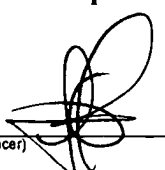


21MM 6043 AMB

ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest		3. Request for Warrant		1	Juvenile
		2. N.T.A.		4. Request for Capias			
OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-21-097130	
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		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) 529 Piedmont L, Delray Beach, FL 33484				Location of Offense (Business Name, Address) 529 Piedmont L, Delray Beach, FL 33484			
Date of Arrest 08/17/2021	Time of Arrest 2258	Booking Date 08/18/2021	Booking Time	Jail Date	Jail Time	Location of Vehicle 529 Piedmont L, Delray Beach, FL 33484	
Name (Last, First, Middle) Mccarty, Kerry, Richard				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 11/23/1963	Height 6"03"	Weight 188	Eye Color BRO	Hair Color GRY	Complexion LIGHT
Build MED				Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE			
Mental Status Single				Religion CHRISTIAN		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) (City) (State) (Zip) 6355 IASALLE RD, Delray Beach, FL 33484				Phone (240) 508-6970		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1	
Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source DEFENDANT	
Business Address (Name, Street) (City) (State) (Zip) NORTH AMERICAN SUBSTATION SERVICES				Phone (407) 688-3717		Occupation TECHNICIAN	
D/L Number, State M263465738896, MD		Soc. Sec. Number		INS Number		Place of Birth (City, State) FAIRFAX, VIRGINIA	
Citizenship USA							
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 <input type="checkbox"/> Other:				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	
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 Description SIMPLE BATTERY (dating violence)		Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1)(a)(1)		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense # 21-097130	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 #	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 #	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 #	Warrant / Capias Number		Bond	
Location (Court, Room Number, Address)							
Court Date and Time Month Day Year Time AM PM 08/17/2021							
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 Name		Signature of Arresting Officer X		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) D/S N ACOSTA		I.D. # 35067		(PRINT) AUG 18 AM 1:46	
Pouch #		Transporting Officer 26 0424		ID # 8951		Agency PBSO	
Witness here to Subscribing with an "X"		Witness here to Subscribing with an "X"		Witness here to Subscribing with an "X"		PAGE 1 OF 1	

AUG 18 2021

p# 2815

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile
ADMIN	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06- 21-097130				
	Charge Type: Check as many as apply: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony </div> <div> <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor </div> <div> <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other </div> </div>		Special Notes:				
CHARGES	Name (Last, First, Middle) Mccarty, Kerry, Richard		Alias	Race W	Sex M	Date of Birth 11/23/1963	
	Charge Description SIMPLE BATTERY (dating violence)		784.03(1)(a)(1)	Charge Description			
VICTIM	Victim's Name (Last, First, Middle) Caperton, Alisa, Sheri		Race W	Sex F	Date of Birth 04/17/1964		
	Local Address (Street, Apt. Number) 529 Piedmont L, Delray Beach, FL 33484		(City)	(State)	(zip)	Phone (561) 699-5438	Address Source
	Business Address (Name, Street)		(City)	(State)	(zip)	Phone ()	Occupation
PROBABLE CAUSE STATEMENT	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 <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ <input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.						
	On the 17 day of August 20 21 at 2258 <input type="checkbox"/> A. M. <input checked="" type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)						
	<p>On August 17, 2021 at approximately 2214 hours I was dispatched to 529 Piedmont L (Kings Point), located in the unincorporated area of Delray Beach, Palm Beach County, FL 33484 in reference to domestic dispute in progress between Alisa A. Caperton and her boyfriend Kerry R. Mccarty.</p> <p>Upon arrival, I met with a white male, later identified as Kerry R. Mccarty who stated the following: He was in bed with his girlfriend, Alisa Caperton "loving on her" when all of a sudden "she flipped out and started hitting punching me and kicking me". When asked, Mccarty stated that there was no real reason why she got upset, all he said was "I will love you any ways" and this statement made Caperton get very angry. Caperton questioned him "who says that" and then "punched" him approximately five or six times in the face and kicked him approximately ten times in his chest. Mccarty additionally stated that he did grab and pull the necklace out of her neck because the necklace was very expensive and he wanted it back. Mccarty denied any physical altercation other than him reaching for the necklace and breaking it.</p> <p>It should be noted that Mccarty did not have any injuries to his face, chest, or arms.</p> <p>I then met with the victim, Alisa Caperton who stated the following: Mccarty and her have been dating on and off for approximately one year and do not live together. This evening, they had a few drinks and it was all fine. They got ready to go to bed and sleep and Caperton told Mccarty that he could stay the night at which time they went into the bedroom and laid down. While in bed, Mccarty "snapped" and started "choking" her at which time she got very scared and reached for her phone to call 9-1-1. Although she felt his hands around her neck, Caperton's breathing was not affected and she was able to yell at him to get out of her house. Mccarty then grabbed and pulled a necklace she had around her neck, causing the necklace to break. It should be noted that upon looking at Caperton's neck, the necklace was still hanging on one side and was broken in half. I observed a small scratch in Caperton's neck consistent with Mccarty trying to rip it off her neck but she had no marks around her neck. While the physical struggle was taking place, Caperton told Mccarty to leave her house, at which time he gathered his belongings and walked out.</p> <p>Based on the injuries observed on the victim, statement obtained from the victim, the defendant's verbal statement during my fact finding interview admitting to grabbing and pulling the necklace from victim's neck, and the lack of independent witnesses, I find probable cause exists to arrest Kerry R. Mccarty for willfully and maliciously striking her against her will, therefore committing the crime of battery (dating violence), pursuant to Florida Statute 784.03(1)(a)(1). Mccarty was taken into custody without incident. He was handcuffed with hands behind the back, double locked and checked for tightness. Mccarty was transported to West County jail for processing.</p>						
	STATE OF FLORIDA COUNTY OF PALM BEACH <div style="text-align: center;">  D/S N ACOSTA (Signature of Arresting/Investigative Officer) </div>						
	The foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of August 20 21 by N. ACOSTA (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced LEO						
	Notary Public, Clerk of Court, Officer (F.S.S. 117.10)						
	<div style="text-align: right;"> PAGE 1 OF 1 </div>						
	ADMINISTRATIVE						

