[redacted] 0552659 24MM8474AMB PCH#1587

☒ 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: N

**ADMINISTRATIVE**

Agency ORI Number: FL0 5 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 0 6 - 24-102457

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: 01

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

Location of Offense (Business Name, Address): [redacted]

| Date of Arrest | Time of Arrest | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle |
|---|---|---|---|---|---|---|
| 09/26/24 | 1746 | | | | | N/A |

**DEFENDANT**

Name (Last, First, Middle): Wetmore Sophia Elizabeth

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 | 01/05/1991 | 5'02 | 145 | BRO | BRO | PALE LIGHT | MEDIUM |

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): ROSE ON RIGHT RIB

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

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

Mobile Phone: 215 816-9200

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

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

Phone:

Address Source: VERBAL

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

Phone:

Occupation: MARKETING

| D/L Number, State | Soc. Sec. Number | INS Number | Place of Birth (City, State) | Citizenship |
|---|---|---|---|---|
| W356785915050, FL | [redacted] | | SOUTH HAMPTON, PA | usa |

**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 ☐ 5. Juvenile |
| | | | | | |

**JUVENILE**

☐ Parent ☐ Legal Custodian ☐ Other: Name (Last) (First) (Middle) VICTIM INFORMATION PROVIDED

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.

☐ 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 # |
|---|---|---|---|---|
| Battery (Domestic) | 01 | ☒ Y ☐ N | 784.03(1a1) | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|
| N | N | N/A | 24-102457 | | NO 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 |
|---|---|---|---|---|---|
| | | | | | |

**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.

FILED PBC - GUN CLUB 24 SEP 27 AM 6:14

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) 09/26/24 Date Signed

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 ID. # Pouch #

Signature of Arresting Officer: X

Name of Arresting Officer (Print) I.D. #: D/S [redacted]

Transporting Officer: GUTIERREZ I.D. #: 8839 Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X"

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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 | N

**ADMIN**

| Agency ORI Number | Agency Name | Agency Report Number |
|---|---|---|
| FLO 500000 | PALM BEACH COUNTY SHERIFF'S OFFICE | 06- 24-102457 |

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 |
|---|---|---|---|---|
| Wetmore Sophia Elizabeth | | W | F | 01/05/1991 |

**CHARGES**

| | |
|---|---|
| Battery (Domestic) 784.03(1a1) | |
| | |

**VICTIM**

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

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

**PROBABLE CAUSE STATEMENT**

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 26 day of SEPTEMBER 2024 at 1746 ☐ A.M. ☒ P.M. (Specifically include facts constituting cause for arrest.)

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

**On Thursday, September 26, 2024 at approximately 1713 hours, I responded to [redacted] in reference to a physical altercation between a husband and wife.**

**Upon my arrival, I made contact with the complainant/husband (Austin Wetmore) in the driveway at the above-mentioned location. While speaking with Austin, he advised he is married to Sophia Wetmore and they have one child in common. The two of them have been going through marital issues and today they had a verbal argument that escalated to a physical one. Austin stated he informed Sophia he was going to a work conference in Orlando which caused her to become upset. Austin sat down at the kitchen table, opened his laptop to book the conference, Sophia walked over and slammed the laptop shut. Austin opened the laptop again, and again she slammed it shut. When Sophia went to slam the laptop for a third time, he grabbed her hand to prevent her from doing so. Sophia then physically struck Austin in the face multiple times with an open hand. Austin stood up and walked away, then went to check on their child (Adrian Wetmore 7/3/22). Austin wanted to leave the residence with the child, however; Sophia did not allow him and began grabbing his left arm.**

**After speaking with Austin, I checked him for injuries. I did not observe any visible marks on his face, but I did notice he had minor redness and discoloration to his left bicep. Austin confirmed the injuries were caused by Sophia.**

**Austin gave a sworn recorded statement detailing the events that occurred.**

**I then made contact with Sophia inside the residence. I read Sophia her Miranda Rights, post Miranda, Sophia admitted to a verbal argument over Austin wanting to attend a work conference. She also admitted to shutting his laptop while he was trying a use it. [redacted]**

**Based on my investigation, I find probable cause to charge Sophia Wetmore with Battery (Domestic) per FSS 784.03 (1)(a)(1).**

**ADMINISTRATIVE**

STATE OF FLORIDA
COUNTY OF PALM BEACH
D/S [redacted] (ID #) [redacted]
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 26 day of SEPTEMBER 20 24 by D/S [redacted]
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN

#8839
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:** Wetmore Sophia Elizabeth **DOB:** 01/05/1991 **Case #:** 24-102457

Name (Last, First)

**Victim:** Wetmore Austin **DOB:** [redacted] **Race:** W **Sex:** M

**Relationship between Victim and Defendant:** Spouse

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

**911 Call:** × Yes No **Caller:** Wetmore Austin James

**Weapon Used:** Yes × No **Type:**

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

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

**Injuries:** × Yes No **Description:** discoloration on left bicep

**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:** Adrian Wetmore **DOB:** [redacted]

**Name:** Michael Cologiovanni **DOB:** [redacted]

**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:** We have been fighting

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

**First words Victim said when you responded to scene:** She hit me

**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) Wetmore (first) Austin

**Local Address:** [redacted]

**Phone:** [redacted]

**Employer:** (Name) (Employer Address)

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

**Address:**

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# 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 | 3 |
| 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) | 1-5 |
| | ☐ | 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 | |
| | ☐ | (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:** 2024026085 | **Date:** 9/27/2024 |
| | **Specialist Name/ID#:** C. Daniels/ 30347 |