50-2023-MM-005141 AMB

0541461

1899

CONFIDENTIAL VICTIM INFORMATION

ARREST / NOTICE TO APPEAR

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

ADMINISTRATION

OBTS Number

Agency ORI Number: 0502000 | Agency Name: Lantana Police Department | Agency Report Number (N T A's only): 6 | 4 | 23-003240

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 | Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business) | Location of Offense (Business Name, Address)

[redacted]

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
06/24/2023	12:17	06/24/2023	12:27	/ / : :		

DEFENDANT

Name (Last, First, Middle): GANTT, PICKENS ALLISON 3 Alias:

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

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	03/28/1984	5'11	200	BROWN	BALD	LIGHT	Medium

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) | Marital Status: M | Religion: Christian | Indication of Alcohol Influence ☐ Yes ☒ No ☐ Unk / Drug Influence

Local Address (Street, Apt Number) (City) (State) (Zip) | Phone | Residence Type: 1 City 3 Florida 2 County 4 Out of State

Per [redacted] (Zip) | Phone | Address Source

Business Address (Name, Street) (City) (State) (Zip) | Phone | Occupation

D/L Number, State	Soc Sec Number	INS Number	Place of Birth (City, State)	Citizenship
G530661841080 / FL	[redacted]		PRISTOL, TN	US

CO-DEF

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

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

JUVENILE

☐ Parent ☐ Other ☐ Legal Custodian | 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 Department and Released 2 TOT JAC 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.
☐ Yes, by ☐ No

School Attended | Grade

Property Crime? ☐ Yes ☒ No | Description of Property | Value of Property

CODE

Drug Activity: S Sell, B Buy, T Traffic, D Deliver, E Use, K Dispenses/Distribute, M Manufacture/Produce/Cultivate, Z Other, N N/A, P Possess

Drug Type: B Barbiturate, C Cocaine, A Amphetamine, H Hallucinogen, M Marijuana, O Opium/Deriv, E Heroin, P Paraphernalia/Equipment, S Synthetic, U Unknown, Z Other, N N/A

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
BATTERY - SIMPLE TOUCH / STRIKE	784.03 (1)(A)(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
N		/		1	☒ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

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
PEARSON	PEARSON	JAILSTAFF

Transported By	Date Transported	Time Transported	Other
PEARSON			

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 Page 2.

Location (Court, Room): South County DELRAY BEACH
Court Date and Time: 07/24/2023 08:30:00

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

No Photo Available

FILED PBC - GUN CLUB-- '23 JUN 25 AM 5:26

ADMIN

NCIC for Other Agency: Receive L No Data in MM

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Intake Deputy ID # | Pouch #

Signature of Arresting Officer: #938

Name of Arresting Officer (Print): PEARSON, MEAGAN ID #: 938

Transporting Officer: PEARSON ID #: 938 Agency: LANTA

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X"

PAGE 1 OF 1

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DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT

Palm Beach County

ADMIN

Date / Time	Agency ORI Number	Agency Name	Agency Report Number
06/24/2023 13:14	FL FL0502000	LANTANA POLICE DEPARTMENT	6 | 4 | 23-003240

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
GANTT, PICKENS ALLISON 3		W	M	03/28/1984

CHRG

Charge Description: 784.03 BATTERY - SIMPLE TOUCH / STRIKE

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
[redacted]			

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

	Written	Taped	Oral
DEFENDANT'S STATEMENTS:	☐	☒	☐
VICTIM'S STATEMENTS:	☐	☒	☐

OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): **SCARED/CONCERNED**

[redacted]

ADDITIONAL INFORMATION

	YES	NO	
PHOTOGRAPHS: Scene:	☐	☒	
Victim:	☒	☐	
911 CALL:	☒	☐	CALLER: **VICTIM**
WEAPON USED:	☐	☒	TYPE:
WITNESSES:	☐	☒	(If YES, attach witness list)
INJURIES:	☐	☒	
MEDICAL TREATMENT:	☐	☒	
AT: Scene:	☐	☒	PARAMEDICS:
Hospital:	☐	☒	PHYSICIAN(S) / HOSPITAL:
ACT COMMITTED IN PRESENCE OF MINOR(S):	☒	☐	NAMES/AGES: **SAGE GANTT 4, AVA GANTT 2**
H. R. S. NOTIFIED:	☐	☒	
VICTIM PREGNANT:	☐	☒	
VIOLATION OF RESTRAINING ORDER:	☐	☒	CASE #:
PRIOR HISTORY OF DOMESTIC VIOLENCE:	☐	☒	
ALCOHOL OR DRUGS INVOLVED:	☐	☒	

NARR

On June 24, 2023, at approximately 1149 hours, I was dispatched to [redacted] reference to a domestic violence call for service.

Upon my arrival, I made contact with the caller, and victim, W/F [redacted] who stated that she

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.

Meaux Rea #938
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 24th day of June, 2023.

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

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DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT
Palm Beach County
Narrative Continuation

ADMIN

Date / Time		
06/24/2023 13:14		
Agency ORI Number	Agency Name	Agency Report Number
FL FL0502000	LANTANA POLICE DEPARTMENT	6 | 4 | 23-003240

NARRATIVE

was in the passenger seat of her and her [redacted] van, when they were having a verbal dispute, while her [redacted] was in the driver`s seat. [redacted] advised later that her children, Sage Gantt(10-10-18) and Ava Gantt (08-11-20) were both inside the vehicle during the incident. [redacted] stated that she and her [redacted] W/M Pickens Gantt (03-28-94), were arguing over each other not listening to the other.

