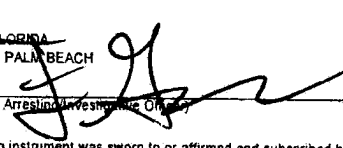


0042713

50-2021-MM-003630-AMB 943

ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest
2. N.T.A.
3. Request for Warrant
4. Request for Capias1
Jvenile N

OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-21067066	
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 <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Multiple Clearance Indicator 1			
Location of Arrest (Including Name of Business) 5452 Chicory Ln, Lake Worth FL, 33463				Location of Offense (Business Name, Address) 5452 Chicory Ln, Lake Worth FL, 33463			
Date of Arrest 05/19/2021	Time of Arrest 1248	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
Name (Last, First, Middle) Jackson, Rickey, Lynn				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian W	Sex M	Date of Birth 07/26/1956	Height 5'09	Weight 185	Eye Color Blue	Hair Color White	Complexion Lgt
Build Med							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status married		Religion NONE	
Local Address (Street, Apt. Number) 5452 Chicory Ln, Lake Worth, FL 33463				Phone (561) 340-9770		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2	
Permanent Address (Street, Apt. Number)				Phone		Address Source DAVID	
Business Address (Name, Street)				Phone		Occupation NONE	
D/L Number, State J250732562660, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) Detroit, Michigan	
Citizenship US							
Co-Defendant Name (Last, First, Middle)				Race		Sex	
Co-Defendant Name (Last, First, Middle)				Race		Sex	
Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other				Date of Birth		Residence Phone	
Address (Street, Apt. Number)				(City)		(State) (Zip)	
Notified by: (Name)				Date		Time	
Released To: (Name)				Relationship		Date	
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 Domestic Battery		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 784.03 (1A1)	
Drug Activity N		Drug Type N		Amount / Unit 0		Offense # 21067066	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Location (Court, Room Number, Address)							
Court Date and Time Month Day Year Time AM PM 05/19/2021							
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 checked="" type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		(PRINT)			
Name of Arresting Officer (Print) Deputy E. Guarin		I.D. # 36182					
Transporting Officer Deputy E. Guarin		ID # 36182		Agency PBSO			
Witness here if subject signed with an "X" X							

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N	
ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 21067066						
	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		Special Notes:						
DEF	Name (Last, First, Middle) Jackson, Rickey, Lynn				Alias		Race W	Sex M	Date of Birth 07/26/1956		
	Charge Description Domestic Battery		784.03 (1A1)		Charge Description						
CHARGES	Charge Description		Charge Description								
	Charge Description		Charge Description								
VICTIM	Victim's Name (Last, First, Middle) Jackson, Bonnie, Hussey				Race W		Sex F	Date of Birth 05/01/1960			
	Local Address (Street, Apt. Number) 5452 Chicory Ln, Lake Worth, FL 33463				(City)	(State)	(zip)	Phone ()		Address Source Verbal	
	Business Address (Name, Street)				(City)	(State)	(zip)	Phone ()		Occupation	
					(City)	(State)	(zip)	Phone ()		Occupation	
<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><input 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 19 day of May 2021 at 1248 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On May 19, 2021 at approximately 1248 Hours I was dispatched to 5452 Chicory Ln, in unincorporated Lake Worth FL, 33463 in reference to a domestic disturbance. On scene I made contact with Deputy Ebel who advised me that the complainant Rickey Jackson was not cooperating with her and refused to speak to her due to her being a female deputy. I then made contact with Rickey who advised me that he wanted to kick out his wife and his daughter from his house. I explained the eviction process to Rickey. He became upset and did not want to cooperate any more. I then made contact with Bonnie Jackson (wife) who advised me the following:</p> <p>This morning she walked into their bedroom while Rickey was on his phone. He quickly started swiping on his phone in order to conceal what he was doing. Upon confronting him by saying "Oh let me talk to her", Rickey became very upset and started yelling obscenities at her. He then threw his phone on the floor and said take a look. Then while she was standing in the hallway he came up to her and shoved her shoulder and back into the wall. Bonnie additionally advised me that she did not touch or strike him back. It should be noted that their adult daughter Nicole Jackson was on scene and observed the shoving. Nicole then intervened before the striking escalated.</p> <p>Upon trying to speak with Rickey again he became uncooperative. He was advised that he was being placed under arrest to which he answered. He was then placed in handcuffs behind the back; they were checked for tightness and double locked. It should be noted that while Rickey was being placed under arrest he had a cigarette between his fingers, during handcuffing he attempted to burn this Deputy with the cigarette. The cigarette was flicked out of his fingers and no injuries occurred. Based on the above there is sufficient Probable cause to charge Rickey Jackson with Battery Simple touch or strike (Domestic). While in transport Rickey advised me that it was very easy for him to overdose on his insulin pump.</p>											
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH <div style="display: flex; justify-content: space-between; align-items: center;"> <div>  (Signature of Arresting/Investigative Officer) </div> <div> Deputy E. Guarin Deputy </div> </div>										
	The foregoing instrument was sworn to or affirmed and subscribed before me this 19 day of May 20 21 by Deputy E Guarin										
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known Deputy Rosenfeld #28288										
	Notary Public, Clerk of Court, Officer (F.S.S. 117.10)										

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)

- Sexual Offense (Ch. 794)

- Attempted Sexual Offense

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

1. Incident Report #: 21-067066 Agency: PB50
Offense: DOMESTIC BATTERY
Suspect/Offender: PICKEY L. JACKSON
D.O.B. 7/26/2021 Race: W Sex: M

2. Warrant #(s): _____

3.a. Victim's name: Bonnie H. JACKSON D.O.B. 5/1/60 Race: W Sex: F
Address: 5452 CHICORY LN
City: LAKE WORTH State: FL Zip: 33463
Home #: _____ 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:** 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: E. GUARIN I.D. # 36182 Date: 5/19/21

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

SUSPECT/OFFENDER: JACKSON, PICKY
(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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021012144	Date: 5/20/21
	Specialist Name/ID: A. Pinkney/7796