

J# 0299145 20MM6491 MBP# 3627

ORIS Number		<b>ARREST / NOTICE TO APPEAR</b> Juvenile Referral Report			1. Arrest	3. Request for Warrant	1	Juvenile	N		
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>			Agency Report Number (N.T.A.'s only) <b>06- 20097774</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			Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator				
Location of Arrest (Including Name of Business) <b>1221 S G St Lake Worth Beach, FL 33460</b>					Location of Offense (Business Name, Address) <b>1221 S G St Lake Worth Beach, FL 33460</b>						
Date of Arrest <b>08/16/20</b>	Time of Arrest <b>03:56</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
Name (Last, First, Middle) <b>Waters Tonya Maria</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race <b>W - White   - American Indian</b>	Sex <b>W F</b>	Date of Birth <b>01/14/1985</b>	Height <b>5'01</b>	Weight <b>145</b>	Eve Color <b>brown</b>	Hair Color <b>black</b>	Complexion <b>BROWN</b>	Build <b>MEDIUM</b>			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status <b>Married</b>	Religion <b>Christianity</b>	Indication of Alcohol Influence Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Local Address (Street, Apt. Number) <b>1221 S G Street Lake Worth, FL 33460</b>			(City)	(State)	(Zip)	Phone <b>( ) 561-413-8163</b>		Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>1</b>			
Permanent Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone		Address Source <b>FL DL</b>			
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone		Occupation <b>Finance</b>			
DL Number, State <b>W362813855140, FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>Boynton Beach, Florida</b>		Citizenship <b>US</b>			
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"/> Legal Custodian <input type="checkbox"/> Other		Name (Last)		(First)	(Middle)	Residence Phone					
Address (Street, Apt. Number)		(City)		(State)	(Zip)	Business Phone					
Notified by: (Name)				Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated					
Released To: (Name)				Relationship	Date	Time					
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 355-2528) informed of any change of address.					School Attended		Grade				
<input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)					Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description 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 <b>Battery (domestic)</b>			Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>784.03(1a1)</b>		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense # <b>20097774</b>	Warrant / Capias Number		Bond					
Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense # <b>20097774</b>	Warrant / Capias Number		Bond					
Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense # <b>20097774</b>	Warrant / Capias Number		Bond					
Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense # <b>20097774</b>	Warrant / Capias Number		Bond					
Location (Court, Room Number, Address)											
Court Date and Time Month Day Year Time AM X PM											
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 <b>08/16/20</b>											
Signature of Defendant (or Juvenile and Parent /Custodian)						Date Signed					
HOLD for other Agency Name:		Signature of Arresting Officer				Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>Jason Murphy</b>		I.D. # <b>36187</b>		(PRINT) <b>AUG 16 AM 5:32</b>			
Intake Deputy <b>J. Saat</b>		I.D. #	Pouch #	Transporting Officer <b>J.SAAT</b>		ID # <b>36201</b>	Agency <b>PBSO</b>		Witness here if subject signed with an "X" <b>1</b> OF <b>1</b>		

2020

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile N

OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06-20097774</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	
Name (Last, First, Middle) <b>Waters Tonya Maria</b>		Alias		Race <b>H</b>		Sex <b>F</b>	
Date of Birth <b>01/14/1985</b>		Charge Description <b>Battery (domestic)</b>		784.03(1a1)		Charge Description	
Victim's Name (Last, First, Middle) <b>Waters Matthew</b>		<b>Bernard</b>		Race <b>B</b>		Sex <b>M</b>	
Date of Birth <b>11/15/1984</b>		Local Address (Street, Apt. Number) <b>1221 South G Street</b>		City <b>Lake Worth, FL 33460</b>		Phone <b>( ) 561-334-8847</b>	
Business Address (Name, Street)		Address Source		Occupation			

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.  was observed by \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person commit the below acts.

confessed to \_\_\_\_\_ admitting to the below facts.  was found to have committed the below acts, resulting from my (described) investigation.

On the **16th** day of **August** 20**20** at **03:10**  A.M.  P.M. (Specifically include facts constituting cause for arrest.)

**On 8/16/2020 at 0310 hours I was dispatched to 1221 South "G" St Lake Worth Beach, Florida in reference to stabbing attempt.**

**I made contact with, Matthew Waters, who stated he and his wife, Tonya Waters, were having a verbal argument since 2200 hours about Tonya hanging out all day without contacting him. Matthew stated the verbal argument became physical when he assumed Tonya was cheating on him. Matthew stated Tonya began grabbing and pulling on his arm in which he was pushing her off and left the location to call police.**

**When asked about almost being stabbed Matthew became very uncooperative and stated he didn't want to pursue charges and didn't want to continue speaking with me and walked away.**

**I observed a minor laceration to Matthew's upper right arm and small laceration to his left ear. PBCFR 37 arrived on scene, run #20086865, and Matthew refused to receive medical attention.**

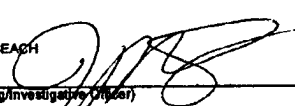
**I observed broken glass on the front lawn and in the living room. I observed multiple blood drops on the living room floor.**

**Tonya was advised, arrested, and transported to the Palm Beach County Jail for further processing without incident.**

**Matthew didn't want to provide any written or oral statement.**

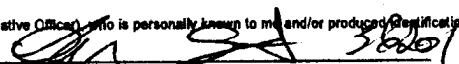
**Matthew didn't want to provide any photographs of his injuries.**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

  
**Jason Murphy**  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this **16** day of **August** 20**20** by **Jason Murphy**

(Print name of Arresting/Investigative Officer who is personally known to me and/or produced identification. Type of identification produced **KNOWN**)

  
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

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

Suspect: Waters Tonya Maria DOB: 01/14/1985 Case #: 20097774

Victim: Waters Matthew Bernard DOB: 11/15/1984 Race: B Sex: M

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

Photographs: Scene Yes  No  Victim Yes  No  Defendant Yes  No

911 Call:  Yes  No  Caller: Waters Matthew Bernard

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

Witness: Yes  No  Name: \_\_\_\_\_

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

Injuries:  Yes  No  Description: minor laceration to victim's upper right arm and left ear

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: Tamia Waters DOB: 12 / 13 / 2004

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: I didn't do anything

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

First words Victim said when you responded to scene: I don't want her to go to jail

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: \_\_\_\_\_

1221 South G Street, Lake Worth, FL 33460

Phone: Home ( ) 561-334-8847 Work ( ) - Cell ( ) -

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

Name of Relative: \_\_\_\_\_ Phone ( ) -

Address: \_\_\_\_\_

11/17/2009

# 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)
- 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

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

1. Incident Report #: 20097774 Agency: PBSO  
Offense: Battery (domestic)  
Suspect/Offender: Waters Tonya Maria  
D.O.B. 01/14/1985 Race: H Sex: F

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

3.a. Victim's name: Waters Matthew Bernard D.O.B. 11/15/1984 Race: B Sex: M  
Address: 1221 South G Street  
City: Lake Worth, FL 33460  
Home #- 561-334-8847 Work #: \_\_\_\_\_ 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: Waters Matthew Bernard

Deputy's Name: Jason Murphy I.D.# 36187 Date: 08/16/20

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records  
PBSO 00029A REV. 4199

SUSPECT/OFFENDER: Waters Tonya Maria COURT CASE/WARRANT# \_\_\_\_\_  
(FOR WARRANTS USE ONLY)



**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)
I/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: 2020019484	Date: 08/17/2020
	Specialist Name/ID: AM/31562

08/17/2020  
AM/31562