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OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request For Copies		1 Juvenile N	
Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		21098443	
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		If Weapon Seized Enter Type		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) 2422 PALM RD		Location of Offense (Including Name of Business) 2422 PALM RD		WEST PALM BEACH FL 33411		WEST PALM BEACH FL 33411	
Date of Arrest Aug 21, 2021	Time of Arrest 1815	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
Name (Last, First, Middle) OVERSON TODD S		Aliases (Name, DOB, Sex, Sec. # Etc.)					
Race W - White B - Black O - Oriental/Asian	Sex M	Date of Birth 07/31/63	Height 510	Weight 275	Eye Color BRO	Hair Color BRO	Complexion LIGHT
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status MARRIED		Religion		Indication of Alcohol Influence Drug Influence	
Local Address (Street, Apt. Number) 2422 PALM RD		City WEST PALM BEACH		State FL		Zip 33406	
Permanent Address (Street, Apt. Number)		City		State		Zip	
Business Address (Street, Apt. Number)		City		State		Zip	
DAL Number, State 0142817432710		Social Security Number		INS Number		Place of Birth GREAT LAKES IL	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Parent Legal Guardian Other		Name (Last, First, Middle)		Phone			
Address (Street, Apt. No.)		City		State		Zip	
Notified By (Name)		Date		2 TOT HRS/DAYS Det. and Release			
Released To (Name)		Date		Time			
The above address was provided by <input checked="" type="checkbox"/> defendant and/or <input checked="" type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561 355-5224) advised of any address change.		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		P - Paraphernalia Equipment		U - Unknown Z - Other			
Charge Description SIMPLE BATTERY (DOMESTIC)		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Status Violation Number 784.03(1)(a)(1)	
Drug Activity N		Drug Type N		Amount/Unit		Offense # 21098443	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Status Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Status Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Status Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Location (Court, Address, Room Number)		*** TO BE SET ***					
Court Date and Time		Month Day Year Time AM PM					
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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)		Signature of Arresting Officer		Date Signed			
Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Name of Arresting Officer A. SINNOTT		ID # 23163		Name Verification (Printed by Arrestee)	
Intake Deputy		Transporting Officer A. SINNOTT		Agency PBSO		Witness here if subject signed with you	

AUG 21 PM 7:34

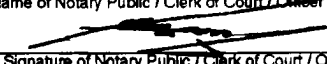

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest    3. Request For Warrant 2. N.T.A   4. Request For Capias		1	Juvenile N
Agency ORI Number <b>FLO 5 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06                      21098443</b>			
Charge Type Check 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					
Defendant Name (Last, First, Middle) <b>OVERSON                      TODD                      S</b>		Race <b>W</b>		Sex <b>M</b>		Date of Birth <b>07/31/63</b>	
Charge <b>SIMPLE BATTERY (DOMESTIC)</b>		Charge					
Charge		Charge					
Victim Name (Last, First, Middle) <b>OVERSON                      LETICIA</b>		Race <b>W</b>		Sex <b>F</b>		Date of Birth <b>02/21/69</b>	
Local Address (Street, Apt. Number) <b>2422 PALM RD</b>		City <b>WEST PALM BEACH</b>		State    Zip <b>FL    33406</b>		Phone <b>561-699-8001</b>	
Business Address (Street, Apt. Number)		City		State    Zip		Phone	
						Occupation	
The undersign 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...							
<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.							
<input type="checkbox"/> confessed to admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation							
On the <u>21</u> day of <u>AUGUST</u> 20 <u>21</u> at <u>1800</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM							

I responded to 2422 Palm Rd in unincorporated West Palm Beach FL 33406 in reference to an act of domestic battery. When I arrived I spoke with the victim Leticia Overson. Ms Overson stated that she and her husband Todd Overson are in the process of getting divorced. Ms Overson stated that she and Mr Overson have been staying in separate bedrooms for some time now. Ms Overson stated that today Mr Overson has been drinking, and has repeatedly walked into her room and began touching her breasts and chest trying to initiate sexual contact with her. Ms Overson stated that she has repeatedly told Mr Overson to stop touching her and leave her alone. Ms Overson stated the most recent right before she called began to escalate when Mr Overson refused to stop touching her stating "you're my wife", and pushed her back. Ms Overson stated her teenage daughter Ava Overson witnessed this and intervened by hitting her father. Ms Overson stated Mr Overson then pushed Ava away before going back to his room. Ms Overson had no visible injuries.

I then spoke with witness Ava Overson. Ava told me that she witnessed her father pushing her mother and tried to help her mother by pushing her father back. Ava stated that her father then followed her through the hallway of the house purposely stepping on the heels of her feet as she walked and saying "mean things to her". Ava stated she then pushed her father who then pushed her back before going into his room. Ava stated she did not think her father was attempting to hurt her. Ava Overson had no visible injuries.

I then spoke with Todd Overson. Mr Overson stated that he never touched his wife, and that his daughter hit him for no reason. Mr Overson stated he did not push his daughter back.

Based on the results of my investigation there is probable cause that Todd Overson is in violation of FSS 784.03(1)(a)(1) Simple Battery (Domestic).

The foregoing instrument was sworn to and affirmed before me this <u>21</u> day of <u>AUGUST</u> 20 <u>21</u> , by:	
<b>M. GARZA 35676</b>	<b>A. SINNOTT                      23163</b>
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer
	
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer
Page 1 of 1	

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

Defendant: **OVERSON TODD S** DOB: **07/31/63** Case #: **21098443**  
Victim: **OVERSON LETICIA** DOB: **02/21/69** Race: **W** Sex: **F**

Relationship between Victim and Defendant: \_\_\_\_\_

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

911 Call: ☒ Yes ☐ No Caller: **VICTIM**

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

Witness: ☒ Yes ☐ No Name: **AVA OVERSON**

Victim Pregnant: ☐ Yes ☒ No If yes, \_\_\_\_\_ Weeks \_\_\_\_\_ Months

Injuries: ☐ Yes ☒ No Description: \_\_\_\_\_

Medical Treatment: ☐ Yes ☒ No

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

At Hospital: ☐ Yes ☒ No Hospital: \_\_\_\_\_ Physician: \_\_\_\_\_

Are children living in the home? ☐ Yes ☒ No DCF Notified? ☒ Yes ☐ No

Name: **AVA OVERSON** DOB: **03/24/06**

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: \_\_\_\_\_

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

First words Victim said when you responded to scene: \_\_\_\_\_

Did the Victim contact anyone other than the 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: **2422 PALM RD**

**WEST PALM BEACH** **FL** **33406**

Phone: Home: **561-699-8001** Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_

Name of Relative: \_\_\_\_\_ Phone: \_\_\_\_\_

## VICTIM NOTIFICATION FORM

- Homicide (Ch.782)
- Attempted Murder
- 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.
- Sexual Offense (Ch.794)
- Attempted Sexual Offense
- Dating Violence

Upon completion, this form must accompany the booking paperwork.  
If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 21098443 Agency: Palm Beach County Sheriff's Office  
Offense: SIMPLE BATTERY (DOMESTIC)  
Suspect/Offender: OVERSON TODD S  
DOB: 07/31/63 Race: W Sex: M

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

3.a. Victim's Name: OVERSON LETICIA DOB: 02/21/69 Race: W Sex: F  
Address: 2422 PALM RD  
City: WEST PALM BEACH State: FL Zip: 33406  
Home #: 561-699-8001 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 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: A. SINNOTT ID #: 23163 Date: Jun 18, 2020

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**  
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 checked="" 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: 2021020864	Date: 8/22/21
	Specialist Name/ID: A. Pinkney/7796