

#0513654

20mm 000 2525BT #1780
ARREST / NOTICE TO APPEAR

ADVISOR	Agency ORI Number 0500400	Agency Name Delray Beach Police Department	Agency Report Number (N.T.A.'s only) 4, 0 20-000387	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE					
CHARGE	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	If Weapon Seized	Enter Type BLUNT OBJECT	Multiple Clearance Indicator 1					
LOCATION	Location of Arrest (Including Name of Business) 2303 LOWSON BLVD DELRAY BEACH FL 33445		Location of Offense (Business Name, Address) 2303 LOWSON BLVD, DELRAY BEACH, FL 33445								
ARREST	Date of Arrest 01/07/2020	Time of Arrest 19:28	Booking Date 01/07/2020	Booking Time 19:38	Jail Date // ::	Jail Time // ::	Location of Vehicle				
DEFENDANT	Name (Last, First, Middle) CHATWOOD, DAVID DEESE J		Alias (Name, DOB, Soc. Sec. #, Etc.)			Alias:					
PERSONAL	Race W - White B - Black	Sex M	Date of Birth 07/24/1971	Height 5'07	Weight 210	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build MEDIUM		
RESIDENCE	Local Address (Street, Apt. Number) 2303 LOWSON BLVD B, DELRAY BEACH, FL 33445		(City)	(State)	(Zip)	Phone (251) 623-4379	Residence Type: 1. City 3. Florida 2. County 4. Out of State 1				
CONTACT	Permanent Address (Street, Apt. Number) 2303 LOWSON BLVD B, DELRAY BEACH, FL 33445		(City)	(State)	(Zip)	Phone (251) 623-4379	Address Source ID				
IDENTIFICATION	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation				
DRIVER	DVL Number, State C330164712640 / FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) TUPELO, MS, United		Citizenship US					
CO-DEFENDANT	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					
LEGAL	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle) <input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number)		(City)	(State)	(Zip)	Residence Phone	Business Phone		
NOTIFIED	Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. In custody						
RELEASED	Released To: (Name)		Relationship	Date	Time						
INFORMED	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.					School Attended	Grade				
PROPERTY	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property			Value of Property					
DRUGS	Drug Activity N: N/A P: Possess	S: Sell B: Buy T: Traffic	R: Smuggle D: Deliver E: Use	K: Disperse/ 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 1	Charge Description SIMPLE BATTERY(TOUCH OR STRIKE)					Statute Violation Number 784.03(1A1)	Violation of ORD #				
CHARGE 2	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond		
CHARGE 3	Charge Description					Statute Violation Number	Violation of ORD #				
CHARGE 4	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond		
HEALTH	Health / Apparent Physical Condition of Defendant					Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries					
TRANSPORT	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"/> Postal Bond <input type="checkbox"/> South County Mental Health					PROPERTY - Received By	Released By	Released To			
INSTRUCTIONS	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.					Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time			
AGREEMENT	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.										No Photo Available
SIGNATURE	Signature of Defendant (or Juvenile and Parent/Custodian)					Date Signed					
OFFICER	Signature of Arresting Officer					Name Verification (Printed by Arrestee)					
OFFICER	Name of Arresting Officer (Print) SMITH, MILTON ALEXANDER					I.D. # 1016		(PRINT)			
OFFICER	Transporting Officer M. SMITH					I.D. # 1016		Agency DBPD		PAGE 1 OF 1	
WITNESS	Witness here if subject signed with an "X"										

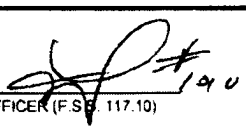

JAN 09 2020

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

A D M I N	OBTS Number		Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 20-000387		
	Charge Type: Check as many as apply.		Special Notes:						
D E F	Name (Last, First, Middle) CHATWOOD, DAVID DEESE J						Race W	Sex M	Date of Birth 07/24/1971
	Charge Description 784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)								
V I C T I M	Victim's Name (Last, First, Middle) SMITS, DIRK MATTHEW J						Race W	Sex M	Date of Birth 08/07/1997
	Local Address (Street, Apt. Number) (City) (State) (Zip) 2303 LOWSON BLVD A, DELRAY BEACH, FL 33445				Phone (561) 418-2574		Address Source		
<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 . . .</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 my (described) investigation.</p> <p>On the <u>7</u> day of <u>January</u>, <u>2020</u> at <u>18:57</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 1/7/2020 at approximately 1857 hours I responded to 23030 Lowson Blvd in reference to a Suspicious Incident.</p> <p>The following is a summary, refer to BWC for verbatim account.</p> <p>Upon arrival, contact was made with the caller, identified by his FL DL as Dirk Smits. Smits was sworn in on BWC and advised the following. Smits was leaving the parking lot when his neighbor David Chatwood approached his passenger side of his vehicle and threw something at him. Smits advised the object hit his chest and he was holding it in his lap. Smits advised the object felt like a wet condom and upon looking at the object discovered it was a frog. Smits requested to press charges. Smits had video footage of the incident which showed Chatwood coming up to his passenger side window.</p> <p>Smits allowed me to look for the frog in his vehicle. Under the front driver side seat was the frog.</p> <p>I made contact with Chatwood who advised he threw the frog into Smits vehicle.</p> <p>Based on the above, probable cause exists to charge the defendant David Chatwood, with one count of Simple Battery, in violation of F.S.S. 784.03(1A1).</p>									
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		 MCCABE, LEO NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER SMITH, MILTON ALEXANDER (1016) NAME OF OFFICER (PLEASE PRINT)				
	DATE 01/07/2020		DATE 01/07/2020		PAGE 1 OF 1				

JAN 08 2020



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)(f)	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: 2020000723	Date: 01/08/2020
	Specialist Name/ID: T Howard/7185

SCANNED
 JAN 08 2020