

0523217

50 2021-MM-003329-AMB

DCH-1417

ARREST / NOTICE TO APPEAR

 1 Arrest (No Warrant) 3 Request for Warrant
 2 Arrest (Warrant) 4 Request for Capias
 6 N.T.A. 5 Juvenile Referral

1

JUVENILE

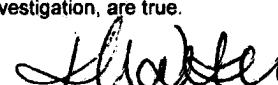
OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2021-005556	
Charge Type (Check as many as apply) <input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony <input checked="" type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other	If Weapon Seized Enter Type None/not Applicable		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) 2700 N FEDERAL HWY, 2700 N FEDERAL HWY 304, BOCA			Location of Offense (Business Name, Address) 2700 N FEDERAL HWY 304, BOCA RATON, FL 33431			
Date of Arrest 05/09/2021	Time of Arrest 20:40	Booking Date 05/09/2021	Booking Time 20:50	Jail Date 05/09/2021	Jail Time 20:46	Location of Vehicle
Name (Last, First, Middle) HUMPHRIES, JESSICA MARIE			Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black O - Original/Asian W	Sex F	Date of Birth 03/26/1986	Height 5'04	Weight 100	Eye Color BLUE	Hair Color BLONDE
Complexion LIGHT			Build			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status S			Religion CHRISTIAN
Local Address (Street, Apt. Number) 827 E PALMETTO PARK RD, BOCA RATON, FL 33432			Phone (754) 386-1315			Residence Type 1. City 2. County 3. Florida 4. Out of State 1
Permanent Address (Street, Apt. Number) 827 E PALMETTO PARK RD, BOCA RATON, FL 33432			Phone (754) 386-1315			Address Source FL DL
Business Address (Name, Street) UNEMPLOYED,			Phone			Occupation Unemployed
D.L. Number, State HS16433866060 / FL		Soc. Sec. Number	INS Number	Place of Birth (City, State) CHARLESTON, NC,		Citizenship US
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	<input type="checkbox"/> 1 Arrested <input type="checkbox"/> 1 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"/> 3 Felony <input type="checkbox"/> 5 Juvenile
Name (Last, First, Middle)			Residence Phone			
Address (Street, Apt. Number)			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
Drug Activity N - N/A P - Possess			S - Sell T - Traffic	R - Smuggle D - Deliver E - Use	K - Disperse/ Distribute	M - Manufacture/ Produce/ Cultivate
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 / DOMESTIC BATTERY			Statute Violation Number 784.03(1)(A)			Violation of ORD #
Drug Activity	Drug Type N	Amount / Unit	Offense #	Counts 1	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: <input type="checkbox"/> Mental <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"/> Posted Bond <input checked="" type="checkbox"/> South County Mental Health			PROPERTY - Received By WALKER, K			
Transported By WALKER, K			Date Transported 05/09/2021		Time Transported 20:47	Other
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			
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			Court Date and Time			
Signature of Defendant (or Juvenile and Parent/Custodian)			Date Signed			
HOLD for Other Agency			Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		(PRINT)	
Intake Deputy WALKER, K. P.			Name of Arresting Officer (Print) WALKER, K. P.		ID # 861	
Pouch #			Transporting Officer WALKER, K. P.		ID # 861	
			Agency BRPD		PAGE 1 OF 1	
Witness here if subject signed with an "X"						

