

JKI # 0347047

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

17MM SUPPL 2017

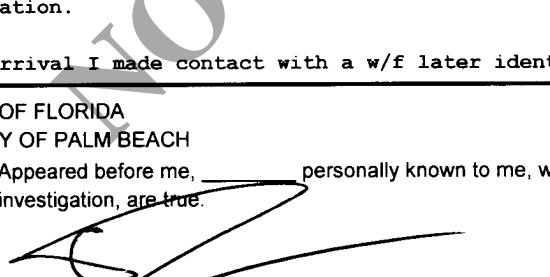
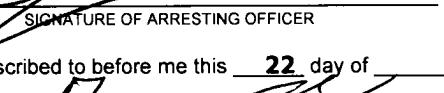
Juvenile

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report					1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	Name Verification (Printed by Arrestee)			
Agency ORI Number FLO 5 0 0 2 0 0		Agency Name BOCA RATON POLICE SERVICES DEPT.			Agency Report Number (N.T.A.'s only) 3 2 1 1 7 1 0 0 1 0 2 1 1 1							
Charge Type: Check as many as apply: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor			5. Ordinance 6. Other		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) 799 Berkeley Street					Location of Offense (Business Name, Address) 799 Berkeley Street							
Date of arrest 01/22/17		Time of Arrest 13:39		Booking Date 01/22/17		Booking Time 2200		Jail Date Jail Time N/A		Location of Vehicle		
Name (Last, First, Middle) Maurer Walter Juvier					Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White B - Black		Sex M		Date of Birth 11/30/63		Height 601		Weight 725		Eye Color BRO		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Victro Arm eagle										Hair Color BLK		
										Complexion LGT		
										Build Large		
Local Address (Street, Apt. Number) 799 Berkeley Street Boca Raton FL 37487					Marital Status		Religion Catholic		Indication of: Alcohol Influence Drug Influence			
											Residence Type: 1. City 2. County	
Permanent Address (Street, Apt. Number) 799 Berkeley Street Boca Raton FL 37487					Phone ()						3. Florida 4. Out of State	
Business Address (Name, Street) Craing Cadreets					(City) (State) (Zip)		Phone ()		Occupation Woodworker			
D/L Number, State MG50910634300						INS Number		Place of Birth (City, State) New York		Citizenship US		
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	
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	
VICTIM NOTIFICATION REQUIRED												
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 355-2529) 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			
CODE		S. Sell N. N/A P. Possess	R. Smuggle B. Buy T. Traffic	K. Dispense/ D. Deliver E. Use	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		Charge Description Domestic Battery			Counts	Domestic Violence DV DN	Statute Violation Number 784103		Violation of ORD #			
CHARGE		Drug Activity	Drug Type	Amount / Unit	Offense #		Warrant / Capias Number		Bond			
CHARGE		Charge Description			Counts	Domestic Violence DV DN	Statute Violation Number		Violation of ORD #			
CHARGE		Drug Activity	Drug Type	Amount / Unit	Offense #		Warrant / Capias Number		JAN 23 AM 2017			
CHARGE		Charge Description			Counts	Domestic Violence DV DN	Statute Violation Number		Violation of ORD #			
CHARGE		Drug Activity	Drug Type	Amount / Unit	Offense #		Warrant / Capias Number		Bond			
INTAKE INFO.		Health/Apparent Physical Condition of Defendant Good			Property - Rec'd. By MAURER		Released By		Released To			
INTAKE INFO.		Any knowledge of the following, place an "X" and explain: <input type="checkbox"/> Mental; <input type="checkbox"/> Escape Risk; <input type="checkbox"/> Medication; <input type="checkbox"/> Deformities; <input type="checkbox"/> Injuries Explain: <i>NA</i>										
NOTICE TO APPEAR		Check which applies: <input type="checkbox"/> Released O.R.; <input type="checkbox"/> Posted Bond; <input type="checkbox"/> Released to Parent/Guardian; <input type="checkbox"/> S. County Mental Health; <input type="checkbox"/> T.O.T. County Jail Transported By: _____ Date _____ Time _____ Other _____										
NOTICE TO APPEAR		<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 instructions on Reverse Side.			Location (Court, Room Number, Address)							
ADMIN.					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: <i>Walter Maurer</i>				Signature of Arresting Officer <i>MAURER, S</i>				Name Verification (Printed by Arrestee)				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other: _____				Name of Arresting Officer (Print) <i>MAURER, S</i>				
Intake Deputy: <i>Walter Maurer</i>				I.D. # <i>728</i>				Agency <i>GRPO</i>				
DISTRIBUTION: <i>Walter Maurer</i> COPY												
YELLOW - AGENCY												
PINK - JAIL												
GOLD - DEFENDANT (N.T.A.'s ONLY)												
PAGE _____ OF _____												
Witness here if subject signed with an "X".												

