50-2023-mm-006548AMB

PD# 0542488

PD# 2973

☐ Marsy's Law CVI FL. Const. Art. I § 16(b)

☐ Check if Supplement is Attached

# ARREST / NOTICE TO APPEAR
## Juvenile Referral Report

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

OBTS Number | 1 | Juvenile: N

**ADMINISTRATIVE**

| Agency ORI Number | Agency Name | Agency Report Number |
|---|---|---|
| FL0 50 00 00 0 | PALM BEACH COUNTY SHERIFF'S OFFICE | 06-23097659 |

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: 01

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

Location of Offense (Business Name, Address)

| Date of Arrest | Time of Arrest | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle |
|---|---|---|---|---|---|---|
| 08/09/23 | 0707 | | | | | |

**DEFENDANT**

Name (Last, First, Middle): Hill, Samuel, Edward

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 | 12/25/2001 | 6'00 | 180 | BROWN | BROWN | LGHT | SML |

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

Marital Status: SINGLE — Religion: NONE

Indication of: Alcohol Influence ☐ Y ☐ N ☐ Unk; Drug Influence ☐ Y ☐ N ☐ Unk

Local Address (Street, Apt. Number) (City) (State) (Zip): [redacted]10

Mobile Phone: 630-338-3458

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

Permanent Address (Street, Apt. Number): - (City) - (State) (Zip)

Phone

Address Source: VERBAL

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

Phone

Occupation

| D/L Number, State | Soc. Sec. Number | INS Number | Place of Birth (City, State) | Citizenship |
|---|---|---|---|---|
| H400785014650, FL | [redacted] | | AURORA, IL | U.S.A |

**CO-DEF**

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

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.

School Attended — Grade

☐ Yes, by: (Name) ☐ No (Reason)

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, F. 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 # |
|---|---|---|---|---|
| DOMESTIC BATTERY | 01 | ☒ Y ☐ N | 784.03(1)(A)(1) | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|
| N | N | | 23097659 | | |

**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: 08/09/23

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 ☐ Suicidal ☐ Resisted Arrest ☐ Other:

Intake Deputy — I.D. # — Pouch #

Signature of Arresting Officer: X

Name of Arresting Officer (Print): PELAYO — I.D. #: 28996

Transporting Officer — I.D. # 6389 — Agency PBSO

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X"

PAGE 1 OF 1

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PBSO #0148 REV. 01/23 DISTRIBUTION: COURT COPY STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

# PROBABLE CAUSE AFFIDAVIT

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

**ADMIN**

| Agency ORI Number | Agency Name | Agency Report Number |
|---|---|---|
| FLO 500000 | PALM BEACH COUNTY SHERIFF'S OFFICE | 06- 23097659 |

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

Special Notes:

**DEF**

| Name (Last, First, Middle) | Alias | Race | Sex | Date of Birth |
|---|---|---|---|---|
| Hill Samuel Edward | | W | M | 12/25/2001 |

**CHARGES**

| | |
|---|---|
| DOMESTIC BATTERY 784.03(1)(A)(1) | |

**VICTIM**

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

| Local Address (Street, Apt. Number) (City) (State) (zip) | Phone | Address Source |
|---|---|---|
| [redacted] | | |

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

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

On the 9TH day of AUGUST 2023 at 0707 ☒ A. M. ☐ P.M. (Specifically include facts constituting cause for arrest.)

**PROBABLE CAUSE STATEMENT**

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

**On 08/09/2023 at approximately 0518 hours, I was operating as a road patrol deputy sheriff employed by the Palm Beach County Sheriff's Office in the jurisdiction of north district three as unit/sector (3B13) driving a marked vehicle bearing asset #84162 when Palm Beach County Sheriff's Communications dispatched me the following call for service located at [redacted] Palm Beach County.**

**Complainant, "Samuel" advised his [redacted] physically struck him and vandalized his vehicle. A second complainant (female party) called law enforcement as well advising that Samuel physically struck her and made verbal threats to kill her.**

**Upon arrival to the residence at approximately 0533 I made contact with Samuel Hill (W/M Date of birth; 12/25/2001) who provided the following statement. Samuel advised that his now [redacted] showed up at the residence at 0400 hours and began a verbal argument. Samuel stated that he has since kicked [redacted] out of the residence, and upon her leaving for the night, he observed his Jeep vehicle bearing Tag#NRQX69 to have visible damage. Samuel advised that [redacted] was the suspect and to prevent her from leaving, he jumped into her vehicle on the driver's side. Samuel stated that a verbal argument continued, advising that [redacted] then struck him in his groin. Samuel then admitted to pulling on [redacted]'s hair and stating he realized what he was doing and stopped himself. Samuel confirmed that [redacted] then slapped him across the face. I observed no redness, swelling, or evidence of physical injury to his person and he reported no injuries to me on scene. His cheek was red but it was consistent with the other side where he wasn't slapped. Samuel confirmed with me that he never formally evicted [redacted], and I observed a large amount of personal stuff on the patio floor outside, to which Samuel admitted he threw there without [redacted]'s consent.**

