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Suicidal Other. A. SINNOTT 23163 A. SINNOTT Agency ID# Pouch# Transporting Officer ID# PBSO Witness here if subject eignful with you. X	Dangerous Resis	sted Arrest		Nan		Z_			(PRINT)		<u>;;;;</u>	<u> </u>	5
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OBTS Number	PROBABLE (CAUSE AFFIDAVIT	Arrest 3. Request For Warrant N.T.A 4. Request For Capies
Agency ORI Number FLO 5 0 0 0 0 0 PALM	BEACH COUNTY SH	ERIFF'S OFFICE	Agency Report Number 06 21098443
Charge Type Check as many as apply 2 Traffic Felony 4 Traffic Miedemeanor	5. Ordinerica 6. Other	Special Note	
Defendant Name (Lest, First, Middle) OVERSON	TODD	s	Race Sex Date of Birth 07/31/63
Charge SIMPLE BATTERY (DON	NESTIC)	Charge	
Charge		Charge	
Victim Name (Lest, First, Middle) OVERSON	LETICIA		Race Sex Date of Birth 02/21/69
Local Address (Street, Apt. Number) Crity 2422 PALM RD	WEST PALM BEACH	State Zip Phone FL 33406 5	661-699-8001 Address Source
Business Address (Street, Apt. Number) City		State Zip Phone	Occupation
The undersign swears that he/she has just and reason. The person taken into custody	able grounds to believe, and does	believe that the above named	Defendant committed the following violation of law.
committed the below acts in my presence.		was observed by	
Confessed to		that he/she saw the an	rested person commit the below acts.
admitting to the below facts.		was found to have com	mitted the below acts, resulting from (described) investigation
On the 21 day of AUGUST	20 21 at 180	M AM MPM	

I responded to 2422 Paim Rd in unincorporated West Paim 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 sated that her father then followed her through the hallway of the house purposly 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 swom to and affirmed before me this	day of	AUGUST	20	21	, by:	
M. GARZA 35676		A. SINNO	ЭΠ		23163	
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)		Name of Arresting/Im	vestigat	ing Office	15	Page
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117 00)		Signature of	Arresti	ng/Investi	gating Officer	1 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:	OVERSO	N	TC	DDD		S		DOB:	07/31/63	C	ase #	::	2109844	43
Victim: O	VERSON		LET	ICIA				DOB:	02/21/69	Ra	ace:_	W	Sex:	F
Relationship be	etween V	/ictim	and De	fendant:_					· · · · · · · · · · · · · · · · · · ·					
Photographs: S	Scene [∃Yes	☑No		Victim	□Yes [□No		Defenda	ant 🗆	Yes	☑Nc)	
911 Call:	Z	Yes	□No	Caller: _					VICTIM			1		
Weapon Used:											0			
Witness:	Ø	 Yes	□No	Name:				A۱	/A OVERSO	N	V	,		
Victim Pregnar														
				Descript										
Medical Treatn														
At Scene	e: [∃Yes	☑No	Paramed	ics:									
				Hospital					Physician:					
Are children liv	ving in th	he hon	ne?	□Yes ☑	No				Notified?					
Name:				AVA	OVERSO	N				DOB		03	/24/06	
Name:										DOB				
Name:										DOB				
Injunction:		Yes	☑No		Case #:		Y							-
No Contact Ord	der: 🗆	∃Yes	☑No		Case #:	Y							_	
Alcohol or Dru	ıgs: 🗹	Yes	□No	□Unkno	wn									
Prior history of	f Domest	tic/Dat	ting Vi	olence _	Yes 🗹	No								
Defendant's sta	tements		Yes [No H	fyes, [□written		recorde	d					
First words De	fendant s	said w	hen yo	a responde	ed to sce	ne:								
) /										
Vicitm's statem	nents	Z	Yes [No li	fyes, [☑written		recorde	d □oral					
First words Vic	ctim said	l when	you re	sponded t	o scene:									
			<u> </u>											
Did the Victim	contact	anyon	e other	than the p	olice wi	ithin an h	our of	the inc	ident regard	ling the	inci	dent?		
□Yes ☑No	If yes,	name							phone					
Observations o														
□Upset	□Cry	ying		Fearful		Hysterica	l	□Ai	fraid	☑ Calı	m	7	Nervoi	ıs
□ Complained	d of pain	1		Other										
Victim contact	informa	tion:												
Local Address:						242	2 PAL	M RD						
		WEST	PALM B	EACH					FL				33406	
Phone: He	ome:	561-6	99-800	1	Work	:			Cell	:				
Name of Relati	ive:									Pho	ne: _			

SUSPECT/OFFENDER

VICTIM NOTIFICATION FORM

- Homicide (Ch.782)

- Sexual Offense (Ch.794)

- Attempted Murder

- Attempted Sexual Offense

- Stalking (F.S. 784.048)

- 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	1070443	_ Agency:	ruiiii beaci	COOIII	iy Sheriii	2 Ollice
	Offense:			BATTERY (DO				
	Suspect/Offende	er: OVI	ERSON	101	D	لحر	S	
			Race:		Sex:		M	
2.	Warrant #(s):		·					
						,		
3.a.	Victim's Name:	OVERSON			OB: 02/21	/69 R	ace: W	Sex: F
	Address:			2422 PALM RE				
	City:	WEST	PALM BEACH		State:	FL	_ Zip: _	33406
	Home #:5	61-699-8001	Work #:		Other #	# :		
				7				
				*				
	X7' - 1' - 1		.i. like					
b.	Victim's next of				<u> </u>			
b.	Address:							
b.	Address:				State:		Zip: _	
b.	Address:				State:		Zip: _	
TON	Address: City: Home #: TE: PURSUANT T	O F.S. 119.07; TF	Work #:	THIS FORM	State: Other #	#:	_ Zip: _	ENTIALITY
ron Vi	Address: City: Home #: TE: PURSUANT T	o F.s. 119.07, TF n Notificati	Work #:	THIS FORM	State: Other #	#:	_ Zip: _	ENTIALITY
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Palm Beach County Sheriff's Office - Arrests Only

	x	Florida State Statute	Description	Page Number(s)
		119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
ions	П	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
L/E Exemptions		119.071(4)(c)	Undercover personnel.	
L/EE		119.071(2)(f)	Confidential informants (CIs).	
	П	119.071(2)(e)	Confession.	
Su	П	985.04(1)	Juvenile offender records.	
mptio	П	119.071(h)(i)	Assets of a crime victim.	
Public Info. Exemptions	П	395.3025(7)(a), 456.057(7)(a)	Medical information.	
blic Int		394.4615(7)	Mental health information.	
Pu	П	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.	
	×	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers:	2
}		(viii) 394.4615(7)	Clinical records under the Baker Act.	
of 23)	Ø	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
(Rule		(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)				
l Administr				
es of Judicia				
Florida Rule				
Other			Other:	
ਰ			Other:	

REVIEW COMPLETED BY

Bushing Number 2021020064	Date: 8/22/21
Booking Number: 2021020864	Specialist Name/ID: A. Pinkney/7796