50-2022-MM-004249-AMB

J#0531836 P#1782

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number:

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

ADMINISTRATIVE

Agency ORI Number: FL0 5 0 2 6 0 0

Agency Name: PALM BEACH GARDENS POLICE DEPT.

Agency Report Number (N.T.A.'s only): 7 8 - 22 - 002607

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☑ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

If Weapon Seized Enter Type: N/A

Multiple Clearance Indicator:

Location of Arrest (Including Name of Business): Shell - 4150 PGA Blvd. Palm Beach Gardens, FL

Location of Offense (Business Name, Address): 4150 PGA Blvd, PBG, FL

Date of Arrest: 052522 — Time of Arrest: 1252 — Booking Date: — Booking Time: — Jail Date: — Jail Time: — Location of Vehicle: Shell - 4150 PGA Blvd

DEFENDANT

Name (Last, First, Middle): Wood, Clayton Winston

Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White, B - Black, I - American Indian, O - Oriental): W — Sex: M — Date of Birth: 020381 — Height: 6'1 — Weight: 180 — Eye Color: Green — Hair Color: Brown — Complexion: light — Build: AVG

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): None

Marital Status: Married — Religion:

Indication of: Alcohol Influence: N — Drug Influence: N

Local Address (Street, Apt. Number): 1604 NE 17th Ave — (City) Ft. Laud. — (State) FL — (Zip) 33305 — Phone: (415) 481-8528

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 3

Permanent Address (Street, Apt. Number): 1604 NE 17th Ave — (City) Ft. Laud. — (State) FL — (Zip) 33305 — Phone: (415) 4818528

Address Source: FL DL

Business Address (Name, Street): (City) (State) (Zip) Phone: ( )

Occupation: Business owner

D/L Number, State: W300119810430 — Soc. Sec. Number: [redacted] — INS Number: — Place of Birth (City, State): Jacksonville, FL — Citizenship: US

CO-DEF.

Co-Defendant Name (Last, First, Middle): — Race — Sex — Date of Birth — ☐ 1. Arrested ☐ 2. At Large — ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant Name (Last, First, Middle): — Race — Sex — Date of Birth — ☐ 1. Arrested ☐ 2. At Large — ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

Parent / Legal Custodian / Other: Name (Last) (First) (Middle) — Residence Phone ( )

Address (Street, Apt. Number) (City) (State) (Zip) — Business Phone

VICTIM NOTIFICATION REQUIRED

Notified by: (Name) — Date — Time — Juvenile Disposition: 1. Handled/Processed within Dept. and Released 2. TOT DCF 3. Incarcerated

Released To: (Name) — Relationship — Date — Time

The above address was provided by ☐ defendant and / or ☐ defendant's parent. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address. ☐ Yes, by: (Name) ☐ No: (Reason)

School Attended — Grade

Property Crime? ☐ Yes ☐ No — Description of Property — Value of Property

CODE

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, F. Heroin, H. Hallucinogen, M. Marijuana, O. Opium/Deriv., P. Paraphernalia/Equipment, S. Synthetic, U. Unknown, Z. Other

CHARGE

Charge Description: Simple Battery — Counts: 1 — Domestic Violence: ☐Y ☑N — Statute Violation Number: 784.03 (1)(A)(1) — Violation of ORD #:

Drug Activity: N — Drug Type: N — Amount / Unit: N/A — Offense #: — Warrant / Capias Number: — Bond:

CHARGE

Charge Description — Counts — Domestic Violence ☐Y ☐N — Statute Violation Number — Violation of ORD #

Drug Activity — Drug Type — Amount / Unit — Offense # — Warrant / Capias Number — Bond

CHARGE

Charge Description — Counts — Domestic Violence ☐Y ☐N — Statute Violation Number — Violation of ORD #

Drug Activity — Drug Type — Amount / Unit — Offense # — Warrant / Capias Number — Bond

CHARGE

Charge Description — Counts — Domestic Violence ☐Y ☐N — Statute Violation Number — Violation of ORD #

Drug Activity — Drug Type — Amount / Unit — Offense # — Warrant / Capias Number — Bond

NOTICE TO APPEAR

☐ Instruction No. 1 Mandatory Appearance in Court

☐ Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.

Location (Court, Room Number, Address):

Court Date and Time: Month — Day — Year — Time — A.M. — P.M.

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

ADMIN.

