

0378720

2020MM05207AMB293

ARREST/NOTICE TO APPEAR
Juvenile Referral Report

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

1

Juvenile

| | | | | | | | | | | | | |
|---|--|---|--|---|---|---|--|---|---|---|---|------------------------|
| ADMINISTRATIVE | OBTS Number | | Agency ORI Number FLO 500000 | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | | Agency Report Number: 06- 20-082409 | | | | | |
| | 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 | | Weapon Seized / Type 2 1. Yes 2. No N/A | | Multiple Clearance Indicator 1 | | | | | | | |
| | Location of Arrest (Including Name of Business) 21020 Chinaberry Dr. Boca Raton, FL, 33428 | | | | Location of Offense (Business Name, Address) 10709 Sandalfoot Blvd. Boca Raton, FL, 33428 | | | | | | | |
| DEFENDANT | Date of Arrest 06/28/20 | Time of Arrest 0230 | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle | | | | | |
| | Name (Last, First, Middle) Wilsman, John | | Alias (Name, DOB, Soc. Sec. #, Etc.) | | | | | | | | | |
| | Race W - White I - American Indian B - Black O - Oriental/Asian W | Sex M | Date of Birth 03/27/1991 | Height 6'05 | Weight 175 | Eye Color Brown | Hair Color Brown | Complexion Light | Build Thin | | | |
| | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | | | | Marital Status None | Religion None | Indication of Alcohol Influence 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input type="checkbox"/> Unk. <input type="checkbox"/> | | | | | |
| Local Address (Street, Apt. Number) 21020 Chinaberry Dr. | | (City) Boca Raton, FL, 33428 | | (State) | (Zip) | Phone 561-674-4819 | | Residence Type: 1. City 2. County 3. Florida 4. Out of State 2 | | | | |
| Permanent Address (Street, Apt. Number) | | (City) | | (State) | (Zip) | Phone | | Address Source John Wilsman | | | | |
| Business Address (Name, Street) | | (City) | | (State) | (Zip) | Phone | | Occupation Unemployed | | | | |
| D/L Number, State W425461911070, FL | | Soc. Sec. Number | | INS Number | | Place of Birth (City, State) Boca Raton, FL | | Citizenship U.S. | | | | |
| CO-DEF | 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 | | | | |
| JUVENILE | <input type="checkbox"/> Parent <input type="checkbox"/> Legal <input type="checkbox"/> Other | | (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 Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated | | | | | | | |
| Released To: (Name) | | Relationship | | Date | Time | | | | | | | |
| The above address 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason) | | | | School Attended | | Grade | | | | | | |
| Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Description of Property | | Value of Property | | | | | | | | |
| CHARGE | Drug Activity N. N/A P. Possess | | S. Sell B. Buy T. Traffic | R. Smuggle D. Deliver E. Use | K. Dispense/ Distribute | M. Manufacture/ Product/ Cultivate | Z. Other | Drug Type N. N/A A. Amphetamine | B. Barbiturate C. Cocaine E. Heroin | H. Hallucinogen M. Marijuana O. Opium/Derv. | P. Paraphernalia/ Equipment S. Synthetics | U. Unknown Z. Other |
| | Charge Description Battery (domestic) | | Counts 1 | Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Statute Violation Number 784.03(1a1) | | Violation of ORD # | | | | | |
| Drug Activity N | | Drug Type N | Amount / Unit | Offense # 20-082409 | Warrant / Capias Number | | Bond | | | | | |
| Charge Description | | Counts | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | Statute Violation Number | | Violation of ORD # | | | | | | |
| Drug Activity | | Drug Type | Amount / Unit | Offense # 20-082409 | Warrant / Capias Number | | Bond | | | | | |
| Charge Description | | Counts | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | Statute Violation Number | | Violation of ORD # | | | | | | |
| Drug Activity | | Drug Type | Amount / Unit | Offense # 20-082409 | Warrant / Capias Number | | Bond | | | | | |
| Charge Description | | Counts | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | Statute Violation Number | | Violation of ORD # | | | | | | |
| Drug Activity | | Drug Type | Amount / Unit | Offense # 20-082409 | Warrant / Capias Number | | Bond | | | | | |
| Location (Court, Room Number, Address) | | | | | | | | | | | | |
| Court Date and Time Month <input type="checkbox"/> Day <input type="checkbox"/> Year <input type="checkbox"/> Time <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> | | | | | | | | | | | | |
| 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 06/28/20 | | | | | | |
| HOLD for other Agency Name: | | Signature of Arresting Officer | | Name Verification (Printed by Arrestee) | | | | | | | | |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal | | <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other: | | Arresting Officer (Print) D/S J. Colon | | (PRINT) | | | | | | |
| Intake Deputy Span... | | I.D. # | Pouch # | Transporting Officer D/S J. Colon | | ID # 33101 | | Agency PBSO | | | | |
| Witness here if subject signed with an "X" | | | | | | | | | | | | |

DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - AGENCY (ONLY)

SCANNED

JUN 29 2020

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
 (Submit this form with the original Probable Cause affidavit)

Name (Last, First, Middle)

Suspect: Wilsman John **DOB:** 03/27/1991 **Case #:** 20-082409

Name (Last, First)

Victim: Sparrow Shelby **DOB:** 5/6/95 **Race:** W **Sex:** F

Relationship between Victim and Defendant: Boyfriend/Girlfriend

Photographs: Scene Yes No **Victim** Yes No **Defendant** Yes No

911 Call: Yes No **Caller:** Shelby Sparrow

Weapon Used: Yes No **Type:** _____

Witness: Yes No **Name:** (Last) _____ (First) _____ (Middle) _____

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

Injuries: Yes No **Description:** Abrasion/Bruise

Medical Treatment: Yes No

At Scene: Yes No **Paramedics:** Run #: 200686471 PBCFR

At Hospital: Yes No **Hospital:** West Boca Medical Center **Doctor:** N/A

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

Name: Braxton Sparrow **DOB:** 02/28/2017

Name: Ireland Sommers **DOB:** 12/16/13

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: Defendant was not on scene. Was at mothers house and said he was sleeping

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

First words Victim said when you responded to scene: He attacked me

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) _____

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other _____

Victim Contact Information: (Last) Sparrow (first) Shelby

Local Address: 10709 Sandalfoot Blvd. , Boca raton

Phone: 561 633 0251

Employer: (Name) _____ (Employer Address) _____

Name of Relative: (Last) _____ (First) _____ **Phone:** _____

Address: _____

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

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

1. Incident Report #: 20-082409 Agency: PBSO
Offense: Battery (domestic)
Suspect/Offender: Name (Last) Wilsman (First) John (Middle) _____
D.O.B. 03/27/1991 Race: W Sex: M

2. Warrant # (s): _____

3.a. Victim's name: Sparrow Shelby D.O.B. 5/6/95 Race: W Sex: F
Address: 10709 Sandalfoot Blvd.
City: Boca raton
Home #: 561 633 0251

b. Victim's next of kin, friend or neighbor: _____ (Last) _____ (First)
Address: _____
City: _____
Home #: _____

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: Sparrow Shelby

Deputy's Name: D/S J. Colon I.D.# 33101 Date: _____

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

SUSPECT/OFFENDER:

Wilsman

John

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

REVIEW COMPLETED BY

| | |
|----------------------------|----------------------------------|
| Booking Number: 2020015760 | Date: 6/29/2020 |
| | Specialist Name/ID: Gammage/5660 |