To resolve the argument, Gantt inserted headphones to listen to a podcast, provided by his statement, when [redacted] then yanked the headphones out of Gantt`s ears. Gantt reached for the headphones that were now located in [redacted]`s hand, when he struck [redacted]`s left shoulder and her left cheek, with his fist, in an attempt to retrieve his headphones back.

There were no injuries observed on [redacted] at the time of speaking with her.

When questioned, Gantt admitted to his fist making contact with [redacted]`s shoulder and left cheek, in an attempt to retrieve the headphones back.

At this time, Gantt was placed under arrest, with handcuffs checked for proper fit and double locked.

Gantt will be charged with 1 count of violating F.S.S 784.03 Battery - simple touch/strike.

Gantt will be transported to the Palm Beach County jail and turned over to staff, without incident, and with proper paperwork.

Axon BWC footage available.

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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.

#932
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 26th day of June, 2023

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S 117.10)

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#: 23-003240 Agency: Lantana PD
   Offense: Domestic violence (battery
   Suspect/Offender: Pickens Grant
   D.O.B. 03-28-84 Race: W Sex: M
2. Warranty #(s): _____
3. Complete one (1) of the following:
   a. [redacted]
   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 RELASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: _____
Printed name of person waiving [redacted]

Officer's Name: M. Pena I.D.: 938 Date: 06-24-23

White-Warrants Division | Yellow-Corrections or State Attorney (Warranty Application) | Pink – Central Record

PBSO #0029-A Stock F-4403

SUSPECT/OFFENDER: _____

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

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LANTANA POLICE DEPARTMENT
DOMESTIC VIOLENCE DIAGRAM

CASE NUMBER 23-003240

PLEASE UTILIZE THE BELOW DIAGRAM TO INDICATE ANY INJURIES RECIEVED BY THE VICTIM AS A RESULT OF THIS ACT OF DOMESTIC VIOLENCE.

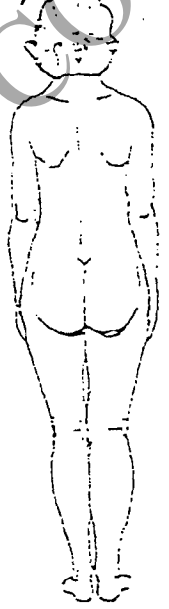
SIGNATURE OF VICTIM [redacted] 04-15-92.

V.

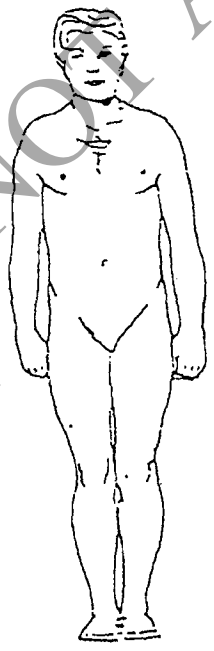


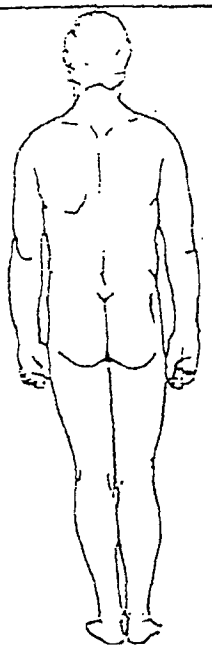
no injuries but reaction hit was on my left cheek & shoulder

PLEASE DRAW ON DIAGRAM(S) THE LOCATION OF ANY INJURIES.



V.





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LANTANA POLICE DEPARTMENT



Sean Scheller
Chief of Police

Marsy's Law Victim's Right to Confidentiality Form
Florida Constitution, Article16(b)

Lantana Police Department Case Number: 23-003240

Florida Constitution, Article 1, Section 16(b)(5): *Every victim is entitled to the following right, beginning at the time of his or her victimization: "The right to prevent disclosure of information or records that could be used to locate or harass the victim or the victim's family, or which could disclose confidential or privileged information of the victim."*

I, [redacted], as the victim, hereby (*circle one*: **invoke / do not invoke**) my right to prevent disclosure of information or records that could be used to locate or harass the victim or the victim's family, or which could disclose confidential or privileged information of the victim.

I [redacted], as the victim received a copy of the Victim/Witness Rights Brochure Legal Rights and Remedies available from:

Name of Officer and ID M Bey #938

Victim's signature [redacted]

I HAVE READ AND UNDERSTOOD THE ABOVE PARAGRAPH. I HAVE BEEN INFORMED OF MY RIGHT TO NOT HAVE MY PERSONAL INFORMATION BECOME A MATTER OF PUBLIC RECORD.

Victim Signature: _____ Date: _____
(If the victim is under age 18, a parent or guardian's signature should be obtained)

Parent/Guardian: _____ Name: _____
Date: _____

Parent/Guardian Signature: _____
Date: _____

Witness Signature: _____
Date: _____

Name of Officer and I.D. #_____
Date: _____

FILED PBC - GUN CLUB
'23 JUN 25 AM5:26

Reporting officer must file this receipt with Records Division

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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:	

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REVIEW COMPLETED BY

Booking Number: 2023016516	**Date:** 6/25/2023
	Specialist Name/ID: R.Castro/40259