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

1 Juvenile

N

OBTS Number		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE										Agency Report Number (N.T.A.'s only) 06- 16168723																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
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COLLURA </td> <td colspan="2">I.D. # 26708</td> <td colspan="2"></td> <td colspan="2"> DEC 24 AM 1:05 </td> </tr> <tr> <td colspan="2">Inmate Deputy</td> <td colspan="2">I.D. #</td> <td colspan="2">Pouch #</td> <td colspan="2">Transporting Officer</td> <td colspan="2"></td> <td colspan="2"></td> </tr> </table> </td> </tr> <tr> <td colspan="14"> <table border="1"> <tr> <td colspan="2">DISTRIBUTION: WHITE - COURT COPY</td> <td colspan="2">GREEN - STATE ATTORNEY</td> <td colspan="2">YELLOW - AGENCY</td> <td colspan="2">PINK - AGENCY</td> <td colspan="2">GOLD - DEPT OF STATE</td> </tr> </table> </td> </tr> </table>														Race W - White I - American Indian B - Black O - Oriental/Asian		Sex H M		Date of Birth 11/02/1986		Height 6'00		Weight 200		Eye Color BROWN		Hair Color BROWN		Complexion Light		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE														Local Address (Street, Apt. 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M. COLLURA </td> <td colspan="2">I.D. # 26708</td> <td colspan="2"></td> <td colspan="2"> DEC 24 AM 1:05 </td> </tr> <tr> <td colspan="2">Inmate Deputy</td> <td colspan="2">I.D. #</td> <td colspan="2">Pouch #</td> <td colspan="2">Transporting Officer</td> <td colspan="2"></td> <td colspan="2"></td> </tr> </table>														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:		D.S. M. 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<p>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 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</p> <p>12/23/2016</p>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
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PROBABLE CAUSE AFFIDAVIT

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

Juvenile

1

N

ADMIN	OBTS Number		PROBABLE CAUSE AFFIDAVIT				1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	Juvenile	
	Agency ORI Number	Agency Name	PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number	06- 16168723			
DEF	Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony <input checked="" 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	Special Notes:					
CHARGES	Name (Last, First, Middle) Wiedmer, Yves, Samir				Alias		Race	Sex	Date of Birth	
	Charge Description DOMESTIC ASSAULT				Charge Description 784.03 (1)(A)(2)					
VICTIM	Charge Description				Charge Description					
	Victim's Name (Last, First, Middle)				Race	Sex	Date of Birth			
	Last Address (Street, Apt. Number)				W	F	12/26/88			
	(City)	(State)	(zip)	Phone	Address Source					
	(City)	(State)	(zip)	Phone	Occupation					
<p>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.</p> <p>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. <i>Defender</i></p> <p><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.</p> <p>On the <u>23</u> day of <u>DOMESTIC</u> 2016 at <u>2120</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>										
<p>On December 23, 2016, at approximately 2025hrs, I was dispatched to the location of _____, in _____ in reference to a domestic battery in progress.</p>										
<p>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 cheek. Talking to Yves, I observed no markings on his facial area. Yves denied needing any medical services.</p>										
<p>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.</p>										
PROBABLE CAUSE STATEMENT	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>D.S. M.COLLURA</p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>23</u> day of <u>December</u> 2016 by <u>D.S. M.COLLURA</u> known <u>known</u> <u>SCANNED</u></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____</p> <p>D.S. M.COLLURA <u>DEC 24 2016</u></p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>									
ADMINISTRATIVE	<p>DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY</p> <p>PBSO 80004 REV. 04/01</p>									

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

1

N

ADMIN	OBTS Number	PROBABLE CAUSE AFFIDAVIT				Agency Report Number 06- 16168723	Special Notes:
	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor	5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>			
DEF	Name (Last, First, Middle) Wiedmer, Yves, Samir			Alias	Race H	Sex M	Date of Birth 11/02/1986
CHARGES	Charge Description DOMESTIC ASSAULT	784.03 (1)(A)(2)		Charge Description			
	Charge Description			Charge Description			
VICTIM	Victim's Name (Last, First, Middle) [REDACTED]	(City)	(State) (zip)	Phone ()	Race W	Sex F	Date of Birth 12/26/88
	Local Address (Street, Apt, Number) [REDACTED]	(City)	(State) (zip)	Phone ()	Address Source		
	Business Address (Name, Street) [REDACTED]	(City)	(State) (zip)	Phone ()	Occupation		
<p>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.</p>							
<p>On the 23 day of DOMESTIC 2016 at 2120 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>							
<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>							
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>D.S. M.COLLURA</p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this 23 day of December 2016 by D.S. M.COLLURA</p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced [Signature]</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>							
ADMINISTRATIVE	SCANNED DEC 24 2016	PAGE 2					

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:

Photographs: Scene	<input checked="" type="checkbox"/>	Yes	No	Victim	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Defendant	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
911 Call:	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Caller:								
Weapon Used:	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Type:								
Witness:	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Name:								
Victim Pregnant:	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	If yes, _____ weeks _____ months								
Injuries:	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Description:	<u>bruising on the facial area</u>							
Medical Treatment:	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Paramedics:	<u>PBCFR #57 Run number#PBC16133203</u>							
At Scene:	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Hospital:								
At Hospital:	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Physician:								
Are Children Living in Home?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	DCF Notified?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No				

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 x No Unknown

Prior History of Domestic/Dating Violence Yes No Don't know I'm not married I'm not in a dating relationship

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

First words Defendant said when you responded to scene: Spudna

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

First words Victim said when you responded to scene: Hey Officer, How's 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]

Work () Cell ()

Phone: _____ Home: _____ Work: _____

Employer: _____ Phone () _____

Name of Recipient: _____

SCANNED

VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER: Wiedmer, Yves, Samir

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#:

This form must be completed when one of the following crime(s) has been committed:

- **Homicide** (Ch. 782)
- **Attempted Murder**
- **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.)
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**

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

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: _____ D.O.B. 12/26/88 Race: W Sex: F

Address: _____

City: _____

Home #: 0 Work #: 0 Other: _____

b. Victim's next of kin, friend or neighbor: _____

Address: _____

City: _____

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: 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: _____

Printed name of person waiving notification: _____

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