL 33486</b>			(City)	(State)	(Zip)	Phone <b>(406) 853-2468</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State					
Permanent Address (Street, Apt. Number) <b>961 NW 7TH ST, BOCA RATON, FL 33486</b>			(City)	(State)	(Zip)	Phone <b>(406) 853-2468</b>	Address Source <b>FL DL</b>					
Business Address (Name, Street) <b>TK ENGINEERING,</b>			(City)	(State)	(Zip)	Phone	Occupation <b>Owner</b>					
D/L Number, State <b>K532810830160 / FL</b>		Soc. Sec. Number [REDACTED]	INS Number	Place of Birth (City, State) <b>MILECITY, MO, United</b>		Citizenship <b>US</b>						
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input checked="" 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 checked="" 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"/> Other: _____ <input type="checkbox"/> Legal Custodian Name (Last, First, Middle) Address (Street, Apt. Number) (City) (State) (Zip) Residence Phone												
Notified by: (Name) <i>No Bond</i>				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 N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispenses/ 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 <b>FELONY BATTERY-DOMESTIC STRANGULATION</b>									Statute Violation Number <b>784.041(2A)</b>	Violation of ORD #		
Drug Activity <b>N</b>		Drug Type	Amount / Unit <b>/</b>	Offense # <b>2017-008564</b>	Counts <b>1</b>	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 <b>/</b>	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number			Bond		
Charge Description									Statute Violation Number	Violation of ORD #		
Drug Activity		Drug Type	Amount / Unit <b>/</b>	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" 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 Explain:			
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	Released To
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) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>			
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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.									No Photo Available			
Signature of Defendant (or Juvenile and Parent/Custodian)									Date Signed <b>JUN 15 2012 2:23 PM</b>			
HOLD for Other Agency				Signature of Arresting Officer <i>Daniel Penn 776</i>			Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				Resisted Arrest <input type="checkbox"/> Other			Name of Arresting Officer (Print) <b>REISSI, DANIEL</b> I.D. # <b>776</b>					
Intake Deputy <b>Spann B/OI</b>				I.D. # <b>776 3800</b>			Transporting Officer <b>REISSI</b> I.D. # Agency					
									(PRINT) Witness here if subject signed with another name <b>SCAN</b>			

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>06/14/2017 21:51</b>	Agency ORI Number <b>FL 0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2017-008564</b>																																				
D E F	Name (Last, First, Middle) <b>KMETZ, TREVOR JAMES</b>	Alias		Race <b>W</b> Sex <b>M</b> Date of Birth <b>01/16/1983</b>																																				
CH R G	Charge Description <b>784.041(2A) FELONY BATTERY-DOMESTIC STRANGULATION</b>																																							
V I C T I M	Victim's Name (Last, First, Middle) [REDACTED]	Race <b>W</b> Sex <b>M</b> Date of Birth <b>07/14/2005</b>		Address Source																																				
Local Address (Street, Adr, Number) (City) (State) (Zip)																																								
Occupation <b>STUDENT 6TH</b>																																								
DEFENDANT'S STATEMENTS: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Oral		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):																																						
VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>SHAKEN</b>																																						
RELATIONSHIP BETWEEN VICTIM & SUSPECT [REDACTED]																																								
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ALCOHOL OR DRUGS INVOLVED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																						
N A R R	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>Dan Reissi 776</i> <i>Daniel Reissi 776</i></p> <p>SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>14</u> day of <u>June</u>, <u>2017</u>.</p> <p><i>WOLLSCHLAGER, ANTHONY J</i> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>																																								

SCANIN

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS  
JUN

P. I. O.

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

Narrative Continuation

A D M I N Date / Time <b>06/14/2017 21:51</b>	Agency ORI Number <b>FL 0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2017-008564</b>
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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]. [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, [REDACTED] personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

*Daniel Reissi 776*

Daniel Reissi 776

SIGNATURE OF ARRESTING OFFICER

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

*Anthony J. Wollschlager*  
WOLLSCHLAGER, ANTHONY J.

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

SCAN

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STATE ATTORNEY

CENTRAL RECORDS

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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 Battery (Strangulation)  
 Suspect/Offender: Trevor Kmetz  
 D.O.B. 1/16/83 Race: Wht Sex: male

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

3.a. Victim's name: \_\_\_\_\_ D.O.B. 7/4/05 Race: Wht Sex: male  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Home#: \_\_\_\_\_

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/Certified Records  
JUN 15 2017