

2020MM00434AMB 16651

3916

ARREST / NOTICE TO APPEAR

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 4 20-001868		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE	N	
D E F E N D A N T	Charge Type: Check as many as apply		Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)		If Weapon Seized		Multiple Clearance Indicator				
	<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		Enter Type Hands, Feet, Fist, Teeth						
	815 PROMENADE WAY #201, JUPITER, FL				815 PROMENADE WAY 201, JUPITER, FL 33458								
	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle						
05/26/2020		03:22		05/26/2020		03:32		// : :					
Name (Last, First, Middle) WHITAKER III, HENRY		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White B - Black		Sex M		Date of Birth 01/12/1988		Height 6'03		Weight 199		Eye Color BLUE		Hair Color BROWN	
Complexion FAIR		Build Medium		Marital Status S		Religion CATHOLIC		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT R ARM / ROSE, KNIFE, FEATHER, EYE		Local Address (Street, Apt. Number) 815 PROMENADE WAY 201, JUPITER, FL 33458		Phone (540) 907-1989		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1		Permanent Address (Street, Apt. Number) 815 PROMENADE WAY 201, JUPITER, FL 33458		Phone (540) 907-1989		Address Source VER	
Business Address (Name, Street) KRATOS DEFENSE,		Phone		Occupation									
D/L Number, State W-326-382-88-012-0 /		INS Number		Place of Birth (City, State) NEWPORT NEW, VA,		Citizenship							
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor		<input type="checkbox"/> 5. Juvenile	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor		<input type="checkbox"/> 5. Juvenile	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)		Residence Phone		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.		School Attended		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. 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 Description BATTERY-SIMPLE (TOUCH OR STRIKE)		Statute Violation Number 784.03(1)(A)(I)		Violation of ORD #									
Drug Activity N		Drug Type N		Amount / Unit		Offense #		Counts I		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number	
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	
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	
Health / Apparent Physical Condition of Defendant		Any knowledge of the following: Explain:		Mental Illness <input type="checkbox"/>		Escapes <input type="checkbox"/>		Medication <input type="checkbox"/>		Deformities <input type="checkbox"/>		Injuries <input type="checkbox"/>	
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released To					
Transported By		Date Transported		Time Transported		Other							
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room)		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 FLESCH, JASON		Name Verification (Printed by Arrestee)									
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) FLESCH, JASON		I.D. # 1183		(PRINT)					
Intake Deputy Juan Lopez		I.D. #		Pouch #		Transporting Officer J. FLESCH		I.D. # 348		Agency JUPITER		PAGE 1 OF 1	
												Witness here if subject signed with an "X".	

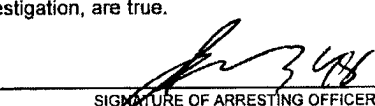
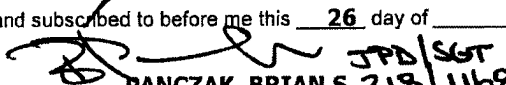
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DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 05/26/2020 04:31	Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 20-001868	
	Agency ORI Number FL 0501700	Name (Last, First, Middle) WHITAKER III, HENRY		Race W	Sex M Date of Birth 01/12/1988
D E F E N D A N T	Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)				
	Victim's Name (Last, First, Middle) ROCK, RACHEL BARBARA			Race W	Sex F Date of Birth 05/28/1997
C H R I M	Local Address (Street, Apt. Number) (City) (State) (Zip) 815 PROMENADE WAY 201, JUPITER, FL 33458		Phone (254) 226-7934		Address Source
	Business Address (Name, Street) (City) (State) (Zip)		Phone		Occupation
V I C T I M	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"/>		UPSET, INJURED		
RELATIONSHIP BETWEEN VICTIM & SUSPECT CHILD TOGETHER					
A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS: Scene: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
	Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>				
	911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	CALLER: VICTIM			
	WEAPON USED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TYPE:			
	WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	(If YES, attach witness list)			
	INJURIES: <input checked="" type="checkbox"/> YES <input 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"/>	PARAMEDICS:			
	Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:			
	ACT COMMITTED IN PRESENCE OF MINOR(S): <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	NAMES/AGES: LONDYN E WHITAKER, 5MO			
H. R. S. NOTIFIED: <input checked="" type="checkbox"/> YES <input 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 type="checkbox"/> NO <input type="checkbox"/>					
N A R R	On 5/26/20 at approximately 0226 hours I was dispatched to 815 Promenade Way #201, Jupiter, FL 33458, in reference to a domestic disturbance. While enroute, Northcom advised that WF Rachel B Rock 5/28/97 called to report that her boyfriend, later identified as WM Henry B Whitaker III 1/12/88 had punched her in the face. She further advised to meet her at her neighbor's apartment, later identified as Britney A Foote 6/25/77, who				
	STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, <u>JPD 348</u> , 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>26</u> day of <u>May</u> , <u>2020</u> .					
 _____ PANCZAK, BRIAN S JPD/SGT 218/1168 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)					

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 05/26/2020 04:31	Agency ORI Number FL 0501700	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 20-001868
	N A R R A T I V E			

lived in unit #208.

