

0521420

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ARREST / NOTICE TO APPEAR

1 Arrest (No Warrant) 3 Request for Warrant
2 N.T.A. 4 Request for Captus
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 2021-002371					
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 Offense <input type="checkbox"/> 6 Other	If Weapon, Serial Weapon Type Hands, Feet, Fist, Teeth		Multiple Citations <input type="checkbox"/>				
Location of Arrest (Including Name of Business) 418 PLAZA REAL, BOCA RATON, FL, 33432, 428 PLAZA REAL			Location of Offense (Business Name, Address) 428 PLAZA REAL 418, BOCA RATON, FL 33432							
Date of Arrest 02/25/2021	Time of Arrest 00:49	Booking Date 02/25/2021	Booking Time 00:59	Jail Date 02/25/2021	Jail Time 01:23	Location of Vehicle NONE				
Name (Last, First, Middle) STUART, MELISSA JENNIFER		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White I - American Indian O - Oriental/Asian W	Sex F	Date of Birth 02/12/1973	Height 5'06	Weight 120	Eye Color BLUE	Hair Color BLONDE	Complexion LIGHT	Build Small		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status S	Religion	Indication of Alcohol Influence Yes <input checked="" 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"/>			
Local Address (Street, Apt. Number) 428 PLAZA REAL 418, BOCA RATON, FL 33432			(City)	(State)	(Zip)	Phone (954) 260-9525	Residence Type 1 City 2 Florida 3 County 4 Other State 1			
Permanent Address (Street, Apt. Number) 428 PLAZA REAL 418, BOCA RATON, FL 33432			(City)	(State)	(Zip)	Phone (954) 260-9525	Address Source OBSERVED			
Business Address (Name, Street) HAIR ON FIRE, 103 W PALMETTO PARK RD			(City)	(State)	(Zip)	Phone	Occupation Hair Dresser			
D.L. Number, State S363550735521 / FL	Sp. Sec. Number	INS Number	Place of Birth (City, State) Boca Raton, FL	Citizenship US						
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"/> 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"/> 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"/> Other	Name (Last, First, Middle)		Address (Street, Apt. Number)		(City)	(State)	(Zip)	Residence Phone		
<input type="checkbox"/> Legal Custodian	Name (Last, First, Middle)		Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone		
Notified by (Name)		Relationship	Date	Time	JUVENILE DISPOSITION 1 Handled Processed within Department and Released 2 Court 3 Other Facility					
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?	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	D - Unknown Z - Other
Charge Description DOMESTIC BATTERY					Statute Violation Number 784.03(1A1)	Violation of ORD #				
Drug Activity	Drug Type	Amount - Unit	Offense #	Counts	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Captus Number	Bond			
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 / Captus Number	Bond			
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 / Captus Number	Bond			
Health - Apparent Physical Condition of Defendant GOOD					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 checked="" type="checkbox"/> TOT County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health					PROPERTY - Received By OFC CROWE	Released By OFC CROWE	Released Date FEB 25 2021			
Transported By			Date Transported 02/25/2021	Time Transported 02:00	Other					
<input type="checkbox"/> 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 of 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 IF 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) HATTCHEN							
Signature of Arresting Officer CROWE, D.			Name Verification (Printed by Arrestee) SCANNED		Date Signed FEB 25 2021					
Intake Dept 696			Transposing Officer 830		Agency BRPD					

