JRT# 0538726 Pch 1273 2023MM 1818MMB

☒ 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 | 01 | Juvenile N

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number	
FL0 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	0 6 - 23-043326	( )

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: 0 1

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
03/05/2023	1646 hrs.					

DEFENDANT

Name (Last, First, Middle): Nelson, Wylie,

Alias (Name, DOB, Soc. Sec. #, Etc.): [redacted]

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	4/20/1984	5'8	210 lbs	brown	~~blue~~ Brown	WHITE	Medium

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

Marital Status: Married | Religion: NONE | Indication of: Alcohol Influence ☐ Y ☐ N ☐ Unk; Drug Influence ☐ Y ☐ N ☐ Unk

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

Mobile Phone: (561) 449-1942

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 02

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

Phone: (N/A)

Address Source: NCIC/FCIC

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

Phone: ( )

Occupation: Financial Representative

D/L Number, State: ,

Soc. Sec. Number: [redacted]

INS Number:

Place of Birth (City, State): Carson City, Nevada

Citizenship: U.S

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. ☐ 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) -	01	☒ Y ☐ N	784.03(1a1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		23-043326		None

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		

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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: 03/05/2023

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: PBSO Detention

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy / I.D. # / Pouch #: DLS (illegible) R972

Signature of Arresting Officer / I.D. #: #2007

Name of Arresting Officer (Print) / I.D. #: 1655 hrs. 2007

Transporting Officer / I.D. # / Agency: M Gomez 39619 PBSO

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signature is refused: MAR 05 2023

SCANNED

PAGE 1 OF 2

PBSO #0148 REV. 11/22 DISTRIBUTION: COURT COPY STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

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PROBABLE CAUSE AFFIDAVIT

OBTS Number:

1 Arrest, 2 NTA, 3 Request for Warrant, 4 Request for Capias: 01

Juvenile: N

ADMIN

Agency ORI Number: FLO 5 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 23-043326

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
Nelson, Wylie,	530476904	W	M	4/20/1984

CHARGES

Charge Description: SIMPLE BATTERY (DOMESTIC) - 784.03(1a1)

Charge Description:

Charge Description:

Charge Description:

VICTIM

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

Local Address (Street, Apt Number) (City) (State) (Zip)	Phone	Address Source
[redacted]	[redacted]	NCIC/FCIC

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

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that I have just and reasonable grounds to believe, and do believe that the above named Defendant committed the listed violation(s) of law.

The Person taken into custody:

☐ committed the below acts in my presence.

☐ confessed to _____ admitting to the below facts.

☒ was observed by [redacted] who told [redacted] that he/she saw the arrested person commit the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the March day of 05 20 23 at 1755 HRS ☐ A.M ☒ P.M (Specifically include facts constituting cause for arrest.)

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

On March 03/05/2023, at approximately 1645 hours. I responded to [redacted] in unincorporated [redacted], Florida [redacted] about a Domestic Battery.

[redacted] called the emergency dispatch and said she threw a shoe at [redacted] Afterward, he came into the bedroom and tackled her on the ground.

Upon arrival at the scene, [redacted] stated that she got into a verbal altercation with Wylie Nelson [redacted] advised she did not feel threatened, and he didn't intentionally do and did not want to press charges.

After that, I spoke with Wylie Nelson, who advised he got into a heated argument with [redacted]. They were working on a therapy assignment by asking each other several questions. In the midst of the argument, [redacted] threw a slipper at him and missed. Nelson said he got angry, ran into the bedroom, and rushed at [redacted] and she fell on the bed. [redacted] advised it was not an accident and that he intended to push down.

Due To the above Aforementioned Facts, I Find Probable Cause Does Exist to Arrest Wylie Nelson., DOB: 04/20/1986, with the Violation of Florida Statute 784.08(2)(c) Domestic Battery. While at the scene, [redacted] said Wylie grabbed and pushed her down. However [redacted] does not want to press charges, [redacted] completed a sworn written statement. A PBSO Victim Rights Brochure and Case Information Form were provided to the victim. Photos were taken and uploaded to the Domestic Violence portal. I did not observe physical injuries to the victim, [redacted] person. A Domestic Advocate (Level 2) notification was submitted. Wylie was immediately handcuffed, double-locked, and checked for proper spacing. Wylie was placed into Deputy Camelo #36166 marked patrol vehicle and transported to the Main Jail without further incident.

This case is cleared by arrest.

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ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH
Bethel Troiana C.
(Signature of Arresting /Investigative Officer)

Digitally signed by Bethel, Troiana C.
Date: 2023.03.05 18:01:45 -05'00'

1755 hrs.

The foregoing instrument was sworn to or affirmed and subscribed before me this 5 day of March 20 23 by _____

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

D/J CAMELO 36166
Notary Public, Clerk of Court, Officer (F.S.S). 117.10)

PAGE 2 OF 2

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PBSO #0004 REV. 04/22

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MAR 06 2023

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Suspect: Nelson, Wylie, **DOB:** 4/20/1984 **Case #:** 23-043326

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

Relationship between Victim and Defendant: [redacted]

Photographs: Scene ☒ Yes ☐ No Victim ☒ Yes ☐ No Defendant ☒ Yes ☐ No

911 Call: ☒ Yes ☐ No **Caller:** [redacted]

Weapon Used: ☐ Yes ☒ No **Type:** _____

Witness: ☐ Yes ☒ No **Name:** _____

Victim Pregnant: ☐ Yes ☒ No **If yes,** ___ **weeks** _____ **months**

Injuries: ☐ Yes ☒ No **Description:** N/A

Medical Treatment: ☐ Yes ☒ No

At Scene: ☐ Yes ☒ No **Paramedics:** _____

At Hospital: ☐ Yes ☒ No **Hospital:** _____ **Physician:** _____

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: I was angry and pushed her.

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

First words Victim said when you responded to scene: I don't want him to go to jail.

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, Shaken and Crying over the incident

☒ Upset ☒ Crying ☒ Fearful ☐ Hysterical ☐ Afraid ☐ Calm ☐ Nervous

☐ Complained of pain ☐ Other _____

Victim Contact Information:

Local Address: [redacted]

Phone: Home [redacted] **Work** (___)___-____ **Cell** (___)___-____

Employer: _____

Name of Relative: _____ **Phone** (___)___-____

Address: _____

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MAR 06 2023

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been commited:

- **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**

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

SUSPECT/OFFENDER: **Nelson, Wylie,** (FOR WARRANTS USE ONLY) COURT CASE/WARRANT#: _____

1. Incident Report #: **23-043326** Agency: _____
   Offense: **SIMPLE BATTERY (DOMESTIC) -**
   Suspect/Offender: **Nelson, Wylie,**
   D.O.B. **4/20/1984** Race: **W** Sex: **M**

2. Warrant # (s): _____

3.a. Victim's name: [redacted] D.O.B. [redacted] Race: W Sex: F
   Address: [redacted]
   City: [redacted]
   Home #- [redacted] Work #: 0 Other: _____

b. Victim's next of kin, friend or neighbor: _____
   Address: _____
   City: _____
   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: [redacted]

Deputy's Name: _____ I.D.# **26689** Date: 03/06/2023

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

PBSO 00029A REV. 4199

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MAR 06 2023

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	☒	FL Constitution, Article 1, 16(b)	Other: Marsy's Law	1-6
	☒	119.071(2)(j)	Other: The victim's address in a domestic violence action on petitioner's request	1-5

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REVIEW COMPLETED BY

Booking Number: 2023006035	**Date:** 3/6/2023
	Specialist Name/ID: R.Castro/40259

SCANNED
MAR 06 2023