

50-2022-MM-009506AMB

ADDITIONAL INFORMATION		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE	
OBTS Number		Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4, 0 22-014811					
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 UNARMED		Multiple Clearance Indicator		1			
Location of Arrest (Including Name of Business) 2400 SW 22ND AVE APT 502 DELRAY BEACH FL		Location of Offense (Business Name, Address) 2400 SW 22ND AVE 502, DELRAY BEACH, FL 33445		Date of Arrest 11/20/2022		Time of Arrest 02:45		Booking Date 11/20/2022		Booking Time 02:55	
Jail Date 11/20/2022		Jail Time 03:11		Location of Vehicle							
Name (Last, First, Middle) HILLICK, ELIZABETH M		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White B - Black O - Other/Asian W		Sex F		Date of Birth 03/29/1967		Height 5'02		Weight 110		Eye Color BROW	
Hair Color BROWN		Complexion LIGHT		Build MEDIUM							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status S		Religion		Indication of Alcohol Influence Yes ☒ No ☐ Unk. ☐		Indication of Drug Influence Yes ☐ No ☒ Unk. ☐			
Local Address (Street, Apt. Number) 2400 SW 22ND AVE 502, DELRAY BEACH, FL 33445		(City) DELRAY BEACH		(State) FL		(Zip) 33445		Phone (845) 652-0335		Residence Type 1. City 2. County 3. Florida 4. Out of State 2	
Permanent Address (Street, Apt. Number) 2400 SW 22ND AVE 502, DELRAY BEACH, FL 33445		(City) DELRAY BEACH		(State) FL		(Zip) 33445		Phone (845) 652-0335		Address Source VERBAL	
Business Address (Name, Street) H420233676090 / FL		(City) DELRAY BEACH		(State) FL		(Zip) 33445		Phone		Occupation	
D/L Number, State H420233676090 / FL		INS Number		Place of Birth (City, State) DUBLIN, Ireland		Citizenship US					
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			
☐ Parent ☐ Other		Name (Last, First, Middle)		Residence Phone							
☐ Legal Custodian		Address (Street, Apt. Number)		(City) DELRAY BEACH		(State) FL		(Zip) 33445		Business Phone	
Notified by (Name)		Date		Time		JUVENILE DISPOSITION Handled Processed within Department and Released		TOT IAC 3. Incarcerated			
Released To (Name)		Relationship		Date		Time					
The above address was provided by ☐ defendant and/or ☐ 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							
☐ Yes, by: ☐ No.		Property Crime? ☐ Yes ☒ 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/Derv		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other			
Charge Description SIMPLE BATTERY (TOUCH OR STRIKE)		Statute Violation Number 784.03(1A1)		Violation of ORD #							
Drug Activity N		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence ☒ Y ☐ N	
Warrant / Capias Number		Bond									
Charge Description		Statute Violation Number		Violation of ORD #							
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence ☐ Y ☐ N	
Warrant / Capias Number		Bond									
Charge Description		Statute Violation Number		Violation of ORD #							
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence ☐ Y ☐ N	
Warrant / Capias Number		Bond									
Health / Apparent Physical Condition of Defendant		Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries		Explain							
Check which applies ☐ Released O.R. ☐ Released to Parent/Guardian ☒ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health		PROPERTY - Received By		Released By		Released To					
Transported By		Date Transported		Time Transported		Other					
☐ INSTRUCTION NO. 1 - Mandatory appearance in court ☒ 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 33445		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.		Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed							
HOLD for Other Agency		Signature of Arresting Officer LOPEZ KUNCAX, JOSE		Name Verification (Printed by Arrestee) LOPEZ KUNCAX, JOSE							
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other		Name of Arresting Officer (Print) LOPEZ KUNCAX, JOSE		I.D. # 1226		(PRINT)					
Pouch #		Transporting Officer LOPEZ		I.D. # 1226		Agency DBPD		PAGE 1 OF 1			
Witness here if subject signed with an "X"											

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

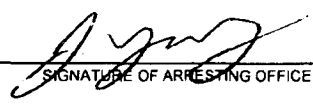
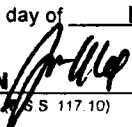
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PH 1022

