

21MM2441

ARREST / NOTICE TO APPEAR

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

OBTS Number	Agency ORI Number 0500700		Agency Name Riviera Beach Police Department		Agency Report Number (N.T.A.'s only) 8, 4 21-02442	
Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony	<input checked="" 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
Location of Arrest (Including Name of Business) 2700 N OCEAN DR RB, FL 33404				Location of Offense (Business Name, Address) 2700 N OCEAN DR 202B, RIVIERA BEACH, FL 33404		
Date of Arrest 04/02/2021	Time of Arrest 23:48	Booking Date 04/02/2021	Booking Time 23:58	Jail Date	Jail Time	Location of Vehicle

Name (Last, First, Middle) SLEDGE, ASHLEY D		Alias:		Alias (Name, DOB, Soc. Sec. #: Etc.)				
Race W - White 1 - American Indian B - Black 2 - Oriental/Asian	Sex W F	Date of Birth 12/13/2000	Height 5'08	Weight 115	Eye Color BROWN	Hair Color BLONDE /	Complexion FAIR	Build SMALL
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status S	Religion CHRISTIAN	Indication of: Alcohol Influence: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Drug Influence: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>		
Local Address (Street, Apt. Number) (City) (State) (Zip) 2700 N OCEAN DR 202B, RIVIERA BEACH, FL 33404				Phone (904) 655-0406		Residence Type: 1. City 3. Florida 2. County 4. Out of State 1		
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 2700 N OCEAN DR 202B, RIVIERA BEACH, FL 33404				Phone (904) 655-0406		Address Source DEFENDANT		
Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation		
D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State) ATLANTA, GA, United		Citizenship US

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile

<input type="checkbox"/> Parent <input type="checkbox"/> Other	Name (Last, First, Middle)			Residence Phone
<input type="checkbox"/> Legal Custodian	Address (Street, Apt. Number) (City) (State) (Zip)			Business Phone
Notified by: (Name)	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.				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. 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 O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
---------------------------------------	---------------------------------	------------------------------------	----------------------------	--	----------	---------------------------------------	---	--	--	------------------------

Charge Description BATTERY - CAUSE BODILY HARM	Statute Violation Number 784.03(1)(A)(2)	Violation of ORD #					
Drug Activity	Drug Type N	Amount / Unit	Offense # 21-02442	Counts 1	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	Offense #	Counts	Domestic Violence <input 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	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond

Health / Apparent Physical Condition of Defendant	Any knowledge of the following: Explain: <input type="checkbox"/> DUI <input type="checkbox"/> Fleeing <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		
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	Location (Court, Room)
<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	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 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	Signature of Arresting Officer G. WEDDERBURN	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) WEDDERBURN, G. C.	I.D. # 6792
Intake Officer G. WEDDERBURN	Transporting Officer G. WEDDERBURN	I.D. # 6792
Pouch #	Agency RBPB	Page 1 OF 1

