

0528125		2/11/19453		2969	
OBT Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06- 21-138556	
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 1	
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)			
Date of Arrest 12/15/2021		Time of Arrest 22:21		Booking Date Booking Time Jail Date Jail Time Location of Vehicle	
Name (Last, First, Middle) Wood, Stephen, John		Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex M		Date of Birth 4/14/1966	
Height 5'11		Weight 200		Eye Color blu	
Hair Color gry		Complexion light		Build medium	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status Single		Religion NONE	
Local Address (Street, Apt. Number) (City) (State) (Zip)		Phone ( )		Residence Type 1. City 2. County 3. Florida 4. Out of State 3	
Permanent Address (Street, Apt. Number) (City) (State) (Zip)		Phone ( )		Address Source FCIC/NCIC	
Business Address (Name, Street) (City) (State) (Zip)		Phone ( )		Occupation real estate	
D/L Number, State W300790661340, FL		Soc. Sec. Number ( )		INS Number ( )	
Place of Birth (City, State) Portland, Oregon		Citizenship US			
Co-Defendant Name (Last, First, Middle)		Race		Sex	
Co-Defendant Name (Last, First, Middle)		Race		Sex	
Parent Legal Custodian Other		Name (Last) (First) (Middle)		Residence Phone ( )	
Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone ( )		Notified by: (Name) Date Time	
Released To: (Name)		Relationship		Juv. Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated 1	
The above address provided by [ ] defendant and / or [ ] 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 S. Sell N. N/A P. Possess		R. Smuggle B. Buy T. Traffic		K. Dispense/ Distribute	
M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine	
Charge Description Domestic Battery		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
Drug Activity n		Drug Type n		Amount / Unit n	
Offense # 21-138556		Statute Violation Number 784.03(1)(a)(1)		Violation of ORD #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
Drug Activity n		Drug Type n		Amount / Unit n	
Offense #		Statute Violation Number		Violation of ORD #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
Drug Activity n		Drug Type n		Amount / Unit n	
Offense #		Statute Violation Number		Violation of ORD #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
Drug Activity n		Drug Type n		Amount / Unit n	
Offense #		Statute Violation Number		Violation of ORD #	
Location (Court, Room, Number, Address)		Court Date and Time Month Day Year Time AM PM 12/15/2021			
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: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Satisfactory <input type="checkbox"/> Other:		Signature of Arresting Officer Name of Arresting Officer (Print) D/S A. Lermond ID # 36796		Name Verification (Printed by Arrestee) (PRINT) SCANNED DEC 16 2021 PAGE 1 OF 1	
Intake Deputy D/S A. Lermond # Pouch #		Transporting Officer D/S A. Lermond ID # 36796 Agency PBSO		Witness here if subject signed with an "X"	

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		<b>1</b>	Juvenile <b>n</b>
ADMIN	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06- 21-138556</b>				
	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) <b>Wood, Stephen, John</b>				Alias		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>4/14/1966</b>
	Charge Description <b>Domestic Battery</b>				Charge Description <b>784.03(1)(a)(1)</b>				
CHARGES	Charge Description				Charge Description				
	Charge Description				Charge Description				
VICTIM	Victim's Name (Last, First, Middle) <b>Sottolare, Angelica,</b>				Race <b>H</b>	Sex <b>F</b>	Date of Birth <b>03/24/1980</b>		
	Local Address (Street, Apt. Number) (City) (State) (zip)				Phone		Address Source <b>FCIC/NCIC</b>		
	Business Address (Name, Street) (City) (State) (zip)				Phone		Occupation <b>UNK</b>		

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  
☐ committed the below acts in my presence.  
☐ confessed to \_\_\_\_\_ admitting to the below facts.  
☐ was observed by \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person commit the below acts.  
☒ was found to have committed the below acts, resulting from my (described) investigation.

On the **15th** day of **December** 20 **21** at **10:21** ☐ A. M. ☒ P.M. (Specifically include facts constituting cause for arrest.)

