

ARREST / NOTICE TO APPEAR	OBTS Number		Agency ORI Number 0502300		Agency Name North Palm Beach Police Department		Agency Report Number (N.T.A.'s only) 7 0 17-000597		Arrest Request for Warrant 2. N.T.A. Request for Capias		JUVENILE												
	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 Hands, Feet, Fist, Teeth		Multiple Clearance Indicator														
	Location of Arrest (Including Name of Business) 764 SACTUARY COVE DR						Location of Offense (Business Name, Address) 764 SACTUARY COVE DR, NORTH PALM BEACH, FL 33408																
	Date of Arrest 07/02/2017		Time of Arrest 00:46		Booking Date 07/02/2017		Booking Time 00:56		Jail Date		Jail Time												
	Jail Location		Location of Vehicle																				
	Name (Last, First, Middle) WILSON, ANABELL												Alias (Name, DOB, Soc. Sec. #, Etc.)										
	Alias:																						
	Race W - White B - Black		Sex W		Date of Birth 07/09/1974		Height 5'02		Weight 140		Eye Color BROWN		Hair Color BLACK										
	Complexion LIGHT		Build Slender		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status S		Religion CHRISTIAN		Indication of: Alcohol Influence Drug Influence		Yes ☒ No ☐ Unk. ☐										
	Local Address (Street, Apt. Number) 794 SACTUARY COVE DR, PALM BEACH GARDENS, FL 33410						(City) FL		(State) FL		(Zip) 33410		Phone (561) 523-7419										
Permanent Address (Street, Apt. Number) 794 SACTUARY COVE DR, PALM BEACH GARDENS, FL 33410						(City) FL		(State) FL		(Zip) 33410		Phone (561) 523-7419											
Business Address (Name, Street) FLORIDA DL						(City) FL		(State) FL		(Zip) 33410		Phone (561) 523-7419											
D/L Number, State W425000747490 / FL		Soc. Sec. Number [REDACTED]		INS Number [REDACTED]		Place of Birth (City, State) SAN SALVADOR, EL		Citizenship US															
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		☐ 1. Arrested ☐ 2. At Large		☐ 3. Felony ☐ 4. Misdemeanor		☐ 5. Juvenile											
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		☐ 1. Arrested ☐ 2. At Large		☐ 3. Felony ☐ 4. Misdemeanor		☐ 5. Juvenile											
☐ Parent ☐ Legal Custodian Name (Last, First, Middle) [REDACTED]												Residence Phone											
Address (Street, Apt. Number) [REDACTED]												(City) [REDACTED]		(State) [REDACTED]		(Zip) [REDACTED]							
Business Phone																							
Notified by: (Name) [REDACTED]												Date [REDACTED]		Time [REDACTED]		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated							
Released To: (Name) [REDACTED]												Relationship [REDACTED]		Date [REDACTED]		Time [REDACTED]							
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 [REDACTED]		Grade [REDACTED]									
Property Crime? ☐ Yes ☒ No												Description of Property [REDACTED]		Value of Property [REDACTED]									
Drug Activity N. N/A P. Possess												S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Disperse/ 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 Description BATTERY - ON OFFICER, FIREFIGHTER, EMT ETC.												Statute Violation Number 784.07(2)(B)		Violation of ORD #									
Drug Activity N												Drug Type N		Amount / Unit /		Offense # 17-000597		Counts 1		Domestic Violence ☐ Y ☒ N		Warrant / Capias Number	
Charge Description DISORDERLY CONDUCT - DISORDERLY INTOXICATION												Statute Violation Number 856.011		Violation of ORD #									
Drug Activity N												Drug Type N		Amount / Unit /		Offense # 17-000597		Counts 1		Domestic Violence ☐ Y ☒ N		Warrant / Capias Number	
Charge Description RESIST OFFICER WITH VIOLENCE												Statute Violation Number 843.01		Violation of ORD #									
Drug Activity N												Drug Type N		Amount / Unit /		Offense # 17-000597		Counts 1		Domestic Violence ☐ Y ☒ N		Warrant / Capias Number	
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 ☐ Posted Bond ☐ South County Mental Health												☒ T.O.T. County Jail		PROPERTY - Received By		Released By		Released To					
Transported By												Date Transported		Time Transported		Other							
☒ 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)		Court Date and Time									
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									
HOLD for Other Agency												Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee)									
☐ Dangerous ☐ Suicidal												☐ Resisted Arrest ☐ Other		Name of Arresting Officer (Print) JOHNSON, RUSSELL K.		ID # 9836		(PRINT)					
Intake Deputy [Signature]												ID # 9836		Pouch # [REDACTED]		Transporting Officer [Signature]		ID # 9836		Agency		PAGE 1 OF 1	
Witness here if subject signed with an "X"																							