Upon arrival, I made contact with Rock at unit #208. She appeared to have been crying. Her nose had dried blood on the tip in addition to her left wrist and her right foot. She also had mild swelling in her right cheek area. She was also holding a tissue that had blood on it. When asked what had happened tonight, she stated the following captured via BWC:

Whitaker and she had gone out to dinner with her neighbors who live in unit 208. The neighbors daughter, WF Alisha M Barylak 4/18/98 had stayed behind to babysit Whitaker and Rock's baby, WF Londyn E Whitaker 12/10/19. When they had finished dinner, they came back to the neighbor's apartment to have a few drinks. Whitaker allegedly left the neighbor's apartment to go to his apartment several times. At one point he did not return so Rock went inquire as to why he did not come back. She found Barylak sleeping in the master bedroom with the baby and became angry. Rock and Whitaker engaged in a verbal altercation because Rock wanted Barylak to leave and Whitaker did not. The argument then turned physical. At one point, Whitaker pushed Rock twice by placing his hands on her chest and shoving her away. He also punched her in the right side of her nose with a closed fist. Additionally, he also shoved her head into the front door as she was leaving to go back to the neighbor's apartment. Once at the neighbor's apartment she realized her nose was bleeding. In addition to the originally observed injuries, I also located a red mark and scratch on Rocks upper left chest. Photographs of her injuries were taken and submitted to Evidnce.com. She ultimately declined medical treatment.

Contact was then made with Whitaker who was still inside his apartment with his baby and Barylak. When asked what had happened tonight he stated the following: He confirmed that the two couples had gone out for dinner and came back to have drinks at the neighbor's apartment. He also confirmed he went back to his apartment several times to check on the baby. He advised that the neighbors were getting a little too "touchy" at one point and it made him uncomfortable so he left and stayed at his apartment. As he was lying on his couch, Rock burst into the apartment with a bottle of alcohol in her hand. She went to the master bedroom and saw that Barylak was sleeping in the bed with the baby and became angry saying that Barylak needs to leave. He stated that they did engage in a heated verbal argument however at no point it became physical. When asked how Rock may have sustained the injuries I observed, he stated he was unaware of any injuries she had sustained and affirmed the argument was only verbal. Whitaker did not have any injuries.

Contact was made with Barylak and she was also asked if she witnessed the altercation between Whitaker and Rock. She advised that she heard them yelling at each other from inside the bedroom but did not witness anything physical.

Footo was also interviewed and she advised she did not see the altercation. She only helped Rock care for her injuries after it had occurred.

Based on the lack of injuries on Whitaker and Rock's injuries being consistent with her statement, I determined Henry B Whitaker to be the primary aggressor in the altercation. Additionally, I find probable cause exists to arrest him for Domestic Battery because he did actually and intentionally touch or strike *(Rachel B Rock) against her will (or) did intentionally cause bodily harm to *(Rachel B Rock) and she was a family or household member of *(Henry B Whitaker), contrary to Florida Statute 784.03(1) and 741.283

Whitaker was advised he was under arrest for the above charge and placed into handcuffs that were double locked and checked for spacing per policy. He was transported to the Jupiter Police Station for processing and

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, JPD 348 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 26 day of May, 2020


PANCZAK, BRIAN S 208/1168

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT

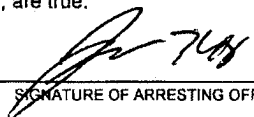
Palm Beach County
Narrative Continuation

A D M I N N A R R A T I V E	Date / Time 05/26/2020 04:31	Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 20-001868	
	Agency ORI Number FL 0501700				
	later booked into PBCJ under the above charge.				

N.F.E.
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STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, JPD 348 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 26 day of May, 2020.


PANCZAK, BRIAN S JPD/SGT 219/1168
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- **Homicide** (Ch.782)
- **Sexual Offense** (Ch. 794)
- **Attempted Murder**
- **Attempted Sexual Offense**
- **Stalking** (F.S. 784.048)
- **Dating Violence**
- **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 #: 20-001868 Agency: Jupiter Police Department
Offense: Domestic Battery
Suspect/Offender: Henry B Whitaker III
D.O.B. 1/12/88 Race: W Sex: M

2. Warrant #(s): _____

3a. Victim's Name: Rachel B Rock D.O.B. 5/28/97 Race: W Sex: F
Address: 815 Promenade Way #201
City: Jupiter State: FL ZIP: 33458
Home #: 254-226-7934 Work #: _____ Other: _____

3b. Victim's Next of Kin, Friend or Neighbor: Britney A Foote
Address: 815 Promenade Way #208
City: Jupiter State: FL ZIP: 33458
Home #: 216-870-4503 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: _____

Officer's Name: _____ I.D. # 348 Date: 9/26/20

1 copy = Corrections or State Attorney (Warrant Application)

1 Copy = Warrants Section

1 copy = Central Records

SUSPECT/OFFENDER: _____

(FOR WARRANT 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	<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)(l)	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: 2020013506	Date: 05/26/2020
	Specialist Name/ID: T Howard/7185