0545206 2023MM010061 AMB 1849

☒ Marsy's Law CVI FL Const. Art.1 § 16(b)

☐ Check if Supplement is Attached

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 ☐

ADMINISTRATIVE

Agency ORI Number: FL0 5 0 0 0 0 0 | Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number: 0 6 - 23132170

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

Location of Arrest (Including Name of Business): [redacted] | Location of Offense (Including Name of Business): [redacted] | Address): [redacted]

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
11/26/23	0647 hours	11/26/2023				

DEFENDANT

Name (Last, First, Middle): Hack Samantha Ann | 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	F	02/22/1988	5'08	140	BLUE	BLONDE	FAIR	SMALL

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): Tatoos

Marital Status: Single | Religion: Catholic | Indication of: Alcohol Influence ☐ Y ☐ N ☐ Unk; Drug Influence ☐ Y ☐ N ☐ Unk

Local Address (Street, Apt. Number): [redacted] (Zip) | Mobile Phone: (561) 566-3944 | Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip) | Phone | Address Source: FL DL

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

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
H200781885620, FL	[redacted]		Long Island, NY	US

CO-DEF.

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

Co-Defendant (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large | ☐ 3. Felony ☐ 4. Misdemeanor ☐ 6. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: | Name (Last) (First) (Middle) | Residence Phone ( )

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

1-No Bond

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 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 (561) 355-6511) 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, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opium/Deriv., P. Paraphernalia/Equipment, S. Synthetic, U. Unknown, Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Simple Battery (Domestic)	1	☒ Y ☐ N	784.03(1a1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
			23132170		

CHARGE

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

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

CHARGE

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

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

CHARGE

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

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

NOTICE TO APPEAR

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: 11/26/23

I consent to receive text reminders of court date(s) and times for this case by automated technology to the mobile number identified above. I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose. Signature

ADMIN

HOLD for other agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy I.D. # Pouch #

Signature of Arresting Officer: X D. Wilson-Griffith

Name of Arresting Officer (Print) I.D. #: D/S L. Wilson-Griffith 41939

Transporting Officer I.D. # Agency: D/S L. Wilson-Griffith 41939

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X" (Print)

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PROBABLE CAUSE AFFIDAVIT

OBTS Number | 1. Arrest 2. N.T.A. | 3. Request for Warrant 4. Request for Capias | 1 | Juvenile

ADMIN

Agency ORI Number: FLO 500000 | Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number: 06- 23132170

Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony [X] 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Hack Samantha Ann		W	F	02/22/1988

CHARGES

Simple Battery (Domestic)	784.03(1a1)

VICTIM

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

Address (Number, Street)	(City)	(State)	(zip)	Phone	Address Source	Occupation
[redacted]				[redacted]	FL DL	

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.
- [X] confessed to simple battery admitting to the below facts.
- [ ] was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
- [X] was found to have commited the below acts, resulting from my (described) investigation.

On the 26th day of November 2023 at 0630 [X] A.M. [ ] P.M. (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

[X] Marsy's Law CVI
FL. Const. Art.1 § 16(b)

On November 26th, 2023 at 0615 hours, I responded to [redacted] regarding a domestic violence situation.

Upon arrival I made contact with a white female, Samantha Hack (02/22/1988). During a facts finding interview, Hack explained that her and [redacted], were in an argument for the last four hours due to suspicion of cheating. Hack stated that she got upset and hit [redacted] first, and then [redacted] choked her. Hack confirmed that her breathing capacity was probably affected when she was grabbed by the neck but refused EMS when offered to her. Hack had a red mark on the left side of her neck consistent with being grabbed.

During the investigation contact was made with [redacted], where he explained that he [redacted] and Hack started to get physical in front of the children. He also advised that they were arguing for a long time. At some point during the argument, he was in [redacted] room trying to avoid further confrontations, Hack walked in and ripped a blanket off of him and [redacted] she got on top of him and hit him multiple times. [redacted] grabbed her by her neck and pushed her a way from him while trying to defend himself from her attack. [redacted] did not sustain injuries during the incident. He was not very cooperative and did not want Hack to get arrested, however, he was sworn in after he provided the above mentioned statements.

[redacted] received a domestic violence pamphlet and invoked Marsy's Law.

Based on the above information, it was determined that Hack was the primary aggressor during the altercation. Therefore, there is probable cause to arrest Hack and charge her with simple battery (domestic) pursuant to FSS 784.03(1a1).

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH
D/S L. Wilson-Griffith L. Wilson-Griffith (ID #) 41939
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 26th day of November 2023 by D/S L. Wilson-Griffith 41939

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

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

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Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Name (Last, First, Middle)

Suspect: Hack Samantha Ann **DOB:** 02/22/1988 **Case #:** 23132170

Name (Last, First)

Victim: [redacted] **DOB:** [redacted] **Race:** B **Sex:** M

Relationship between Victim and Defendant: [redacted]

Photographs: Scene Yes × No Victim × Yes No Defendant × Yes No

911 Call: × Yes No **Caller:** Hack Samantha Ann

Weapon Used: Yes × No **Type:**

Witness: Yes × No **Name:** (Last) (First) (Middle)

Victim Pregnant: Yes × No If yes, weeks months

Injuries: × Yes No **Description:** Abrasion/Bruise

Medical Treatment: Yes × No

At Scene: Yes × No **Paramedics:**

At Hospital: Yes × No **Hospital:** **Doctor:**

Are Children Living in Home? × Yes No **DCF Notified?** × Yes No

Name: [redacted] **DOB:** [redacted]

Name: [redacted] **DOB:** [redacted]

Name: [redacted] **DOB:** [redacted]

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:

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

First words Victim said when you responded to scene:

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: (Last) [redacted] (first) [redacted]

Local Address: [redacted]

Phone [redacted]

Employer: (Name) (Employer Address)

Name of Relative: (Last) (First) **Phone:**

Address:

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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**
- **Dating Violence**

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

1. Incident Report #: **23132170** Agency: _____
   Offense: **Simple Battery (Domestic)**
   Suspect/Offender: Name (Last) **Hack** (First) **Samantha** (Middle) **Ann**
   D.O.B. **02/22/1988** Race: **W** Sex: **F**

2. Warrant #(s): _____

3.a. Victim's name: Name (Last, First) [redacted] D.O.B [redacted] Race: **B** Sex: **M**
   Address: [redacted]
   City: [redacted] State: **FL** Zip: [redacted]
   Home #: [redacted] Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: (Last) _____ (First) _____
   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:** **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: Name (Last, First) [redacted]

Deputy's Name: **D/S L. Wilson-Griffith** I.D. # **41939** Date: **11/26/23**

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

PBSO #0029A REV. 05/11

SUSPECT/OFFENDER **Hack** **Samantha** **Ann** COURT CASE/WARRANT #: _____
(FOR WARRANTS USE ONLY)

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NOV 27 2023

Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	
	☐	119.071(2)(e)	Confession	
Public Info. Exemptions	☒	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	1-6
	☐	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	☐	119.0712(2)	Personal information contained in a motor vehicle record	
	☐	316.650(11)	Driver information contained in a uniform traffic citation	
	☐	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☒	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request	1-6
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	
	☐			
	☐			
Other	☐			
	☐			
	☐			
	☐			

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REVIEW COMPLETED BY

Booking Number: 2023031075	**Date:** 11/27/2023
	Specialist Name/ID#: ANGELA PINKNEY/7796

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