

j-0523547

21MM3833 MB

P-3245

ARREST / NOTICE TO APPEAR

1. Arrest (No Warrant) 3. Request for Warrant
6. Arrest (Warrant) 4. Request for Capias
2. N.T.A. 5. Juvenile Referral

1

JUVENILE

OBT Number		Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3, 2 2021-006319	
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: Hands, Feet, Fist, Teeth		Multiple Clearance Indicator N	
Location of Arrest (Including Name of Business) 1650 NW 9TH ST BOCA RATON, FL 33486, 1650 NW 9TH ST,				Location of Offense (Business Name, Address) 1650 NW 9TH ST, BOCA RATON, FL 33486			
Date of Arrest 05/26/2021		Time of Arrest 20:39		Booking Date 05/26/2021		Booking Time 20:49	
Jail Date		Jail Time		Location of Vehicle NONE			
Name (Last, First, Middle) WELLS, TYLER GENE				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White A - American Indian B - Black O - Oriental/Asian		Sex M		Date of Birth 08/15/1983		Height 6'03	
Weight 200		Eye Color BROWN		Hair Color BROWN		Complexion LIGHT	
Build Large		Marital Status M		Religion UNKNOWN		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) SCAR R LEG / BELOW KNEE AMPUTATION; TATT BACK BACK /		Residence Type: 1. City 2. County 3. Florida 4. Out of State		Phone (919) 741-7383		Address Source TYLER WELLS	
Local Address (Street, Apt. Number) 8101 PINEHURST DR, BOYNTON BEACH, FL 33426		City BOYNTON BEACH, FL 33426		State FL		Zip 33426	
Permanent Address (Street, Apt. Number) 8101 PINEHURST DR, BOYNTON BEACH, FL 33426		City BOYNTON BEACH, FL 33426		State FL		Zip 33426	
Business Address (Name, Street) W420807832950 / FL		City PRESTONSBURG, KY,		State US		Zip 40364	
D/L Number, State W420807832950 / FL		Soc. Sec. Number [REDACTED]		INS Number [REDACTED]		Citizenship US	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)		Residence Phone		Business Phone	
Address (Street, Apt. Number)		City		State		Zip	
Notified by: (Name)		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated	
Released To: (Name)		Relationship		Date		Time	
The above address was 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's Office (Phone 355-2526) informed of any change of address.				School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input checked="" 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. Disperse/ 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. Synthetic		U. Unknown Z. Other			
Charge Description DOMESTIC SIMPLE BATTERY		Statute Violation Number 784.03(1A1)		Violation of ORD #			
Drug Activity N		Drug Type N		Amount / Unit /		Offense #	
Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond	
Charge Description		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #	
Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond	
Charge Description		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #	
Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond	
Health / Apparent Physical Condition of Defendant GOOD				Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries			
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail				PROPERTY - Received By			
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				Released By			
Transported By				Date Transported		Time Transported	
Other				Released To			
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444			
Court Date and Time							
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				No Photo Available			
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed			
HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Reisted Arrest <input type="checkbox"/> Other		(PRINT)			
Issuing Deputy DeAngelo		I.D. #		Name of Arresting Officer (Print) OWIRKA, J. M.		I.D. # 866	
Pouch #		Transporting Officer Bahau		I.D. # 810		Agency BRPD	
Witness here if subject signed with an "X"							

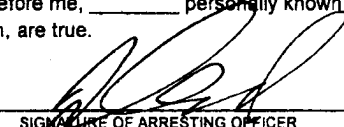
☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.I.O. ☐ DEFENDANT