COURT STATE ATTORNEY AGENCY JUDICIAL RECORDS JAIL CRIME ANALYSIS PHOTO DEFENDANT

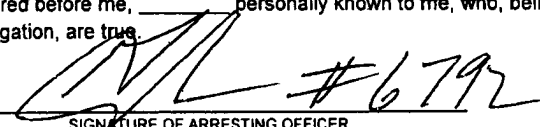
04/02/2021 0522409

250

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 04/03/2021 01:26		Agency ORI Number FL FL0500700		Agency Name Riviera Beach Police Department		Agency Report Number 8 4 21-02442		
	D E F	Name (Last, First, Middle) SLEDGE, ASHLEY D					Race W	Sex F	Date of Birth 12/13/2000
C H A R G E		Charge Description 784.03(1)(A)(2) BATTERY - CAUSE BODILY HARM							
	V I C T I M	Victim's Name (Last, First, Middle) AMICON, ANDREW ROBERT					Race W	Sex M	Date of Birth 08/14/1960
Local Address (Street, Apt. Number) (City) (State) (Zip) 2700 N OCEAN DR 202B, RIVIERA BEACH, FL 33404				Phone (614) 746-0774		Address Source			
Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation			
A D D I T I O N A L I N F O R M A T I O N	DEFENDANT'S STATEMENTS:		Written <input type="checkbox"/>	Taped <input checked="" type="checkbox"/>	Oral <input type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):			
	VICTIM'S STATEMENTS:		Written <input type="checkbox"/>	Taped <input checked="" type="checkbox"/>	Oral <input type="checkbox"/>				
	RELATIONSHIP BETWEEN VICTIM & SUSPECT BOYFRIEND/GIRLF								
	PHOTOGRAPHS:		Scene: <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	<p>CALLER: ANDY-SECURITY</p> <p>TYPE: HANDS/TEETH/</p> <p>(If YES, attach witness list)</p>			
			Victim: <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>				
	911 CALL:		<input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>				
	WEAPON USED:		<input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>				
	WITNESSES:		<input type="checkbox"/>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>				
	INJURIES:		<input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>				
	MEDICAL TREATMENT:		<input type="checkbox"/>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>				
AT: Scene:		<input type="checkbox"/>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>					
Hospital:		<input type="checkbox"/>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>					
ACT COMMITTED IN PRESENCE OF MINOR(S):		<input type="checkbox"/>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	NAMES/AGES:				
H. R. S. NOTIFIED:		<input type="checkbox"/>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>					
VICTIM PREGNANT:		<input type="checkbox"/>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>					
VIOLATION OF RESTRAINING ORDER:		<input type="checkbox"/>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	CASE #:				
PRIOR HISTORY OF DOMESTIC VIOLENCE:		<input type="checkbox"/>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>					
ALCOHOL OR DRUGS INVOLVED:		<input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>					
N A R R	In the city of Riviera Beach, Florida 33404 the following incident occurred. I utilized my Body Worn Camera (BWC) to capture the following investigation.								
	On Friday, April 2, 2021, at approximately 11:35 PM, I was dispatched to 2700 N Ocean Drive Apartment 202B in								
STATE OF FLORIDA COUNTY OF PALM BEACH									
Appeared before me, _____ 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>3</u> day of <u>April</u> , 2021.									
SCANNED SMITH, TABITHA L NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 1000)									

CERTIFIED COPY

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number Agency ORI Number FL FL0500700 Charge Type: <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 Name (Last, First, Middle) SLEDGE, ASHLEY D Charge Description 784.03(1)(A)(2) BATTERY - CAUSE BODILY HARM Victim's Name (Last, First, Middle) AMICON, ANDREW ROBERT Local Address (Street, Apt. Number) (City) (State) (Zip) 2700 N OCEAN DR 202B, RIVIERA BEACH, FL 33404 Business Address (Name, Street) (City) (State) (Zip) 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>2</u> day of <u>April</u> , <u>2021</u> at <u>23:35</u> (Specifically include facts constituting cause for arrest.) In the city of Riviera Beach, Florida 33404 the following incident occurred. I utilized my Body Worn Camera (BWC) to capture the following investigation. On Friday, April 2, 2021, at approximately 11:35 PM, I was dispatched to 2700 N Ocean Drive Apartment 202B in reference to a domestic disturbance. Upon my arrival, I made contact with security in the lobby who advised that the residence in apartment 202B where having a physical altercation. It should be noted the call for service came from security. I made contact with victim Andrew Robert Amicon (W/M, DOB 08/14/1960) who advised in a sworn recorded statement, which is a summary not to be taken as verbatim. Amicon stated that him and his girlfriend of five months Ashley D Sledge (W/F, DOB 12/13/2000) got into a verbal altercation at dinner. Sledge saw a photograph in Amicon's phone and became upset. Amicon said the altercation carried over to the residence and it became physical. Amicon said Sledge slapped him in his face several times and head-butt him. Amicon also stated Sledge bit him in the nose. I observed a bite mark on the tip of Amicon's nose. There was also broken glass on the floor when I arrived on scene. I spoke to Sledge and she stated the same information and confirming that she slapped him in the face because she believes he was cheating on her. Sledge stated that Amicon grabbed her wrist during the altercation. Due to the above investigation and the totality of the circumstance Ashley D Sledge (W/F, DOB 12/13/2000) was arrested and charged with Battery in accordance with F.S.S. 784.03(1)(A)(2). Sledge was transported to the Riviera Beach Police Station for processing and later turned over to Palm Beach County Jail for booking.	Agency Name Riviera Beach Police Department Agency Report Number 8 4 21-02442 Special Notes: Race Sex Date of Birth W F 12/13/2000 Race Sex Date of Birth W M 08/14/1960 Phone Address Source (614) 746-0774 Phone Occupation SWORN AND SUBSCRIBED BEFORE ME SMITH, TABITHA #41151 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 04/03/2021 DATE SIGNATURE OF ARRESTING / INVESTIGATING OFFICER #6792 WEDDERBURN, GRAEME CHRISTOPHER NAME OF OFFICER (PLEASE PRINT) 04/03/2021 DATE PAGE 1 OF 1
--	---

DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT

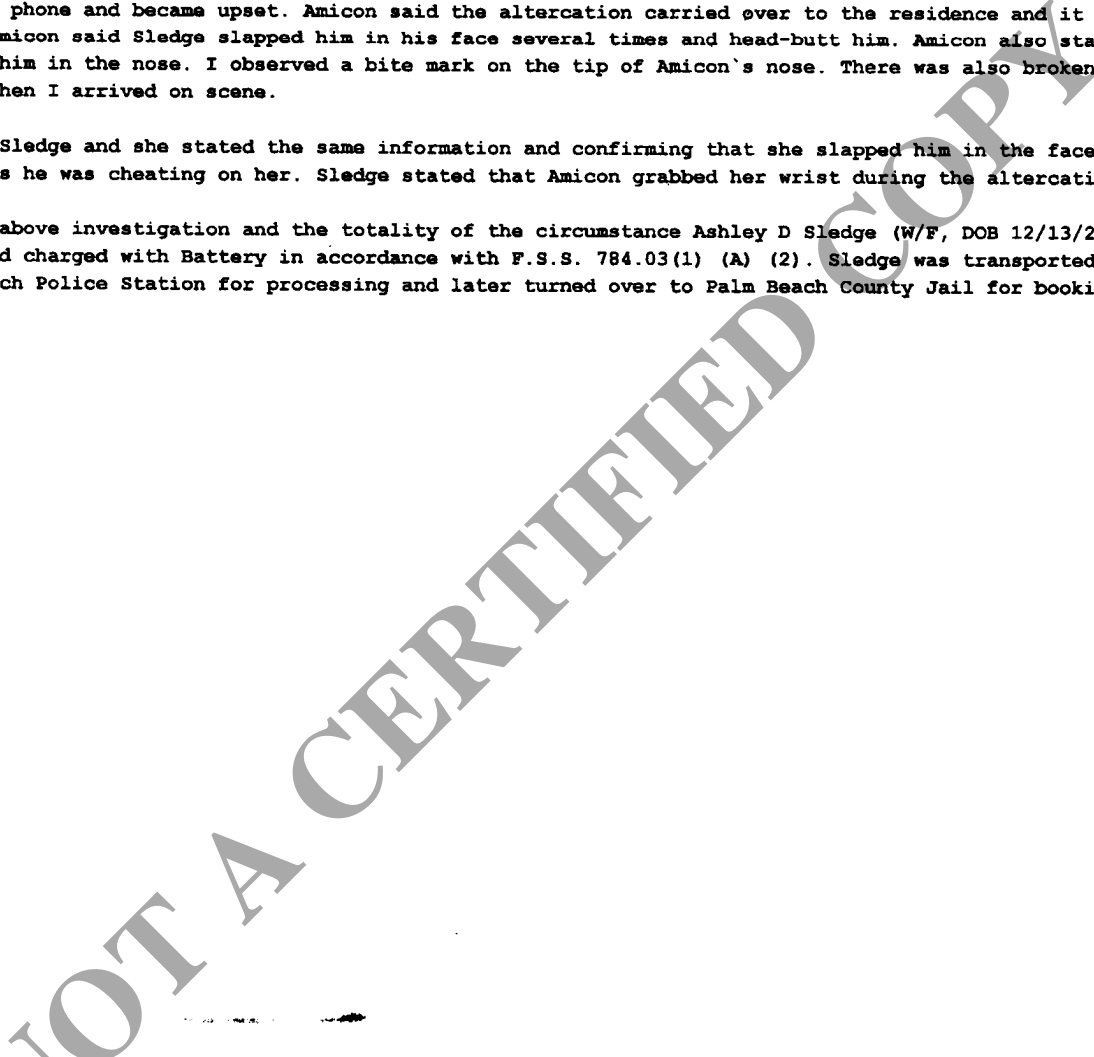
Palm Beach County
Narrative Continuation