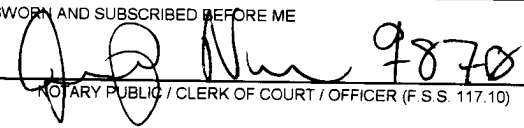
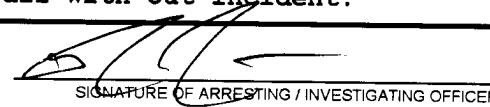
☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.I.O. ☐ DEFENDANT

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number			
Agency ORI Number FL 0502300	Agency Name NORTH PALM BEACH POLICE	Agency Report Number 7 0 17-000597	
Charge Type: ☒ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other		Special Notes	
Name (Last, First, Middle) WILSON, ANABELL		Race W	Sex F
Date of Birth 07/09/1974			
Charge Description 784.07(2)(B) BATTERY - ON OFFICER, FIREFIGHTER, EMT ETC.		Charge Description 856.011 DISORDERLY CONDUCT - DISORDERLY INTOXICAT	
Charge Description 843.01 RESIST OFFICER WITH VIOLENCE			
Victim's Name (Last, First, Middle) STATE OF FLORIDA,		Race	Sex
Date of Birth			
Local Address (Street, Apt. Number) 560 US HIGHWAY 1, NORTH PALM BEACH, FL 33408		Phone (561) 848-2525	Address Source
Business Address (Name, Street) NORTH PALM BEACH POLICE		Phone (561) 848-2525	Occupation GOVERNMENT
The undersigned certifies and swears that he/she has just and resonable 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 _____ ☐ was observed by _____ who told _____ that he/she saw the arrested person committ the below acts. ☒ was found to have committed the below acts, resulting from my (described) investigation. On the <u>2</u> day of <u>July</u> , <u>2017</u> at <u>00:41</u> (Specifically include facts constituting cause for arrest.)			
On 07/01/2017 at 2145 Hrs. officers responded to 764 Sanctuary Cove Dr. in North Palm Beach for a suspicious incident. On arrival, I made contact with multiple residences that stated that there was a female making a lot of noise at apartment 764. We made our way up to the 3rd floor and found Anabel Wilson (07/09/1974) on the ground conscious and breathing. Wilson stated that she was drunk and that she was trying to get in to her apartment. I advised Wilson that she was at the wrong apartment. Wilson could not remember her apartment number or where her apartment was. North Palm Beach Fire Rescue responded to the scene to evaluate Wilson. Fire rescue stated that Wilson was intoxicated and had to be transported to the hospital. Wilson became very belligerent and uncooperative with fire rescue and other law enforcement officers. I went up the stairs to explain to Wilson that she needed to be transported to the hospital. Wilson told me to "fuck off" and charged down the stairs towards me. Wilson raised her right hand up over her head and swung downwards with her open hand striking me on left side of my chest. Officers escorted Wilson to the ground and placed her in handcuffs. Wilson was escorted to my patrol vehicle to be searched. While Officer Newman (ID # 9870) was conducting a search, Wilson lifted her left leg up and kicked in a backwards motion striking Officer Newman on her left calf. I transported Wilson to the Palm Beach Gardens Hospital for medical clearance. On arrival at the hospital, Wilson was still very belligerent and uncooperative. While being escorted in the emergency room, Wilson lifted her right leg forward and kicked backwards striking me on the right thigh. Wilson was released from the hospital with a clean bill of health. Wilson was wearing a black shirt, and blue jeans. Wilson was searched before being placed in my marked patrol vehicle. Wilson transported to the Palm Beach County Jail with out incident.			
SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>07/02/2017</u> DATE			
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  JOHNSON, RUSSELL K (9836) NAME OF OFFICER (PLEASE PRINT) <u>07/02/2017</u> DATE			
			PAGE 1 OF 2

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

A D M I N		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE	
Agency ORI Number		Agency Name		Agency Report Number							
FL 0502300		NORTH PALM BEACH POLICE		7 0 17-000597							
Charge Type: Check as many as apply.		☒ 1. Felony ☐ 2. Traffic Felony		☐ 3. Misdemeanor ☐ 4. Traffic Misdemeanor		☐ 5. Ordinance ☐ 6. Other		Special Notes:			
Name (Last, First, Middle)		Alias		Race		Sex		Date of Birth			
WILSON, ANABELL				W		F		07/09/1974			
NOT A CERTIFIED COPY											
SWORN AND SUBSCRIBED BEFORE ME											
											
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)											
JUL 07/02/2017											
DATE											
											
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER											
JOHNSON, RUSSELL K (9836)											
NAME OF OFFICER (PLEASE PRINT)											
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