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

ADM		AFFIDAVIT		
Date / Time 01/22/2017 21:39		Palm Beach County		
Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		
Name (Last, First, Middle) MARANO, WALTER JUNIOR		Alias		
Charge Description 784.03(1A1)		Race W		
Race W		Sex M		
Sex M		Date of Birth 11/30/1963		
C H R G		V I C T I M		
Victim's Name (Last, First, Middle) [REDACTED]		Race W		
(City) [REDACTED]		(Zip) [REDACTED]		
(State) [REDACTED]		Phone [REDACTED]		
Business Address (Name, Street) [REDACTED]		Address Source		
Phone [REDACTED]		Occupation		
DEFENDANT'S STATEMENTS: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Written Taped Oral		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):		
VICTIM'S STATEMENTS: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Victim		UPSET		
RELATIONSHIP BETWEEN VICTIM & SUSPECT [REDACTED]				
A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS: <input type="checkbox"/> Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		911 CALL: <input type="checkbox"/> <input checked="" type="checkbox"/> CALLER:	
	WEAPON USED: <input type="checkbox"/>		TYPE: <input type="checkbox"/>	
	WITNESSES: <input checked="" type="checkbox"/>		(If YES, attach witness list) <input type="checkbox"/>	
	INJURIES: <input checked="" type="checkbox"/>		<input type="checkbox"/>	
	MEDICAL TREATMENT: <input type="checkbox"/>		<input checked="" type="checkbox"/> PARAMEDICS: <input type="checkbox"/>	
	AT: Scene: <input type="checkbox"/>		<input checked="" type="checkbox"/> PHYSICIAN(S) / HOSPITAL: <input type="checkbox"/>	
	Hospital: <input type="checkbox"/>		<input checked="" type="checkbox"/>	
	ACT COMMITTED IN PRESENCE OF MINOR(S): <input checked="" type="checkbox"/>		<input type="checkbox"/> NAMES/AGES: <input type="checkbox"/>	
	H. R. S. NOTIFIED: <input checked="" type="checkbox"/>		<input type="checkbox"/>	
	VICTIM PREGNANT: <input type="checkbox"/>		<input checked="" type="checkbox"/>	
VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/>		<input checked="" type="checkbox"/> CASE #: <input type="checkbox"/>		
PRIOR HISTORY OF DOMESTIC VIOLENCE: <input checked="" type="checkbox"/>		<input type="checkbox"/>		
ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/>		<input type="checkbox"/>		
N A R R				
On 01/22/2017 at approximately 2035 hours, I responded to 799 Berkeley Street, in reference to a domestic altercation.				
Upon arrival I made contact with a w/f later identified as, [REDACTED] and her [REDACTED], a w/m later				
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.				
 SIGNATURE OF ARRESTING OFFICER				
Sworn to and subscribed to before me this <u>22</u> day of <u>January</u> , <u>2017</u> .				
 HARDING, BRANDON BLAZE				
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)				

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

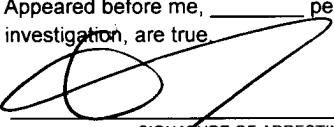
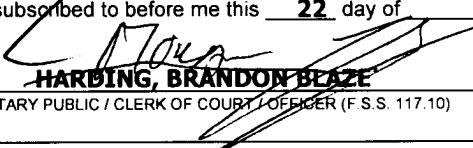
Narrative Continuation

A D M I N	Date / Time 01/22/2017 21:39
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Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2017-001071
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N
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V
E
complete a witness statement. [REDACTED] was given a domestic rights pamphlet. DCF was notified.

NOT A CERTIFIED COPY

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.
 _____ SIGNATURE OF ARRESTING OFFICER
Sworn to and subscribed to before me this <u>22</u> day of <u>January</u> , <u>2017</u> .
 _____ HARDING, BRANDON BLAZE NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

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#: 17-1071 Agency: BRPD
Offense: AAB Simple domestic Battery
Suspect/Offender: Walter Marano
D.O.B. 11/30/63 Race: W Sex: M

2. Warrant#(s): N/A

3.a. Victim's Name: [REDACTED] Sex: F
Address: [REDACTED]
City: [REDACTED]
Home#: [REDACTED]

b. Victim's next of kin, friend or neighbor: N/A
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip: [REDACTED]
Home#: [REDACTED] Work#: [REDACTED] Other: [REDACTED]

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: _____ I.D.# _____ Date: _____