A D M I N I S T R A T I V E	Date / Time 04/03/2021 01:26	Agency ORI Number FL FLO500700	Agency Name Riviera Beach Police Department	Agency Report Number 8 4 21-02442
	reference to a domestic disturbance. Upon my arrival, I made contact with security in the lobby who advised that the residence in apartment 202B where having a physical altercation. It should be noted the call for service came from security.			

I made contact with victim Andrew Robert Amicon (W/M, DOB 08/14/1960) who advised in a sworn recorded statement, which is a summary not to be taken as verbatim. Amicon stated that him and his girlfriend of five months Ashley D Sledge (W/F, DOB 12/13/2000) got into a verbal altercation at dinner. Sledge saw a photograph in Amicon's phone and became upset. Amicon said the altercation carried over to the residence and it became physical. Amicon said Sledge slapped him in his face several times and head-butted him. Amicon also stated Sledge bit him in the nose. I observed a bite mark on the tip of Amicon's nose. There was also broken glass on the floor when I arrived on scene.

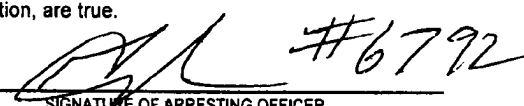
I spoke to Sledge and she stated the same information and confirming that she slapped him in the face because she believes he was cheating on her. Sledge stated that Amicon grabbed her wrist during the altercation.

Due to the above investigation and the totality of the circumstance Ashley D Sledge (W/F, DOB 12/13/2000) was arrested and charged with Battery in accordance with F.S.S. 784.03(1) (A) (2). Sledge was transported to the Riviera Beach Police Station for processing and later turned over to Palm Beach County Jail for booking.




STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

 #6792

 SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 3 day of April, 2021.

SMITH, TABITHA L
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 111.09)
 #4157

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (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 21-02442 Agency Riviera Beach Police Department
Offense: Battery (Domestic)
Suspect/Offender: Sludge, Ashley
D. O. B.: 12/13/2000 Race: W Sex: F

2. Warrant #(s): _____

3. Complete one (1) of the following:

a. Victim's Name: Amicon Andrew
Address: 2700 N Ocean Drive
City: Riviera Beach State: Florida Zip: 33404
Home #: (614)746-0774 Work #: _____ Other: _____

b. Victim's next of kin: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____

c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____

4. Relevant identification or case numbers assigned to the case (please _____)

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: G. Wedderburn I.D. # 6792 Date: 4/2/2021

SUSPECT/OFFENDER

Sludge, Ashley

COURT CASE/WARRANT#
(FOR WARRANTS USE ONLY)