

04838 12

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report1. Arrest  
2. N.T.A.  
3. Request for Warrant  
4. Request for CapiasJuvenile ☒ N

OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-16168723</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		Weapon Seized / Type <b>2</b> 1. Yes 2. No		Multiple Clearance Indicator <b>01</b>			
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)					
Date of Arrest <b>12/23/2016</b>	Time of Arrest <b>2120</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
Name (Last, First, Middle) <b>Wiedmer, Yves, Samir</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian <b>H</b>	Sex <b>M</b>	Date of Birth <b>11/02/1986</b>	Height <b>6'00</b>	Weight <b>200</b>	Eye Color <b>BROWN</b>	Hair Color <b>BROWN</b>	Complexion <b>Light</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>NONE</b>		Marital Status <b>Single</b>	Religion <b>CHRISTIAN</b>	Indication of: Alcohol Influence Drug Influence <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		Build <b>Small</b>	
Local Address (Street, Apt. Number) <b>9460 Sw 61st Way, Boca Raton, FL 33428</b>		(City)	(State)	(Zip)	Phone <b>(561) 929-5965</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>	
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source <b>FL DL</b>	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation	
D/L Number, State <b>W356977864020, FL</b>		Soc. Sec. Number		INS Number	Place of Birth (City, State) <b>Switzerland, Basel</b>		Citizenship <b>Germany</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	
Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Address (Street, Apt. Number)		(City)	(State)	(Zip)	Residence Phone ( ) Business Phone ( )
Notified by: (Name)		Date		Time	VICTIM NOTIFICATION REQUIRED		
Released To: (Name)		Relationship		Date	Time		
The above address 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		School Attended		Grade		Value of Property	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property					
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. Amphetamines	B. Barbiturate C. Cocaine E. Heroin
Charge Description <b>DOMESTIC ASSAULT Battery</b>		Counts <b>01</b>	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>784.03 (1)(A)(2)</b>		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense # <b>16168723</b>	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Location (Court, Room Number, Address)							
Court Date and Time Month <b>12</b> Day <b>23</b> Year <b>2016</b> AM <b>PM</b>							
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. <b>12/23/2016</b>							
Signature of Defendant (or Juvenile and Parent / Custodian)				Date Signed			
HOLD for other Agency Name:		Signature of Arresting Officer		Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>D.S. M. COLLURA</b>		I.D. # <b>26708</b>		(PRINT) <b>DEC 24 AM 1:05</b>	
Inmate Deputy <b>HONCA/1204</b> I.D. # <b>9581</b> Pouch # <b>1156</b>		Transporting Officer <b>9581</b> Agency <b>1156</b>		Witness here if subject signed with an "X" <b>SCANNED</b>			

# PROBABLE CAUSE AFFIDAVIT

1. Arrest  
2. N.T.A.  
3. Request for Warrant  
4. Request for Capias

Juvenile

1

N

ADMIN	OBT# Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06- 16168723</b>	
	Charge Type: Check as many as apply.		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other	
DEF	Name (Last, First, Middle) <b>Wiedmer, Yves, Samir</b>						Alias	Special Notes:
	Charge Description <b>DOMESTIC ASSAULT Battery</b>		784.03 (1)(A)(2)		Charge Description			
CHARGES	Charge Description				Charge Description			
	Victim's Name (Last, First, Middle)				Race <b>W</b>		Sex <b>F</b>	
VICTIM	Address Source				Date of Birth <b>12/26/88</b>			
	Business Address (Name, Street)		(City) (State) (zip)		Phone		Occupation	

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.  
The Person taken into custody

☐ committed the below acts in my presence.  
☐ confessed to admitting to the below facts.

☐ was observed by \_\_\_\_\_ who told that he/she saw the arrested person commit the below acts.  
☒ was found to have committed the below acts, resulting from my (described) investigation.

On the **23** day of **December** 20 **16** at **2120** ☐ A.M. ☒ P.M. (Specifically include facts constituting cause for arrest.)

On December 23, 2016, at approximately 2025hrs, I was dispatched to the location of \_\_\_\_\_, in \_\_\_\_\_ in reference to a domestic battery in progress.