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.I.O. ☐ DEFENDANT

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

ADMIN	Date / Time 05/09/2021 20:56		Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2021-005556	
	Name (Last, First, Middle) HUMPHRIES, JESSICA MARIE						Race W	Sex F
CHARGE	Charge Description 784.03(1A1)							
	Victim's Name (Last, First, Middle) ROSEN, NEIL DARREN						Race W	Sex M
VICTIM	Local Address (Street, Apt. Number) (City) (State) (Zip) 8245 NW 128TH LN, BOCA RATON, FL						Phone (954) 242-7699	
	Business Address (Name, Street) (City) (State) (Zip)						Occupation	
ADDITIONAL INFORMATION	Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/> DEFENDANT'S STATEMENTS: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> VICTIM'S STATEMENTS: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): BRUISED				
	RELATIONSHIP BETWEEN VICTIM & SUSPECT GIRLFRIEND							
ADDITIONAL INFORMATION	PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Victim: <input checked="" type="checkbox"/> <input type="checkbox"/> 911 CALL: <input checked="" type="checkbox"/> <input type="checkbox"/> CALLER: NEIL ROSEN WEAPON USED: <input checked="" type="checkbox"/> <input type="checkbox"/> TYPE: HANDS, FEET, FIST WITNESSES: <input type="checkbox"/> <input checked="" type="checkbox"/> (If YES, attach witness list) INJURIES: <input checked="" type="checkbox"/> <input type="checkbox"/> MEDICAL TREATMENT: <input type="checkbox"/> <input checked="" type="checkbox"/> AT: Scene: <input checked="" type="checkbox"/> <input type="checkbox"/> PARAMEDICS: BRFR Hospital: <input type="checkbox"/> <input checked="" type="checkbox"/> PHYSICIAN(S) / HOSPITAL: ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> <input checked="" type="checkbox"/> NAMES/AGES: H. R. S. NOTIFIED: <input type="checkbox"/> <input checked="" type="checkbox"/> VICTIM PREGNANT: <input type="checkbox"/> <input checked="" type="checkbox"/> VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> <input checked="" type="checkbox"/> CASE #: PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> <input checked="" type="checkbox"/> ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> <input checked="" type="checkbox"/>							
	On 05/09/2021, I responded to 2700 N Federal Hwy Rm 304 in reference to a fire department assist. Upon arrival, I met with W/M Neil Rosen who advised his girlfriend W/F Jessica Humphries attempted to overdose on Xanax. It should be noted that the two have had an intimate relationship with for the past 9 months. He stated he tried taking the pills away from her, which is when Humphries jumped on top of Rosen and bit him on his							
ADDITIONAL INFORMATION	STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, <u>Walter</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>9</u> day of <u>May</u> , <u>2021</u> . <u>CARUSO, MARK RICHARD</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)							

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

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	05/09/2021 20:56	
	Agency ORI Number	Agency Name	Agency Report Number
	FL 0500200	BOCA RATON POLICE DEPARTMENT	3 2 2021-005556

right knuckle. Rosen stated that while they were engaged in the physical altercation, Humphries also ripped his pants. I observed Rosen's right hand to be bleeding and his right pants pocket was ripped. There was also a towel in the hotel room with blood on it.

I then spoke to Jessica and asked her how Rosen sustained the injury and ripped pants and she replied, "probably when we were tussling." There were no visible marks or injuries on Humphries.

Due to the injuries and physical evidence, it was determined that Humphries was the primary aggressor in this incident and therefore was placed under arrest for simple Domestic Battery, 784.03(1a1). Humphries was transported to Palm Beach County Jail.

STATE OF FLORIDA
COUNTY OF PALM BEACH

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

Mark Richard Caruso
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 9 day of May, 2021.

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

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

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)
- 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#: 2021065556 Agency: BRPP
Offense: 784.03(1A1) Battery Domestic
Suspect/Offender: Jessica Humphries
D.O.B. 3/26/86 Race: W Sex: F

2. Warrant#(s): _____

3.a. Victim's name: Neil Rosen D.O.B. 11/31/65 Race: W Sex: M
Address: 2700 N Federal Hwy
City: Boca Raton State: FL Zip: 33431
Home#: 954 770 4115 Work#: _____ Other: _____

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____ State: _____ Zip: _____
Home#: _____ 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: Pursuant to F.S.119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).
Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: K. Yockel I.D.# 846 Date: 5/9/21
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

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	<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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021011285	Date: 05/10/2021
	Specialist Name/ID: C. Denzel/8691