HOLD for other Agency Name: NO DETAINER

Signature of Arresting Officer: [signature] 499

Name Verification (Printed by Arrestee): (PRINT)

MAY 25 PM 4:21

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Name of Arresting Officer (Print): Stairs 499 — I.D. #: — Agency: PBGPD

Intake Deputy: Wilson — I.D. # — Booth #: [illegible]

Transporting Officer: Stairs — I.D. #: 499 — Agency: PBGPD

Witness here if subject signed with an "X"

PAGE ____ OF ____

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - JAIL GOLD - DEFENDANT

PBGPD FORM-023

PROBABLE CAUSE AFFIDAVIT

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

ADMIN

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number
	FL FL0502600	Palm Beach Gardens Police Department	7 | 8 22-002607

Charge Type: Check as many as apply: ☐ 1. Felony ☒ 3. Misdemeanor ☐ 5. Ordinance ☐ 2. Traffic Felony ☐ 4. Traffic Misdemeanor ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
WOOD, CLAYTON WINSTON		W	M	02/03/1981

CHARGES

Charge Description	Charge Description
784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
MARIE, CRAVENWOOD AMANDA		F	03/25/1984

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
1604 NE 17TH AVE, FORT LAUDERDALE, FL 33305	(916) 747-4026	
Business Address (Name, Street) (City) (State) (Zip)	**Phone**	**Occupation**

The undersigned certifies and swears that he/she has just and resonable 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 committ the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 25 day of May, 2022 at 13:46 (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

On 05/25/2022 at approximately 12:19 PM, I was dispatched to the Shell fuel station located at 4150 PGA Blvd, Palm Beach Gardens in reference to a fight between customers. My body worn camera was used during this call.

Upon my arrival, both parties were separated. I made contact with the victim, Amanda Craven-Wood who advised she was at the fuel station meeting her husband, Clayton Wood, to drop off a garage door opener to him. Craven-Wood stated Wood was upset she intended to only pass the opener to him through the window of her vehicle, not get out and give him a hug. She did ultimately exit the vehicle, and Wood aggressively grabbed her dress at the neckline to pull her in toward him, causing her to momentarily loose her balance. She advised she and Wood are married and they do reside together.

I then spoke with Brian Tiger who was repairing a pump at the fuel station when the incident occurred. He advised he witnessed Wood holding Craven-Wood with his arms around her like a hug but stated "it didn`t look affectionate, by any means" and he appeared to be restraining her. He also advised Wood was "yelling in her face." He alerted the store clerk of the incident and she contacted police.

The clerk advised she did not witness the incident she only made the call to police.

I then made contact with Wood and advised him of his rights under Miranda which were read from a department-issued pre-printed card with him indicating that he understood them. Wood advised he did not wish to speak with me without a lawyer present. I asked no further questions.

As a result of my investigation, I find probable cause to charge CLAYTON WINSTON WOOD with BATTERY-SIMPLE (TOUCH OR STRIKE) in violation of FSS 784.03(1)(A)(1).

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

PEARCE, RICHARD 3
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

05/25/2022
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

STAIRS, KELLEN (499)
NAME OF OFFICER (PLEASE PRINT)

05/25/2022
DATE

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

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- **Homicide** (Ch. 782)
- **Sexual Offense** (Ch. 794)
- **Attempted Murder**
- **Attempted Sexual Offense**
- **Stalking** (S. 784.048)
- **Domestic Violence** - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. 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 #: 22-002607 Agency: PBGPD
   Offense: Domestic Battery
   Suspect/Offender: Wood, Clayton
   D.O.B. 2/3/81 Race: W Sex: M

2. Warrant #(s): _____

3. Complete one (1) of the following:

   a. Victim's name: Amanda Craven-Wood - EX PO.
   Address: 1604 NE 17th Ave
   City: Ft. Lauderdale State: FL Zip: 33305
   Home #: 916-747-4026 Work #: 916747-4026 Other: _____

   b. Victim's next of kin: N/A
   Address: _____
   City: _____ State: _____ Zip: _____
   Home #: _____ Work #: _____ Other: _____

   c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
   Name: N/A
   Address: _____
   City: _____ State: _____ Zip: _____
   Home #: _____ Work #: _____ Other: _____

4. Relevant identification or case numbers assigned to the case (please specify):
   _____

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: _____
Printed name of person waiving notification: _____

Officer's Name : OBrien I.D.: 435 Date: 5/25/22

SUSPECT/OFFENDER: Wood, Clayton

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)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(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.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2022013594	**Date:** 5/26/2022
	Specialist Name/ID: M. Tooks #8557