

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

3 Juvenile

OBTS Number  
Agency ORI Number: FLO 5 0 0 0 0 Agency Name: PALM BEACH COUNTY SHERRIF'S OFFICE Agency Report Number: 06 17-119394

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other  
Check as many as apply: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Location of Arrest (Including Name of Business) Location of Offense (Including Name of Business)

Date of Arrest Time of Arrest Booking Date Booking Time Jail Date Jail Time Location of Vehicle

Name (Last, First, Middle): LAREAU SCOTT A Alias (Name, DOB, Soc. Sec. #, Etc.): NA

Race: W - White 1 - American Indian B - Black 0 - Oriental/Asian Sex: W M Date of Birth: 6/13/93 Height: 5'10 Weight: 160 Eye Color: BROWN Hair Color: BLACK Complexion: MEDIUM Build: MEDIUM

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Marital Status: SINGLE Religion: UNK Indication of Alcohol Influence Drug Influence: Y N Unk

Local Address (Street, Apt. Number): 254 NW 46TH ST City: BOCA RATON State: FL Zip: 33431 Phone: 9546878003 Residence Type: 1. City 2. County 3. Florida 4. Out of State 2

Permanent Address (Street, Apt. Number) Business Address (Street, Apt. Number) Address Source: PALMS Occupation

D/L Number, State: L-600-781-93-213-0 Social Security: [REDACTED] INS Number Place of Birth Citizenship: Y

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 Guardian Other Name (Last, First, Middle) Phone

Address (Street, Apt. No.) 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

The above address was provided by defendant and/or defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561 355-2528) informed of any address change

Property Crime? Yes No Description of Property Value of Property

Drug Activity: N. N/A S. Sell R. Smuggle K. Dispense/Distribute M. Manufacture/Produce Cultivate Z. Other Drug Type: N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana P. Paraphernalia/Equipment U. Unknown Z. Other

Charge Description: Written threats to bodily harm pursuant Counts: 1 Domestic Violence: Y N Statute Violation Number: 836.10 Violation or ORD. #

Drug Activity: N Drug Type: N Amount/Unit: Offense #: 17-119394 Warrant/Capias Number Bond

Charge Description: Counts: Domestic Violence: Y N Statute Violation Number Violation or ORD. #

Drug Activity: Drug Type: Amount/Unit: Offense #: Warrant/Capias Number Bond

Charge Description: Counts: Domestic Violence: Y N Statute Violation Number Violation or ORD. #

Drug Activity: Drug Type: Amount/Unit: Offense #: Warrant/Capias Number Bond

Charge Description: Counts: Domestic Violence: Y N Statute Violation Number Violation or ORD. #

Drug Activity: Drug Type: Amount/Unit: Offense #: Warrant/Capias Number Bond

Location (Court, Address, Room Number)

Court Date and Time Month Day Year Time AM PM

I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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: Signature of Arresting Officer: 8540 Name Verification (Printed by Arrestee): DEPUTY RAINEY ID #: 8540 (PRINT) Intake Deputy ID #: Pouch #: Transporting Officer ID #: Agency: Page 1 of

Witness here if subject signed with an "X"

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>			1. Arrest 2. N.T.A.		3. Request For Warrant 4. Request For Capias		3	Juvenile <input type="checkbox"/>
Agency ORI Number <b>FLO 5 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERRIF'S OFFICE</b>			Agency Report Number <b>06</b>		17-119394			
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		
Defendant Name (Last, First, Middle) <b>LAREAU SCOTT A</b>					Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>6/13/93</b>			
Charge <b>Written threats to bodily harm pursuant</b>					Charge					
Charge					Charge					
Victim Name (Last, First, Middle) <b>TOUT REBECCA</b>					Race <b>W</b>	Sex <b>F</b>	Date of Birth			
Local Address (Street, Apt. Number) <b>18445 TAPADERO TERRACE</b>		City	State <b>FL</b>	Zip	Phone	Address Source <b>VERBAL</b>				
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation <b>NA</b>				
<p>The undersign 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...</p> <p><input type="checkbox"/> committed the below acts in my presence.      <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to admitting to the below facts.      <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.</p> <p>On the <u>25</u> day of <u>AUGUST</u> 20<u>17</u> at <u>2130</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM</p>										

On the above date and time I responded to [REDACTED] Boca Raton, FL. [REDACTED]. The nature of this call was obscene/harassing calls that just occurred. I made contact with [REDACTED] who completed a sworn written statement and told me her ex-boyfriend Scott Lareau has made several threats against her and her family over the past few weeks. Previously, she had notified the police in reference to Scott attempting to commit suicide. When he was located, he was placed under the baker act. Since then, Scott has been constantly contacting her and has made threats against her stating the following through emails and text messages: "I wanna fucking kick your god damn teeth you fucking dirty bitch and I will let you know now, if it ever does happen in real life and I find out there will be a baseball bat aiming right for your skull and I'll bash your head in until they need dental records to recognize you." [REDACTED] said she is scared and she blocked Scott on Facebook, her cell phone, and email but Scott has continued to find ways to contact her. When [REDACTED] doesn't respond to Scott's messages, he would get hostile and make threats. Rebecca said she did not want any type of contact with Scott and would initiate to the process to obtain a restraining order against him.

I tried to contact Scott via telephone; which he did not answer. I left a message which contained contact information for him to contact me. I retrieve copies of the text messages and submitted them to PBSO evidence.

Based on my described investigation, I find probable cause exists to charge Scott Lareau for being in violation of F.S. 836.10 and charges will be filed with the state attorney's office.

The foregoing instrument was sworn to and affirmed before me this <u>1</u> day of <u>SEPTEMBER</u> 20 <u>17</u> , by:	
<u>J. Forges 2768</u> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>DEPUTY RAINEY 8540</u> Name of Arresting/Investigating Officer
<u>[Signature]</u> Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>[Signature]</u> Signature of Arresting/Investigating Officer
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