 SCANNED
 MAY 27 2021
 1 OF 1

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

J D M I N	Date / Time 05/26/2021 21:39	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2021-006319	
	Name (Last, First, Middle) WELLS, TYLER GENE					Race W	Sex M
C H A R G E S	Charge Description 784.03(1A1) DOMESTIC SIMPLE BATTERY						
	Victim's Name (Last, First, Middle) WELLS, JESSICA SUMNER					Race W	Sex F
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) 1650 NW 9TH ST, BOCA RATON, FL 33486					Phone (317) 409-9892	
	Business Address (Name, Street) (City) (State) (Zip)					Address Source Occupation	
A D D I T I O N A L I N F O R M A T I O N	DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):				
	VICTIM'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral						
RELATIONSHIP BETWEEN VICTIM & SUSPECT SEPARATED WIFE							
<p>PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>Victim: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>911 CALL: <input checked="" type="checkbox"/> CALLER: <input type="checkbox"/></p> <p>WEAPON USED: <input checked="" type="checkbox"/> TYPE: HANDS</p> <p>WITNESSES: <input checked="" type="checkbox"/> (If YES, attach witness list)</p> <p>INJURIES: <input checked="" type="checkbox"/></p> <p>MEDICAL TREATMENT: <input checked="" type="checkbox"/></p> <p>AT: Scene: <input checked="" type="checkbox"/> PARAMEDICS: BRPD</p> <p>Hospital: <input checked="" type="checkbox"/> PHYSICIAN(S) / HOSPITAL: BRRH</p> <p>ACT COMMITTED IN PRESENCE OF MINOR(S): <input checked="" type="checkbox"/> NAMES/AGES: MATILDA 9/2/13 SPENCER 1/20/12</p> <p>H. R. S. NOTIFIED: <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>VICTIM PREGNANT: <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> <input checked="" type="checkbox"/> CASE #:</p> <p>PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> <input checked="" type="checkbox"/></p>							
N A R R	On 05/26/2021 at approximately 19:50 hours, I was dispatched to 1650 NW 9th St in reference to a domestic disturbance.						
	On arrival I made contact with white female Jessica Wells, who stated her separated husband (Tyler Wells) came						
<p>STATE OF FLORIDA</p> <p>COUNTY OF PALM BEACH</p> <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p></p> <p>SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>26</u> day of <u>May</u>, <u>2021</u>.</p> <p>MCINNIS, BRAD MICHAEL</p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>							

SCANNED
MAY 27 2021

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N N A R R A T I V E	Date / Time	05/26/2021 21:39	
	Agency ORI Number	Agency Name	Agency Report Number
	FL 0500200	BOCA RATON POLICE DEPARTMENT	3 2 2021-006319

to drop off their children, then became angry when Jessica would not allow Tyler to retrieve mountain bikes from the home. Tyler then pushed Jessica with his chest to enter the house despite Jessica stating Tyler is not welcome inside the residence. Jessica and Tyler's son Spencer stated that he did witness Tyler push Jessica.

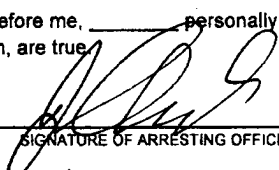
Jessica then stated Tyler entered their son Spencer's room and attempted to shut the door to keep Jessica from entering. Jessica kept the door from closing completely. Jessica then states that Tyler opened the door and pushed her into the bunk bed in the room. Tyler stated that he was holding the door closed with his foot. Then Tyler stated he let the door swing free and Jessica fell through the door onto the ground.

Then I viewed a video taken by white female Diane Heard of the incident. Heard is a former neighbor and friend of Jessica. This video shows Jessica trying to gain access to her son Spencer's bedroom where Tyler is standing. Tyler opens the door and turns Jessica around so she is facing toward the hallway, then Tyler puts his left arm around Jessica and pushes her backwards to the ground inside the bedroom. During this event, the two children can be heard screaming in fear.

Based on my investigation, witness account, and video evidence of Tyler Wells intentionally pushing Jessica Wells at her front door and to the floor in her son's bedroom following an argument, Tyler Wells was charged with Domestic Simple Battery (F.S.S 784.03(1A1)). He was transported to the BRPD to be processed and then transported to the Palm Beach County Jail.


STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.



SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 26 day of May, 2021.



MCINNIS, BRYAN MICHAEL
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED
MAY 27 2021

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

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

Upon completion, this form must accompany the booking paperwork.

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

1. Incident Report#: 2021-006319 Agency: BRPD
Offense: Domestic Simple Battery
Suspect/Offender: Wells, Tyler
D.O.B. 08/15/83 Race: W Sex: M
2. Warrant#(s): _____
- 3.a. Victim's name: Wells, Jessica D.O.B. 3/4/83 Race: W Sex: F
Address: 1650 NW 9th St
City: Boca Raton State: FL Zip: 33486
Home#: 317 409 9892 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: Pursuant to F.S. 119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).
Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: J Owirka I.D.# 806 Date: 5/26/21

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER: _____

COURT CASE/WARRANT#: _____
(FOR WARRANTS USE ONLY)

SCANNED
MAY 27 2021



**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: 2021012847

Date: 5/27/2021

Specialist Name/ID: J. Beck/9007