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 11/20/2022 03:15		Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 22-014811	
	Name (Last, First, Middle) HILICK, ELIZABETH M						Race W	Sex F
C H R G	Charge Description 784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)							
	Victim's Name (Last, First, Middle) MEYERS, JOSEPH J						Race W	Sex M
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) 2400 SW 22ND AVE 502, DELRAY BEACH, FL 33445				Phone (862) 219-8057		Address Source DL	
	Business Address (Name, Street) (City) (State) (Zip)				Phone		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: ☐ Written ☒ Taped ☐ Oral		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): INJURIES ON LEFT SHOULDER					
	VICTIM'S STATEMENTS: ☐ Written ☒ Taped ☐ Oral							
N A R R	RELATIONSHIP BETWEEN VICTIM & SUSPECT BF/GF							
	PHOTOGRAPHS: Scene: ☒ YES ☐ NO Victim: ☒ YES ☐ NO 911 CALL: ☒ YES ☐ NO CALLER: TYPE: ☐ YES ☐ NO WEAPON USED: ☐ YES ☒ NO (If YES, attach witness list) WITNESSES: ☐ YES ☒ NO INJURIES: ☒ YES ☐ NO MEDICAL TREATMENT: ☐ YES ☒ NO AT: Scene: ☐ YES ☒ NO PARAMEDICS: ☐ YES ☒ NO Hospital: ☐ YES ☒ NO PHYSICIAN(S) / HOSPITAL: ACT COMMITTED IN PRESENCE OF MINOR(S): ☐ YES ☒ NO NAMES/AGES: H. R. S. NOTIFIED: ☐ YES ☒ NO VICTIM PREGNANT: ☐ YES ☒ NO VIOLATION OF RESTRAINING ORDER: ☐ YES ☒ NO CASE #: PRIOR HISTORY OF DOMESTIC VIOLENCE: ☒ YES ☐ NO ALCOHOL OR DRUGS INVOLVED: ☒ YES ☐ NO							
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, <u>15</u> 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 <u>20</u> day of <u>November</u>, <u>2022</u>.  RUSCZYK, JONATHAN N NOTARY PUBLIC / CLERK OF COURT / OFFICER (S.S. 117.10)								

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

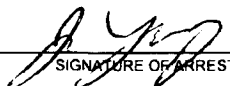
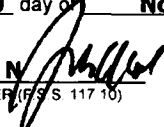
CRIME ANALYSIS

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 11/20/2022 03:15		
	Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 22-014811
	The following incident occurred in the City of Delray Beach, Palm Beach County, FL. On Sunday, November 20, 2022, at approximately 0217 hours, I responded to 2400 SW 22nd Ave Apt 502 in reference to a domestic battery. Upon arrival, I made contact with the victim, W/M Joseph Meyers (DOB: 11/12/1963), who had visible injuries. Meyers sustained scratches on his left shoulder. Meyers stated the following: Meyers stated he was taking a shower when his girlfriend W/F Elizabeth Hillick (DOB: 03/29/1967) entered the shower and had an argument with him. Meyers stated she had a few alcoholic drinks when she began to argue with him. Meyers stated he avoid any altercation with Hillick and tried to leave the apartment when Hillick grabbed the collar of his shirt and ripped it. As she ripped the shirt, she scratched him on the front left shoulder with her nails. In conclusion to this call for service, Hillick was determined to be the primary aggressor in this physical altercation. Based on the investigation, probable cause exists to charge W/F Elizabeth Hillick with violation of Florida State Statute 784.03(1A1) Simple Battery as Hillick did intentionally batter the victim, Joseph Meyers.		
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, <u>15</u> 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 <u>20</u> day of <u>November</u>, <u>2022</u>.  RUSCZYK, JONATHAN N NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)			

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 #: 22-014811 Agency: Delray Beach Police Department
Offense: Simple Battery
Suspect/Offender: Hillick, Elizabeth
D.O.B. 03/29/1967 Race: White Sex: Female
2. Warrant #(s): _____
3. Complete one (1) of the following:
 - a. Victim's name: Mayers Joseph
Address: 2400 SW 22nd Ave
City: Delray Beach State: Florida Zip: 33445
Home #: 862-219-8057 Work #: _____ Other: _____
 - b. Victim's next of kin: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____
 - c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
Name: _____
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 : Lopez I.D.: 1226 Date: 11/20/2022

SUSPECT/OFFENDER: _____

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	☐	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: 2022030115	Date: 11/21/2022
	Specialist Name/ID: C. Smith/39657