

JCT # 0518996

20 of 25 MD NR Rh 2633

ARREST / NOTICE TO APPEAR

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

OBT Number	Agency ORI Number 0502000	Agency Name Lantana Police Department	Agency Report Number (N.T.A.'s only) 6 4 20-001967
Charge Type: Check as many as apply	1. Felony <input checked="" type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>	If Weapon Seized	Multiple Clearance Indicator 1
Location of Arrest (Including Name of Business) 400 S WATERWAY DR		Location of Offense (Business Name, Address) 400 S WATERWAY DR 104, LANTANA, FL 33462	
Date of Arrest 10/09/2020	Time of Arrest 19:15	Booking Date 10/09/2020	Booking Time 19:25
Jail Date 10/09/2020	Jail Time 20:45	Location of Vehicle N/A	

Name (Last, First, Middle) GOODYEAR, PARKER JEFFERY		Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White B - Black O - Oriental/Asian	I - American Indian O - Oriental/Asian	Sex M	Date of Birth 06/21/1985
Height 6'04	Weight 165	Eye Color BLUE	Hair Color BROWN
Complexion LIGHT		Build Medium	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) SCAR BACK HEAD / SCAR		Marital Status S	Religion
Local Address (Street, Apt. Number) 400 WATERSIDE DR 104, HYPOLUXO, FL 33462		Phone (434) 249-4010	Residence Type: 1. City 2. County 3. Florida 4. Out of State 1
Permanent Address (Street, Apt. Number) 400 WATERSIDE DR 104, HYPOLUXO, FL 33462		Phone (434) 249-4010	Address Source
Business Address (Name, Street) G360670852210 / FL		Phone	Occupation
D/L Number, State G360670852210 / FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) LAKE WORTH, 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
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"/> Other: _____	Name (Last, First, Middle)			Residence Phone
<input type="checkbox"/> Legal Custodian	Address (Street, Apt. Number) (City) (State) (Zip)			Business Phone
Notified by: (Name)	Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC (For Misdemeanor)	
Released To: (Name)	Relationship	Date	Time	VICTIM NOTIFICATION REQUIRED
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.				Grade
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____		Property Crime? <input type="checkbox"/> Yes <input checked="" 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. 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	U. Unknown Z. Other
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Charge Description FELONY BATTERY	Statute Violation Number 784.041 AN	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit
N	N	/
Offense #	Counts	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 N/A	Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input checked="" type="checkbox"/> Injuries Explain: CARPET BURN HEAD
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond	<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health <input checked="" type="checkbox"/> T.O.T. County Jail
Transported By A. HARVEY	PROPERTY - Received By A. HARVEY
Date Transported 10/09/2020	Time Transported 20:46
Released To	Released By

<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room)
<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	Court Date and Time
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 COMTEMPT 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	Signature of Arresting Officer A. Harvey 890	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other	Name of Arresting Officer (Print) HARVEY, ANTHONY STEVEN	I.D. # 890
Inmate # 1010008241	Transporting Officer A. HARVEY	I.D. # 890
Pouch #	Agency LPD	Witness here if subject signed with an "X".

2020 OCT 10 4:52 PM

No Photo Available

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 10/09/2020 20:41		Agency ORI Number FL 0502000		Agency Name LANTANA POLICE DEPARTMENT		Agency Report Number 6 4 20-001967																																																																																																																																																
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D E P A R T M E N T	Charge Description 784.041(1) FELONY BATTERY																																																																																																																																																						
	Victim's Name (Last, First, Middle) KAUFHOLD, SARAH ELIZABETH						Race W	Sex F	Date of Birth 03/24/1983																																																																																																																																														
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) 400 WATERWAY DRIVE SOUTH 104, LANTANA, FL 33462				Phone (717) 538-2933		Address Source																																																																																																																																																
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O B S E R V E R	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): UPSET																																																																																																																																																			
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N A R R	On 10/09/2020 at 1854 hours, I was dispatched to 400 S Waterway Dr apartment 104, Lantana, FL 33462 in reference to a domestic disturbance.																																																																																																																																																						
	Upon my arrival, I made contact with the victim W/F Sarah Kaufhold (DOB 03/24/1983) who stated that her																																																																																																																																																						
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true. <i>C. Anthony 890</i> _____ SIGNATURE OF ARRESTING OFFICER Sworn to and subscribed to before me this <u>9</u> day of <u>Oct</u> , <u>2020</u> . _____ NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)																																																																																																																																																							

