JKT#0530289 Pch 2157 22MM2263

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

OBTS Number		
Agency ORI Number: FLO 500000	Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number (N.T.A.'s only): 06- 22-048365

ChargeType: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized / Type (1. Yes 2. No): 0 2 | Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business): 17320 Lake Park Rd | Location of Offense (Business Name, Address): same

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
3/21/22	1430					

DEFENDANT

Name (Last, First, Middle): Tilson Daniel Peter | Alias (Name, DOB, Soc. Sec. #, Etc.): ER HAZEL GREY

Race (W - White I - American Indian B - Black O- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	6/2/57	5'8	230	GREY	HAZEL	MED	LARGE

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): NONE | Marital Status: M | Religion: NONE | Indication of: Alcohol Influence / Drug Influence (Y N Unk.): Unk.

Local Address (Street, Apt. Number) (City) (State) (Zip): 17320 Lake Park Rd. BOCA RATON, FL 33498 | Phone: (413) 446-7776 | Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip): same | Phone: ( ) | Address Source: David

Business Address (Name, Street) (City) (State) (Zip): | Phone: ( ) | Occupation: marketing

D/L Number, State: T425-175-57-202-0 | Soc. Sec. Number: [redacted] | INS Number: | Place of Birth (City, State): BRONX, NY | Citizenship: US

CO-DEF

Co-Defendant Name (Last, First, Middle): | Race: W | Sex: M | 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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: Name (Last) (First) (Middle) | Residence Phone ( )

Address (Street, Apt. Number) (City) (State) (Zip) | Business Phone

VICTIM NOTIFICATION REQUIRED

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 provided by ☐ defendant and / or ☐ 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. ☐ Yes, by: (Name) ☐ No: (Reason) | School Attended | Grade

Property Crime? ☐ Yes ☐ No | Description of Property | Value of Property

CODE

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. Synthetics U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
BATTERY (DOMESTIC)	1	☒Y ☐N	784.03(1A2)	NONE

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		22-048365	NA	

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

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

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

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

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

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

NOTICE TO APPEAR

Location (Court, Room Number, Address): TO BE SET

Court Date and Time: Month Day Year Time AM PM

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: 3/21/22

ADMIN

HOLD for other Agency Name: | Signature of Arresting Officer | Name Verification (Printed by Arrestee) (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other: | Name of Arresting Officer (Print): ESTROFF | I.D. #: 5134 | PAGE 1 OF 1

Intake Deputy: | I.D. # | Pouch #: 2157 | Transporting Officer: Ritacco | ID #: 26732 | Agency: PBSO | Witness here if subject signed with an X

SCANNED

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO #148 REV 4/97

MAR 22 2022

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

Juvenile: N

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 22-048365

ChargeType: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Tilson Daniel Peter		W	M	6/2/57

CHARGES

Charge Description		Charge Description	
BATTERY (DOMESTIC)	784.03(1A2)		
Charge Description		Charge Description	

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
Tilson Aliza	W	F	9/24/05

Local Address (Street, Apt. Number) (City) (State) (zip)	Phone	Address Source
17320 Lake Park Rd. Boca Raton, Fl.	(561) 286-9107	self
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 commited the below acts, resulting from my (described) investigation.

On the 21 day of march 20 22 at 1405 ☒ A. M. ☐ P.M. (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

On 3/21/22 at approximately 1405 hours, I responded to 17320 Lake Park Rd. In unincorporated Boca Raton, Fl. In reference to a domestic dispute. The caller I.D. as 17 y/o Aliza Tilson told PBSO dispatch that her father I.D. as Daniel Tilson pushed her down and she fell into a glass table. Upon arrival I made contact with Aliza. Aliza had a large abrasion approximately 5x4 inches on her lower middle back lumbar area. Aliza provided a sworn statement stating she and her father began arguing while she was in her bedroom. She states she told him repeatedly to leave her room. She further states she threw a can of paint towards him in an effort to get him out of her room. At that time, he pushed her back causing her to fall backwards landing on a glass table behind her.