POLICE CERTIFIED

NONE

VICTIM NOTIFICATION REQUIRED

FEB 25 2021
SOUTH COUNTY JAIL
CLERK

Photo Available

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

Hattchen 836

2639

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2021-002371	
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
Name (Last, First, Middle) STUART, MELISSA JENNIFER					Race W	Sex F
Date of Birth 02/12/1973					Special Notes:	
Charge Description 784.03(1A1) DOMESTIC BATTERY			Charge Description			
Charge Description			Charge Description			
Victim's Name (Last, First, Middle) HAMMOND, FREDERICK JAMES					Race W	Sex M
Date of Birth 09/23/1961					Address Source SPOUSE	
Local Address (Street, Apt. Number) 428 PLAZA REAL 418, BOCA RATON, FL 33432			(City)	(State)	(Zip)	Phone (561) 613-8138
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone
<p>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</p> <p>The Person taken into custody</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>25</u> day of <u>February</u>, <u>2021</u> at <u>00:49</u> (Specifically include facts constituting cause for arrest.)</p>						
<p>On 2/25/2021, I responded to 428 Plaza Real #418, in reference to a domestic disturbance after a female called into 911 and hung up. Upon arrival, the door of the apartment swung open and I saw a white female push a white male out of the apartment. The female was later identified as, Melissa Stuart, and the male was identified as her husband, Fredrick Hammond.</p> <p>I separated the parties involved and spoke with Melissa first. According to Melissa, she came home to the apartment after work and found the apartment destroyed. Melissa claims that Fredrick destroyed the apartment after he thought she was cheating on him. After seeing the apartment, Melissa started arguing with him about what he did. Melissa stated that Fredrick proceeded to grab a chair and threw it at her 3 times causing a small laceration to her left wrist.</p> <p>I then spoke with Fredrick. He had obvious visible injuries that included a scratch on his left hand that was bleeding. Additionally, he had scratch marks on his right hand, neck, and face. Fredrick stated that he never touched Melissa and she was the one that destroyed the apartment yesterday after she got mad at him. Fredrick explained that Melissa attacked him during their argument today causing his injuries.</p> <p>I spoke with Melissa again. I asked her questions regarding Fredrick's injuries. She claims that she was in the kitchen and was calling 911 after Fredrick started hitting her. She explained that Fredrick came into the kitchen and physically removed her phone and told her she wasn't calling the police. He went into the bathroom and threw her phone into the toilet submerging it in the water. Melissa stated that she followed him and pushed him into the bathtub and scratched his hand. She then grabbed his toolbox full of power tools and miscellaneous tools and threw it at him striking him in the head. I asked Melissa where her phone was, and she told me it's defiantly in the bathroom where Fredrick threw it. I searched the entire bathroom and did not locate her</p>						
<p>SWORN AND SUBSCRIBED BEFORE ME</p> <p>MCINNIS, BRYAN MICHAEL NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p>02/25/2021 DATE</p> <p>_____ SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>CROWE, DOUGLAS (807) NAME OF OFFICER (PLEASE PRINT)</p> <p>02/25/2021 DATE</p> <p>SCANNED</p>						
						PAGE 1 OF 2

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2021-002371
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				Special Notes:

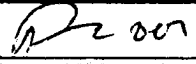
Name (Last, First, Middle) STUART, MELISSA JENNIFER	Alias	Race W	Sex F	Date of Birth 02/12/1973
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phone. Melissa checked her purse on the table and found her phone, which was dry and had one drop of water on it. Melissa then changed her story about the phone that Fredrick was using the kitchen faucet and sprayed her with some water, which may have got on her phone.

Based on my investigation and both parties' statements and injuries, I determined that Melissa was the primary aggressor during this domestic disturbance. I arrested Melissa Stuart for simple domestic battery pursuant to F.S.S. 784.03(1A). She was transported to PBCJ.

Both parties' injuries were photographed via MVR.

NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED BEFORE ME <u>MCINNIS, BRYAN MICHAEL</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>02/25/2021</u> DATE	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <u>CROWE, DOUGLAS (807)</u> NAME OF OFFICER (PLEASE PRINT) <u>02/25/2021</u> DATE	PAGE 2 OF 2
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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#: 2021002371 Agency: Boca Raton PD
Offense: Domestic Battery
Suspect/Offender: Melissa Stuart
D.O.B. 2/12/73 Race: W Sex: F

2. Warrant#(s): _____

3.a. Victim's name: Frederick Hammond D.O.B. 9/23/61 Race: W Sex: M
Address: 422 Plaza Real #418
City: Boca Raton State: FL Zip: 33432
Home#: 561 613 8138 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: Off. D. Crowe I.D.# 807 Date: FEB 25 2011
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 – 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: 2021004724	Date: 2/25/21
	Specialist Name/ID: A. Pinkney/7796

SCANNED
 FEB 25 2021