Upon arrival, I met with the suspect and arrestee, Yves Wiedmer, who stated the following:  
He was inside the residence, in their bedroom when his \_\_\_\_\_ came inside the bedroom. \_\_\_\_\_ lay down on the bed next to Yves and began to talk to him about the status of their relationship. He stated he was not happy in the relationship and did not know how much longer he wants to \_\_\_\_\_. \_\_\_\_\_ was very unhappy with Yves answers and left the room. When \_\_\_\_\_ left the room, she slammed the door behind her causing the mirror to fall of the wall and break on the floor. He got out of bed and opened the door. \_\_\_\_\_ was standing on the other side of the door. As soon as he saw her, he pushed her towards the wall. Yves grabbed \_\_\_\_\_ already packed luggage bag and gave it to her and told her to leave the residence. After Yves instructed her to leave the residence \_\_\_\_\_ slapped him on the check. Talking to Yves, I observed no markings on his facial area. Yves denied needing any medical services.

After talking to Yves, I made contact with victim, \_\_\_\_\_ was unable to speak English, and we communicated to each other through the Spanish translator provided by dispatch. While talking to \_\_\_\_\_ over translation I asked \_\_\_\_\_ if she required any Medical assistance. \_\_\_\_\_ stated she is okay but still wants medical assistance. I contact PBSO dispatch and asked for PBCFR to respond. Rescue #57 responded and provided me with run number #PBC16133203. After PBCFR checked \_\_\_\_\_ and medically checked, Deputy Sheriff C. Barra-Mansa (ID#7767) responded and assisted for translation. \_\_\_\_\_ stated the following through translation: She walked into the bedroom to talk to Yves in regards to their relationship status. Yves told \_\_\_\_\_ that he was not happy and did not want to be with her. She became upset and left the room. While leaving the room, she slammed the door behind her. After she slammed the door, Yves came out of the room and slapped her in the face, and slammed her head against the wall. After being slammed against the wall, Yves grabbed the already packed luggage bag and threw it at her. After being hit, she called 911.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

D.S. M. COLLURA

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this **23** day of **December** 20 **16** by **D.S. M. COLLURA**

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced \_\_\_\_\_

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

SCANNED

DEC 24 2016

PAGE

1 OF 2

PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	N	
ADMIN	OBTS Number		Agency ORI Number <b>ELO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>			Agency Report Number <b>06- 16168723</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		Special Notes:		Alias			Race <b>H</b>
DEE	Name (Last, First, Middle) <b>Wiedmer, Yves, Samir</b>		Charge Description <b>DOMESTIC ASSAULT</b>		Charge Description <b>784.03 (1)(A)(2)</b>		Sex <b>M</b>	Date of Birth <b>11/02/1986</b>
CHARGES	Charge Description		Charge Description		Charge Description		Race <b>W</b>	Sex <b>F</b>
	Victim's Name (Last, First, Middle) [REDACTED]		Local Address (Street, Apt. Number) [REDACTED]		Business Address (Name, Street) [REDACTED]		Date of Birth <b>12/26/88</b>	Address Source
VICTIM	(City) [REDACTED]		(State) (zip) [REDACTED]		Phone ( )		Occupation	
	(City) [REDACTED]		(State) (zip) [REDACTED]		Phone ( )		Occupation	
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. The Person taken into custody <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.								
On the <u>23</u> day of <u>DOMESTIC</u> 20 <u>16</u> at <u>2120</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)								
<p>During my investigation, I asked [REDACTED] to display to me the portions of her body that were harmed during the incident. She pointed towards her Left check where a large bruise was present. She also displayed to me her left arm, but there were no markings or bruising present. Deputy Sheriff J. Similien (ID#7282) took pictures of the areas in which she was harmed and submitted them into the online Domestic website. Deputy Sheriff C. Barra Mansa (ID#7767) obtained a sworn written statement from [REDACTED]</p> <p>Based on my evidence left at the scene, my investigation, and statements made at the scene, I was able to determine the primary aggressor to be Yves Samir wiedmer and to have committed the action of Battery F.S. 784.03 (1)(A)(2).</p> <p>This case is clear by arrest.</p>								
STATE OF FLORIDA COUNTY OF PALM BEACH  D.S. M. COLLURA (Signature of Arresting/Investigative Officer) The foregoing instrument was sworn to or affirmed and subscribed before me this <u>23</u> day of <u>December</u> 20 <u>16</u> by <u>D.S. M. COLLURA</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>Km</u> <u>90m</u> Notary Public, Clerk of Court, Officer (F.S.S. 117.10)								