**I then relocated to 3505 Kyoto Gardens Dr, Palm Beach Gardens, Florida, 33410 and met with [redacted] who also contacted law enforcement. During a fact finding interview, [redacted] advised that they broke up via text message approximately three days ago and she has been living there until yesterday where she left for the night to stay at the hotel. [redacted] confirmed that she returned to the residence to get dog food since she didn't have any of her belongings. [redacted] advised that she observed all her stuff outside with syrup on it, and admitted to a verbal argument with Samuel. She stated that upon trying to leave the residence, Samuel was accusing her of damaging his car which she declined. [redacted] advised that Samuel then prevented her from leaving the residence (she secured the dog food) by jumping into her driver side seat. [redacted] advised she told him to get out and was trying to get him out so she could leave but Samuel refused. [redacted] advised that Samuel then grabbed her by the hair yanking her towards the floor which caused one of her knees to graze the ground. [redacted] admitted to hitting Samuel in his groin, and then slapped him across the face because he refused to get out of the vehicle. [redacted] stated that he eventually did, and made threats towards her.**

**Due to the totality of circumstances and my investigation, I have probable cause against Samuel Hill for violating Florida State Statute 784.03 (1)(a)1() Domestic Battery. Samuel did willfully and with intent grab [redacted]'s hair, while actively preventing her from leaving the scene. Samuel removed all of her property from the residence without her permission, when [redacted] has all reasonable right to be at the residence with residency. Therefore, Samuel was determined to be the primary aggressor in this incident.**

**ADMINISTRATIVE**

STATE OF FLORIDA
COUNTY OF PALM BEACH
PELAYO (ID #) 28996
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 9TH day of AUGUST 20 23 by PELAYO 28996

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

DEPUTY SHERIFF RIGHTLER 6389 6389
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

PAGE 1 OF 1

PBSO #0094 REV. 01/23 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

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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:** Hill Samuel Edward **DOB:** 12/25/2001 **Case #:** 23097659

Name (Last, First)

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

**Relationship between Victim and Defendant:** [redacted] - [redacted]

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

**911 Call:** × Yes No **Caller:** BOTH PARTIES

**Weapon Used:** Yes × No **Type:**

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

**Victim Pregnant:** Yes × No **If yes,** weeks months

**Injuries:** × Yes No **Description:** SMALL PINK MARK ON KNEE

**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:** **DOB:**

**Name:** ***DOB:***

**Name:** **DOB:**

**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:** BODY CAMERA

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

**First words Victim said when you responded to scene:** BODY CAMERA

**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]

**Local** [redacted]

**Phone:** 561-568-8153

**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 #: **23097659** Agency: _____
   Offense: **DOMESTIC BATTERY**
   Suspect/Offender: Name (Last) **Hill** (First) **Samuel** (Middle) **Edward**
   D.O.B. **12/25/2001** Race: **W** Sex: **M**

2. Warrant #(s): _____
   Name (Last, First)

3.a. [redacted]

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: **PELAYO** I.D. # **28996** Date: **08/09/23**

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

PBSO #0029A REV. 05/11

SUSPECT/OFFENDER **Hill** **Samuel** **Edward** COURT CASE/WARRANT #: _____ **(FOR WARRANTS USE ONLY)**

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PLEASE TEAR HERE

# PALM BEACH COUNTY SHERIFF'S OFFICE
## STATE OF FLORIDA COUNTY OF PALM BEACH

On 08/09/ (DATE), 2023, [redacted] (PRINT VICTIM'S NAME)

have received a copy of the VICTIM'S RIGHTS BROCHURE PBSO CASE NUMBER 23097659

[redacted] _____ DIS Signature 28996 I.D. Number

1. ☐ Yes - As a victim of harassment (FSS 784.048(2)), sexual battery, aggravated child abuse, domestic violence, aggravated stalking (FSS 784.048 (3)(4)), or aggravated battery (FSS 784.045), I do hereby request that my home and employment telephone number, home and employment address, and personal assets be redacted from my records requested pursuant to public records request for a period of five (5) years from the date noted on this form.

2. ☐ Yes - I request Confidentiality pursuant to Marsy's Law, FL Constitution, Article 1, §16(b) as provided below:

As a victim, I have the right under the Florida Constitution to prevent the disclosure of certain information or records that could be used to locate or harass me or my family, or which could disclose confidential or privileged information about me. I do hereby request that the email address, phone number, and work and business addresses of me and my family be redacted from my records, if my records are requested pursuant to a public records request.

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'23 AUG 10 AM5:45

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:** 2023020656 | **Date:** 08/10/23 |
| | **Specialist Name/ID:** T.Howard/7185 |