

0521872

50 2021-MM-001791-AMB

2440

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	N	
ADMINISTRATION	Agency ORI Number FL 0500300	Agency Name BOYNTON BEACH POLICE DEPT.			Agency Report Number 34-21-012204						
	Charge Type: Check as many as Apply. <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				If Weapon Seized Enter Type		Multiple Clearance Indicator				
	Location of Arrest (Including Name of Business) 308 Scarborough Lane, Boynton Beach, FL 33436				Location of Offense (Business Name, Address) 308 Scarborough Lane, Boynton Beach, FL 33436						
	Date of Arrest 03/07/2021	Time of Arrest 1033	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) HICKMAN, CODY CHRISTIAN											
W - White 1 - American Indian B - Black 0 - Oriental / Asian		Race W	Sex M	Date of Birth 05/29/1997	Height 602	Weight 180	Eye Color Brown	Hair Color Brown	Complexion Fair	Build thin M	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE						Marital Status Single	Religion None	Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.			
Local Address (Street, Apt. Number) (City) (State) (Zip) 308 Scarborough Lane, Boynton Beach, FL 33436				Phone (561)670-8697		Residence Type 1. City 3. Florida 2. County 4. Out of State 1					
Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source Defendant					
Business Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Occupation Construction					
D/L Number, State 45313192/TX		INS Number		Place of Birth Lake Worth, FL		Citizenship USA					
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 <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor					
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 <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor					
<input type="checkbox"/> Parent Name (Last) (First) (Middle)		Residence Phone									
<input type="checkbox"/> Legal Custodian		Business Phone									
<input type="checkbox"/> Other											
Address (Street, Apt. Number) (City) (State) (Zip)											
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 <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 561-355-2526) informed of any change of address: <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)						School Attended		Grade			
Property Crime? Yes <input type="checkbox"/> No <input type="checkbox"/>		Description of Property				Value of Property					
Drug Activity N. N/A S. Sell R. Smuggle P. Possess T. Traffic E. Use		K. Dispense/Distribute		M. Manufacture/Produce/Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine B. Barbituate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/Equipment S. Synthetic U. Unknown Z. Other	
Charge Description Simple Battery		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number 784.03.1A1		Violation of ORD#			
Drug Activity N		Drug Type N		Amount/Unit		Offense # 21-012204		Warrant/Capias Number 784.03.1A1		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		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"/> Yes <input type="checkbox"/> No		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"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#			
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond	
<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444									
<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.		Court Date and Time Month 04 Day 07 Year 2021 Time 0930									
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:		Signature of Arresting Officer				Name Verification (Printed by Arrestee) (PRINT)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) A VARGAS		I.D. # 961		BU# 116385		Page 1 OF 1			
Pouch #		Transporting Officer A Vargas		I.D. # 961		Agency BBPD		Witness here is subject Signed with an 'X'.			

VICTIM NOTIFICATION REQUIRED

03/07/2021



**DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT
PALM BEACH COUNTY**



On the _____ day of _____, 20____ at _____
 Subject: HICKMAN, CODY CHRISTIAN DOB: 05/29/1997 Case #: 21-012204
 Charge Description: Simple Battery Statute #: 784.03.1A1
 Victim: Sarah E. Devoe DOB: 12/16/1998 Race: White Sex: Female
 Local Address: 308 Scarborough Lane, Boynton Beach, FL, 33436
 Personal Contact: in person

Narrative:

On March 7th, 2021, at approximately 0946 hours, I was dispatched to 308 Scarborough Lane, in reference to a domestic dispute. The caller, later identified by FL DL as W/F Debra Brex, informed BBPD Dispatch she'd observed a W/M and W/F arguing on the roadway within her community (Savannah Lakes), as she (Brex) walked. Brex stated she observed as the male grabbed the female by both arms. It should be noted the female, later identified as Sarah Devoe, held a baby car seat, with a baby seated within. As Brex approached the couple, the male entered an SUV and departed the area. Brex convinced Devoe to follow her to her residence, at 202 N Broughton Square, within the same community.