**On 12/15/2021, at approximately 21:38 hours, I was dispatched to [REDACTED] in unincorporated [REDACTED] in reference to a possible domestic dispute. Prior to my arrival, PBSO dispatch advised complainant stated she was pushed to the ground, and is hiding in another room.**

**Upon arrival, I made contact with complainant, later identified as Angelica Sottolare, who advised the following: Her and her boyfriend of one year, later identified as Stephen Wood, were eating dinner after he came home from a work meeting. She stated he left for the work meeting at approximately 16:00 hours, and came home at approximately 21:00 hours. He came home smelling like alcohol, slurring his words, and appeared to be under the influence of alcohol. A verbal argument between the two started in reference to him talking to his ex girlfriend. Wood threw a paint can onto the floor, and then pushed Sottolare onto the floor. Sottolare sustained a hurt back, and light red abrasion to the right arm from the open hand shove. Sottolare separated herself, and contacted PBSO. Wood went to his office, and started playing his guitar.**

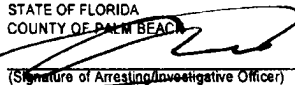
**I attempted to make contact with Wood from the closed door with loud music coming from the inside of the room. D/S Hall #29819 and myself heard what I believe to be the sound of a round being chambered to a handgun. We removed ourselves, and Sottolare from the residence and stayed behind our patrol vehicles for cover. We called Wood via landline to step out with his hands up for our safety. Wood came out and complied to every order given. Wood was taken into custody. I asked Wood what happened tonight, and he advised the following: He came home from a work meeting. Sottolare was yelling at him, and questioning why he was in contact with his ex girlfriend. At this time, Wood stated he told her he does not want to argue, and went inside his office to play his guitar.**

**Based on my investigation, I find probable cause to arrest Stephen Wood for Domestic Battery pursuant to F.S.S. 784.03(1)(a)(1), due to the statements provided by Sottolare, and the sustained abrasion to her arm from the open hand shove.**

**Wood was transported to the County Jail without further incident.**

**This case is cleared by arrest.**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15th day of December 20 21 by D/S A. Lermond  
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known LEO

D/S J. Falcon #28371  
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

**D/S A. Lermond**

**SCANNED**

**DEC 16 2021**

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

Suspect: Wood, Stephen, John DOB: 4/14/1966 Case #: 21-138556

Victim: Sottillare, Angelica, DOB: 03/24/1980 Race: H Sex: F

Relationship between Victim and Defendant: Boyfriend/Girlfriend

Photographs: Scene ☐ Yes ☒ No Victim ☒ Yes ☐ No Defendant ☐ Yes ☒ No

911 Call: ☒ Yes ☐ No Caller: Sottillare, Angelica,

Weapon Used: ☐ Yes ☒ No Type: \_\_\_\_\_

Witness: ☐ Yes ☒ No Name: \_\_\_\_\_

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

Injuries: ☒ Yes ☐ No Description: light red abrasion to right arm

Medical Treatment: ☐ Yes ☒ No

At Scene: ☐ Yes ☒ No Paramedics: \_\_\_\_\_

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: Argument I went in office to play guitar

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

First words Victim said when you responded to scene: He came home intoxicated, and we got into argument and I was pushed to the floor.

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: \_\_\_\_\_

Phone: Home ( ) - \_\_\_\_\_ 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)
- **Attempted Murder**
- **Stalking** (F.S. 784.048)
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**

- **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 #: 21-138556 Agency: PBSO  
Offense: Domestic Battery  
Suspect/Offender: Wood, Stephen, John  
D.O.B. 4/14/1966 Race: W Sex: M

2. Warrant # (s): \_\_\_\_\_

3.a. Victim's name: Sottolare, Angelica, D.O.B. 03/24/1980 Race: H Sex: F  
Address: [REDACTED]  
City: [REDACTED]  
Home #- [REDACTED] 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: Sottolare, Angelica,

Deputy's Name: D/S A. Lermond

I.D.# 36796

Date: 12/25/2021

SUSPECT/OFFENDER: **Wood, Stephen, John**

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#

SCANNED



**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)
<b>L/E Exemptions</b>	<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.	
<b>Public Info. Exemptions</b>	<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.	
<b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b>	<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 checked="" type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	1-5
	<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"/>			
<b>Other</b>	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

<b>Booking Number:</b> 2021031690	<b>Date:</b> 12/16/2021
	<b>Specialist Name/ID:</b> M. Tooks #8557

SCANNED  
DEC 16 2021