CERTIFIED COPY

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 10/09/2020 20:41		
	Agency ORI Number FL 0502000	Agency Name LANTANA POLICE DEPARTMENT	Agency Report Number 6 4 20-001967

boyfriend (Offender) W/M Parker Goodyear (DOB 06/21/1985) who she has been in a sexual relationship for approximately one year came home intoxicated. Kaufhold was in the master bedroom when Goodyear came into the room and shut the door. Kaufhold stated that she got into a verbal argument with Goodyear at which point he grabbed her by the left arm. Kaufhold stated at no time did she want to be grabbed or touched in a violent manner by Goodyear.

Kaufhold stated that she was able to break away from his grip and ran to the master bedroom door. Kaufhold stated that Goodyear crawled over the bed and fell to the floor causing a carpet burn to his left upper head.

After Goodyear was injured he wanted to talk to Kaufhold which she agreed. Kaufhold stated that they both went to the living room to talk. Kaufhold advised that Goodyear kept raising his voice and she got tired and wanted to leave.

Kaufhold went back to the master bedroom. Kaufhold stated that Goodyear followed her in the master bedroom to continue the verbal argument. Kaufhold advised that she was cornered near the master bedroom closet and she pushed him aside and ran to the kitchen to grab her cell phone and keys. When she got the cell phone and keys, Goodyear placed Kaufhold in a chokehold from behind using his for arm and applied pressure to her neck. Kaufhold advised she was not able to breathe for a few seconds. Goodyear then let her go after obtaining her cell phone.

Kaufhold then ran out of the apartment to a next-door neighbor and called the police.

This concluded Kaufhold's statement.

Kaufhold refused any medical treatment. I did not see any scratches, marks, or bruises on Kaufhold.

Four digital photos were taken of Kaufhold which was placed into evidence at the Lantana Police Department.

Goodyear was read his Miranda rights on the scene which he stated that he understood.

Goodyear stated that he came home intoxicated with alcohol. He advised that he got into a verbal argument with Kaufhold about him smoking cigarettes.

Goodyear denied that he ever touched Kaufhold or choked her. He advised that he did want a hug from Kaufhold and attempted to hug her.

Goodyear did have carpet burn to the left upper head. He advised that he fell on the floor causing carpet to his head while they were having an argument.

This concluded Goodyear's statement.

Goodyear was placed under arrest for dating violence felony battery by strangulation for choking Kaufhold.

Goodyear was searched before being placed in the back of my patrol car I-29. No contraband or weapons were locked on Goodyear.

STATE OF FLORIDA
COUNTY OF PALM BEACH

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

A. Henry 890
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 9 day of Oct, 2020.

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

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 10/09/2020 20:41	
	Agency ORI Number FL 0502000	Agency Name LANTANA POLICE DEPARTMENT
	Agency Report Number 6 4 20-001967	

Goodyear was then transported to the Lantana Police Department. He was later transported to the Palm Beach County Jail where he was lodged.

NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH

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

[Signature]
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 9 day of Oct, 2020.

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

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (S. 784.048)
- Domestic Violence – (This includes any assault, agg. Assault, battery, agg. Battery, sexual assault, sexual battery, stalking, agg. 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#: 20-001967 Agency: Lantana PD
 Offense: Battery
 Suspect/Offender: Park Jeffery
 D.O.B. 6/21/85 Race: W Sex: M
2. Warranty #(s): _____
3. Complete one (1) of the following:
 - a. Victim's name: Sarah E Kaufhold
 Address: 400 Waterway Drive South #104
 City: Lantana State: FL Zip: 33462
 Home #: _____ Work #: _____ Other#: Cell 717
538 2933
 - b. Victim's next of kin: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Other#: _____
 - c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Other#: _____
4. Relevant identification or case numbers assigned to the case (please specify):

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: A. Harvey I.D.: 890 Date: 12/19/20

SUSPECT/OFFENDER: _____

COURT CASE/WARRANT #:
(FOR WARRANT USE ONLY)



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: 2020023924	Date: 10/10/2020
	Specialist Name/ID: AM/31562