As I arrived in Savannah Lakes, I was flagged down by a W/M, near the entrance. The male, who identified himself as Cody Christian Hickman, asked if the police were on scene due to a domestic disturbance, and stated he was the male party. Hickman stated he and Devoe, who are involved in a romantic relationship, and have a child together, had been arguing, over relationship issues, for the past few days. Hickman stated Devoe went out last night, with friends, and he was unable to reach her. This morning, Hickman stated he asked Devoe about her whereabouts, and her answers did not make sense to him. Hickman stated Devoe allows him to check her cellphone, and he noticed Devoe was receiving text messages from strange males, as well as her ex-boyfriend. In an effort to wake her up, Hickman stated he struck Devoe with her cellphone, upon her chest. Hickman stated the argument continued, as Devoe went outside with the baby, W/M/J Kaden James Hickman. Hickman stated during the argument he also grabbed Devoe by the arms, because he wanted to carry the child.

Units then made contact with Devoe, who corroborated the story. Devoe stated the pair had been arguing, and while sleeping, she felt being struck by a flat object upon her chest. Devoe was unsure what she'd been struck with. I asked Devoe to take a photograph of the area where she'd been struck, as she stated there was a small bruise.

Based on the aforementioned, I have probable cause to charge Cody C. Hickman with one count of Simple Battery (domestic), pursuant to FSS 784.03.1A1. Hickman was transported to BBPD for processing, then TOT PBCJ.

Photographs were later submitted to BBPD Evidence. Officers' department issued body-worn cameras were activated throughout.

Nothing further.

Defendant's Statement: Oral Victim's Statement: Oral

Observation Of Victim (Physical and Emotional):

Crying, upset

Relationship Between Victim and Suspect:

In a romantic relationship, parents of a newborn

Photographs: Scene: Yes No
 Victim: Yes No
 911 Call: Yes No Caller: Debra Brex
 Tape Requested: Yes No
 Weapon Used: Yes No Type: _____
 Witnesses: Yes No
 Injuries: Yes No
 Medical Treatment: Yes No
 At Scene Yes No Paramedics: _____
 At Hospital Yes No Physician(s): _____
 Hospital: _____

Act Committed In Presence Of Minor(s): Yes No
 Name: Kaden Hickman Age: 0
 Name: _____ Age: _____
 F.D.C.F. Notified: Yes No Victim Pregnant: Yes No
 Violation Of Restraining Order: Yes No Case #: _____
 Prior History Of Domestic Violence: Yes No
 Alcohol Or Drugs Involved: Yes No Unknown

Victim Contact Information:

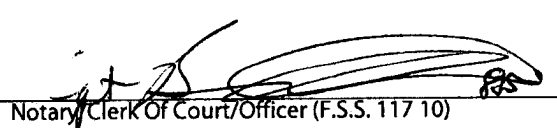
Phone Home: 561-291-3110 Work: _____
 Employer: _____
 Relative Name: _____ Phone: _____
 Address: 15812 82nd Lane North
 City/State: Loxahatchee, FL, 33470

State Of Florida
 County Of Palm Beach

Appeared before me, A VARGAS, (print name) 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 me before this 7th day of March, 2021


 Notary Clerk Of Court/Officer (F.S.S. 117 10)

VICTIM NOTIFICATION FORM

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

- **Homicide (Ch. 782)**
- **Attempted Murder**
- **Stalking (S. 784.084)**
- **Domestic Violence** (This includes any *Assault, Agg. Assault, Battery, Agg. Battery, Sexual Assault, Sexual Battery, Stalking, Agg. 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 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 #: 21-012204 Agency: Boynton Beach Police Department
Offense: Simple Battery
Suspect/Offender: HICKMAN, CODY CHRISTIAN
DOB: 05/29/1997 Race: W Sex: M
2. Warrant # (s): _____
3. Complete one (1) of the following:
 - A. Victim's Name: Sarah E. Devoe
Address: 308 Scarborough Lane
City: Boynton Beach State: FL Zip: 33436
Home #: 561-291-3110 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 specify):

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 Victim: _____

Printed Name of Victim: Sarah E. Devoe

Officer's Name: A VARGAS I.D.# 961 Date: 03/07/2021

SUSPECT/OFFENDER:

HICKMAN, CODY CHRISTIA

COURT CASE/ WARRANT #:
(FOR WARRANTS USE ONLY)



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), 2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021005701	Date: 3/8/2021
	Specialist Name/ID: T Howard/7185