**Palm Beach County Sheriff's Office**  
**DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM**  
(Submit this form with the original Probable Cause affidavit)

Suspect: Wiedmer, Yves, Samir DOB: 11/02/1986 Case #: 16168723

Victim: [REDACTED] DOB: 12/26/88 Race: W Sex: F

Relationship between Victim and Defendant: [REDACTED]

Photographs: Scene ☒ Yes ☐ No Victim ☐ Yes ☐ No Defendant ☐ Yes ☐ No

911 Call: ☒ Yes ☐ No Caller:                     

Weapon Used: ☐ Yes ☒ No Type:                     

Witness: ☐ Yes ☒ No Name:                     

Victim Pregnant: ☐ Yes ☒ No If yes,        weeks        months

Injuries: ☒ Yes ☐ No Description: bruising on the facial area

Medical Treatment: ☒ Yes ☐ No

At Scene: ☒ Yes ☐ No Paramedics: PBCFR #57 Run number #PBC16133203

At Hospital: ☐ Yes ☒ No Hospital:                      Physician:                     

Are Children Living in Home? ☐ Yes ☒ No DCF Notified? ☐ Yes ☒ No

Name:                      DOB:   /  /  

Name:                      DOB:   /  /  

Name:                      DOB:   /  /  

Injunction ☐ Yes ☒ No Case #:                     

No Contact Order ☐ Yes ☒ No Case #:                     

Alcohol or Drugs ☐ Yes ☒ No ☐ Unknown

Prior History of Domestic/Dating Violence ☐ Yes ☒ No

Defendant's Statements ☐ Yes ☒ No If yes, written ☐ recorded ☐ oral

First words Defendant said when you responded to scene: spanish

Victim's Statements ☒ Yes ☐ No If yes, written ☐ recorded ☐ oral

First words Victim said when you responded to scene: Hey Officer, Hows your night?

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

☐ Yes ☒ No If yes, name:                      phone ( )        -       

Observations of Victim (Physical & Emotional):

☒ Upset ☒ Crying ☐ Fearful ☐ Hysterical ☐ Afraid ☐ Calm ☐ Nervous

☒ Complained of pain ☐ Other                     

Victim Contact Information:

Local Address: [REDACTED]

Phone: Home ( )        -        Work ( )        -        Cell ( )        -       

Employer:                     

Name of Relative:                      Phone ( )        -       

Address:                     

**SCANNED**

# 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.

SUSPECT/OFFENDER:

**Wiedmer, Yves, Samir**

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#

1. Incident Report #: **16168723** Agency: **pbso**  
Offense: **DOMESTIC ASSAULT**  
Suspect/Offender: **Wiedmer, Yves, Samir**  
D.O.B. **11/02/1986** Race: **H** Sex: **M**

2. Warrant # (s):

3.a. Victim's name: **[REDACTED]** D.O.B. **12/26/88** Race: **W** Sex: **F**  
Address: **[REDACTED]**  
City: **[REDACTED]**  
Home #- **0** Work #: **0** Other: **[REDACTED]**

b. Victim's next of kin, friend or neighbor:  
Address: **[REDACTED]**  
City: **[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:** 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: **[REDACTED]**

Printed name of person waiving notification: **[REDACTED]**

Deputy's Name: **D.S. M. COLLURA**

I.D.# **26708**

Date: **12/23/2016**

White/Corrections or State Attorney (Warrant Application)

Yellow/Warrants Section

Pink/Central Records

**SCANNED**  
**DEC 24 2016**