Upon investigation I saw white paint on the bedroom floor leading into the hallway. In the bedroom I saw a glass table up against the wall.

Upon making contact with Daniel Tilson he told me he was arguing with his daughter in her bedroom. He sated she threw paint at him and tried to kick him. He stated he grabbed her leg and pushed her backwards and she fell into the table.

I then made contact with Elizabeth Tilson the mother of Aliza and wife of Daniel. Elizabeth told me she heard screaming from the bedroom and heard Aliza telling Daniel to get out of her room. Moments later Aliza came out of the bedroom crying and had a large bruise on her back.

Based on the above information Daniel Tilson Was arrested for simple battery (domestic) per F.S.S 784.03 (1a2) Daniel did push his daughter Aliza Tilson against her will causing an injury to her lower back.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

ESTROFF
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21 day of MARCH 20 22 by ESTROFF

(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) RIVACCO 26732

PBSO #0004 REV. 04/01 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Suspect: Tilson Daniel Peter **DOB:** 5 / 2 / 57 **Case #:** 22-048365

Victim: Tilson Aliza **DOB:** 9 / 24 / 05 **Race:** W **Sex:** F

Relationship between Victim and Defendant: _____

Photographs: Scene × Yes No Victim × Yes ¯ No Defendant Yes × No

911 Call: × Yes No **Caller:** ALIZA TILSON

Weapon Used: Yes × No **Type:** _____

Witness: Yes × No **Name:** _____

Victim Pregnant: Yes × No **If yes,** _____ **weeks** _____ **months**

Injuries: × Yes No **Description:** ABRASION

Medical Treatment: Yes × No

At Scene: × Yes No **Paramedics:** RESCUE 55

At Hospital: Yes × No **Hospital:** _____ **Physician:** _____

Are Children Living in Home? × Yes ¯ No **DCF Notified?** × Yes ¯ No

Name: SAME **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: HE WAS ARGUING WITH DAUGHTER

Victim's Statements × Yes ¯ No **If yes,** × written recorded oral

First words Victim said when you responded to scene: FATHER PUSHED HER INTO TABLE

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): CRYING

× Upset × Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other _____

Victim Contact Information:

Local Address: 17320 Lake Park Rd. Boca Raton, Fl.

Phone: Home (561) 286 - 9107 Work (___)_____-_____ Cell (___)_____-_____

Employer: STUDENT SPANISH RIVER HIGH

Name of Relative: ELIZABETH TILSON **Phone** (561) 853 - 8096

Address: 17320 LAKE PARK RD

VICTIM NOTIFICATION FORM

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**
- **Dating Violence**

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

1. Incident Report #: 22-048365 Agency: PBSO
   Offense: SIMPLE BATTERY / DOMESTIC VIOLENCE
   Suspect/Offender: DANIEL TILSON
   D.O.B. 6-7-57 Race: W Sex: M

2. Warrant #(s):

3.a. Victim's name: ALIZA TILSON D.O.B. 9-24-05 Race: W Sex: F
   Address: 17320 LAKE PARK RD
   City: BOCA RATON State: FL Zip: 33487
   Home #: Work #: Other:

b. Victim's next of kin, friend or neighbor: Elizabeth Tilson
   Address: 17320 Lake Park RD.
   City: Boca Raton, FL State: FL Zip: 33498
   Home #: 561-853-8096 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: I.D. # 5134 Date: 3/22/22

SCANNED
MAR 22 2022

White = Corrections or State Attorney (Warrant Application) Yellow = Warrants Section Pink = Central Records

PBSO #0029A REV. 05/11

SUSPECT/OFFENDER

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

PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

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

REVIEW COMPLETED BY

Booking Number: 2022007342	**Date:** 3/22/2022
	Specialist Name/ID: M. Tooks #8557