

50-2021-MM-005037-AMB

0524531

2593

☐ Check if Supplement is Attached

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		Juvenile <input type="checkbox"/>	
Agency ORI Number FLO 5 0 2 7 0 0		Agency Name PALM SPRINGS PUBLIC SAFETY		Agency Report Number (N.T.A.'s only) 8 2 1 2 1 1 0 1 1 7 9 1 1 3 1 1 1			
Charge Type: <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		Location of Arrest (including Name of Business) 460 LOS ALTOS RD PALM SPRINGS, FL 33461		Location of Offense (Business Name, Address) 460 LOS ALTOS RD PALM SPRINGS, FL 33461		Enter Type Multiple Clearance Indicator	
Date of Arrest 0 7 1 0 2 1 2 2 4 1		Booking Date		Booking Time		Jail Date	
Name (Last, First, Middle) Parker, Leah Christine		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White B - Black I - American Indian O - Oriental/Asian		Sex M F		Date of Birth 1 2 1 9 9 4		Height 5'9	
Weight 120		Eye Color BRO		Hair Color BLONDE		Complexion LIGHT	
Build SMALL		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None		Marital Status SINGLE		Religion NONE	
Local Address (Street, Apt. Number) 832 E. COOPER AVE ASPEN, CO 81611		(City) ASPEN		(State) CO		(Zip) 81611	
Permanent Address (Street, Apt. Number) 832 E. COOPER AVE ASPEN, CO 81611		(City) ASPEN		(State) CO		(Zip) 81611	
Business Address (Name, Street) P.O. Box 11205 ASPEN CO 81612		(City) ASPEN		(State) CO		(Zip) 81612	
D/L Number, State P626523949590		Soc. Sec. Number [REDACTED]		INS Number [REDACTED]		Place of Birth (City, State) WPB, FL	
Citizenship USA		Co-Defendant (Last, First, Middle) [REDACTED]		Race [REDACTED]		Sex [REDACTED]	
Date of Birth [REDACTED]		1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile		[REDACTED]	
Co-Defendant (Last, First, Middle) [REDACTED]		Race [REDACTED]		Sex [REDACTED]		Date of Birth [REDACTED]	
1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile		[REDACTED]		[REDACTED]	
Parent Legal Custodian Other:		Name (Last) [REDACTED]		(First) [REDACTED]		(Middle) [REDACTED]	
Address (Street, Apt. Number) [REDACTED]		(City) [REDACTED]		(State) [REDACTED]		(Zip) [REDACTED]	
Notified by: (Name) [REDACTED]		Date [REDACTED]		Time [REDACTED]		Juvenile Disposition 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated	
Released To: (Name) [REDACTED]		Relationship [REDACTED]		Date [REDACTED]		Time [REDACTED]	
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. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No (Reason)		School Attended [REDACTED]		Grade [REDACTED]		Value of Property [REDACTED]	
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 [REDACTED]		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin	
H. Hallucinogen M. Marijuana O. Opium/Depr.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other		[REDACTED]	
Charge Description SIMPLE BATTERY (DOMESTIC)		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 7 8 4 1 1 0 3	
Drug Activity N		Drug Type N		Amount / Unit [REDACTED]		Warrant / Capias Number [REDACTED]	
Charge Description [REDACTED]		Counts [REDACTED]		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number [REDACTED]	
Drug Activity [REDACTED]		Drug Type [REDACTED]		Amount / Unit [REDACTED]		Warrant / Capias Number [REDACTED]	
Charge Description [REDACTED]		Counts [REDACTED]		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number [REDACTED]	
Drug Activity [REDACTED]		Drug Type [REDACTED]		Amount / Unit [REDACTED]		Warrant / Capias Number [REDACTED]	
Charge Description [REDACTED]		Counts [REDACTED]		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number [REDACTED]	
Drug Activity [REDACTED]		Drug Type [REDACTED]		Amount / Unit [REDACTED]		Warrant / Capias Number [REDACTED]	
Location (Court, Room Number, Address) [REDACTED]							
Court Date and Time Month Day Year Time A.M. P.M.							
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) [REDACTED]				Date Signed [REDACTED]			
HOLD for other agency <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Resisted Arrest <input type="checkbox"/> Other:		Signature of Arresting Officer X [REDACTED]		Name Verification (Printed by Arrestee) (PRINT)	
Intake Deputy [REDACTED]		I.D. # [REDACTED]		Pouch # [REDACTED]		Transporting Officer FERRER 159	
I.D. # [REDACTED]		Agency PSPD		Witness here if subject signed with an "X"		PAGE 1 OF 1	

PALM SPRINGS POLICE DEPARTMENT

DOMESTIC VIOLENCE

PROBABLE CAUSE AFFIDAVIT

PALM BEACH COUNTY

ON THE 10 DAY OF July 2021, AT 10:41 ☐ AM / ☒ PM

SUBJECT: Parker, Leah Christine DOB: 12/19/1994 CASE NUMBER: 2021-17913

CHARGE DESCRIPTION: DOMESTIC BATTERY STATUE NUMBER: 784.03 (1) a (1)

VICTIM: Parker, Gary DOB: 02/03/1961 RACE: W SEX: M

LOCAL ADDRESS: 460 Los Altos Palm Springs, FL 33461

PERSONAL CONTACT

NARRATIVE:

On 7/10/2021 at approximately 10:10 PM, I arrived at 460 Los Altos Palm Springs, FL 33461, responding to a domestic disturbance. On arrival I met with Wendy Wright, who stated she called Police because her daughter, Leah Parker, had been drinking heavily and was extremely intoxicated to the point where she was getting aggressive and violent towards her younger sisters, Nina Parker and Sara Parker and father, Gary Parker. Officer Carpentier ID#165 and Officer McDeavitt ID# 151, spoke to Nina and Sara as they were in the home while Leah was outside in the front lawn being held down by her mother and a friend. Leah kept on screaming that her sisters were losers and that her dad was a drug addict in a belligerent way. Nina and Sara told Ofc. Carpentier and McDeavitt, that earlier in the evening prior to our arrival, Leah had been drinking and became very agitated with the whole family and she attempted to strike both sisters with close fists. When Gary stepped in to hold her down in a bear hug, she managed to get loose and hit him with a closed fist (right hand) to the left side of his face. Gary and other family members managed to remove her from inside and home hold her outside until Police arrived. Leah sustained scratch marks on her legs from rolling on the grass outside of the home while being held down. Sgt. Annunziata and I went to speak to Gary where we overheard him talking to Wright in his bedroom saying, "she punched me in the face but I'm not going to rat out my own kid". Gary later came out to living room and told us Leah had thrown a punch at him but missed.

As we attempted to get a statement from Leah, she continued screaming and acting up where she would not cooperate.

Gary was given a copy a Legal Rights and Remedies Packet.

Leah was handcuffed, double locked for safety and transported to Palm Springs Police Station for processing. Leah was later transported to Palm Beach County Jail for booking for violation of FSS 784.03 1(a)1. Domestic Simple Battery.

DEFENDANT'S STATEMENTS: (Written ☐ / Taped ☐ / Oral ☒)

Leah stated her father is a drug addict and her sisters are losers.

VICTIM'S STATEMENTS: (Written ☐ / Taped ☐ / Oral ☒):

Gary Parker stated Leah punched him in the face as he was trying to restrain her from attacking her younger sisters, Nina and Sara.

OBSERVATIONS OF VICTIM (PHYSICAL AND EMOTIONAL)

Gary appeared to be tired and upset with the situation. Gary did not have any visible marks, bruises, scratches, or injuries.

RELATIONSHIP BETWEEN VICTIM AND SUSPECT: Father and Daughter

PHOTOGRAPHS:

SCENE: YES ☐ NO ☒

VICTIM: YES ☐ NO ☒

911 CALL: YES ☒ NO ☐

CALLER: Nina Parker

WEAPON USED: YES ☐ NO ☒

TYPE: _____

WITNESSES: YES ☒ NO ☐ (IF YES, ATTACH WITNESS LIST)

INJURIES: YES ☐ NO ☒

MEDICAL TREATMENT: YES ☐ NO ☒

AT: SCENE: YES ☐ NO ☒

PARAMEDICS: N/A

AT: HOSPITAL: YES ☐ NO ☒

PHYSICIAN(S): N/A

HOSPITAL: N/A

ARE THERE CHILDREN LIVING IN THE HOME: YES ☐ NO ☒

NAME(S) & DOB: _____

WAS ACT COMMITTED IN FRONT OF MINOR(S): YES ☐ NO ☒

NAME(S) & DOB: _____

H.R.S. NOTIFIED: YES ☐ NO ☒

VICTIM PREGNANT: YES ☐ NO ☒

VIOLATION OF RESTRAINING ORDER: YES ☐ NO ☒

CASE NUMBER: _____

PRIOR HISTORY OF DOMESTIC VIOLENCE: YES ☐ NO ☒

ALCOHOL OR DRUGS INVOLVED: YES ☒ NO ☐

VICTIM CONTACT INFORMATION

PHONE:Hm: 561-312-5888 Wk: _____

Employer: Unknown

RELATIVE: Name: Wendy Wright

Phone: 561-312-5888

Address: 460 Los Altos Palm Springs, FL 33461

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, Ofc. Ferrer ID# 159 (print name) 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 10 day of July, 2021

NOTARY / CLERK OF COURT / OFFICER (F.S.11710)

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.
When applying for a warrant, attach this form to the filing packet.

Incident Report #: 2021-17913 Agency: Palm Springs
Offense: Domestic Battery
Suspect/Offender: Parker, Leah Christine
D.O.B. 12/19/94 Race: W Sex: F

Warrant #(s): _____

3.a. Victim's name: Parker, Gary D.O.B. 2/2/61 Race: W Sex: M
Address: 460 Los Altos
City: Palm Springs State: FL Zip: 33401
Home #: _____ Work #: _____ Other: 561 439 7772

b. Victim's next of kin, friend or neighbor: Wright, Wendy
Address: 460 Los Altos
City: Palm Springs State: FL Zip: 33461
Home #: _____ Work #: _____ Other: 561 312 5888

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: _____

Deputy's Name: _____ I.D. # _____ Date: _____

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

REVIEW COMPLETED BY

Booking Number: 2021017080

Date: 7/11/2021

Specialist Name/ID: Mathew Meek 33849