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

Suspect: Mccarty, Kerry, Richard DOB: 11/23/1963 Case #: 21-097130

Victim: Caperton, Alisa, Sheri DOB: 04/17/1964 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: Caperton, Alisa, Sheri

Weapon Used: ☐ Yes ☒ No Type: _____

Witness: ☐ Yes ☒ No Name: _____

Victim Pregnant: ☐ Yes ☒ No If yes, _____ weeks _____ months

Injuries: ☒ Yes ☐ No Description: SMALL SCRATCH

Medical Treatment: ☒ Yes ☐ No

At Scene: ☒ Yes ☐ No Paramedics: PBCFR#45

At Hospital: ☐ Yes ☒ No Hospital: _____ Physician: _____

Are Children Living in Home? ☐ Yes ☒ No DCF Notified? ☐ Yes ☒ No

Name: _____ 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: SHE IS CRAZY AND JUST SNAPPED

Victim's Statements ☒ Yes ☐ No If yes, ☒ written ☐ recorded ☐ oral

First words Victim said when you responded to scene: I WAS SCARED AND CALLED 9-1-1

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:

Local Address: 529 Piedmont L, Delray Beach, FL 33484

Phone: Home (561) 699-5438 Work (____) ____ - ____ Cell (____) ____ - ____

Employer: _____

Name of Relative: _____ Phone (____) ____ - ____

Address: _____

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 #: 21-097130 Agency: PBSO
Offense: SIMPLE BATTERY (dating violence)
Suspect/Offender: Mccarty, Kerry, Richard
D.O.B. 11/23/1963 Race: W Sex: M

2. Warrant # (s): _____

3.a. Victim's name: Caperton, Alisa, Sheri D.O.B. 04/17/1964 Race: W Sex: F
Address: 529 Piedmont L
City: Delray Beach, FL 33484
Home #- (561) 699-5438 Work #: 0 Other: _____

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____
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:** 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: Caperton, Alisa, Sheri

Deputy's Name: N. ACOSTA I.D.# 35067 Date: 08/17/2021

SUSPECT/OFFENDER: Mccarty, Kerry, Richard COURT CASE/WARRANT #. _____
(FOR WARRANTS USE ONLY)



**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: 2021020479

Date: 8/18/21

Specialist Name/ID: A. Pinkney/7796