

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

OBTs Number		Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 4 18-003280		
Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type Hands, Feet, Fist, Teeth		
Location of Arrest (Including Name of Business) 17723 CARVER AVE JUPITER FL 33458		Location of Offense (Business Name: Address) 17723 CARVER AVE, JUPITER, FL 33458						
Date of Arrest 06/26/2018	Time of Arrest 05:06	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle		
Name (Last, First, Middle) PARKER, ANTHONY SCOTT		Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:						
Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex M	Date of Birth 08/02/1969	Height 5'08	Weight 165	Eye Color BROWN	Hair Color BROWN	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status M	Religion OTHER	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		Build Medium		
Local Address (Street, Apt. Number) 17723 CARVER AVE, JUPITER, FL 33458		(City)	(State)	(Zip)	Phone (856) 655-1378		Residence Type: 1. City 3. Florida 2. County 4. Out of State 1	
Permanent Address (Street, Apt. Number) 17723 CARVER AVE, JUPITER, FL 33458		(City)	(State)	(Zip)	Phone (856) 655-1378		Address Source FL DL	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation Unemployed	
D/L Number, State P626017692820 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) WOODBERRY, NJ, US		
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor		
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor		
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)					Residence Phone	
<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number)					(City) (State) (Zip) Business Phone	
Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated				
Released To: (Name)		Relationship	Date	Time				
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> 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.		School Attended		Grade				
<input type="checkbox"/> Yes, by: _____		<input type="checkbox"/> No: _____		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property Value of Property		
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperses/ Distribue	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	
		B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opiium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other			
Charge Description BATTERY-SIMPLE (TOUCH OR STRIKE)		Statute Violation Number 784.03(1)(A)(1)		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond	
	N			3	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N			
Charge Description		Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond	
					<input type="checkbox"/> Y <input type="checkbox"/> N			
Charge Description		Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond	
					<input type="checkbox"/> Y <input type="checkbox"/> N			
Health / Apparent Physical Condition of Defendant		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries						
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		Released To		
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		Date Transported		Time Transported		Other		
Transported By		Date Transported		Time Transported		Other		
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		Location (Court, Room)						
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed		No Photo Available		
HOLD for Other Agency		Signature of Arresting Officer 396/1143		Name Verification (Printed by Arrestee)		PAGE		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest		Name of Arresting Officer (Print) HOBBY, MATTHEW		(PRINT)		1 OF 1		
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Transporting Officer 367/1212		I.D. # 1193		Agency		
Intake Deputy		I.D. #		Pouch #		Witness here if subject signed with an "X"		

SCANNED

JUN 27 2018

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 06/26/2018 05:36		Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 18-003280	
	Name (Last, First, Middle) PARKER, ANTHONY SCOTT						Race W	Sex M
D E F E N D A N T	Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)							
	Victim's Name (Last, First, Middle) PARKER, DAWN MARIE						Race W	Sex F
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) 17723 CARVER AVE, JUPITER, FL 33458				Phone (856) 449-9252		Address Source	
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation	
A D D I T I O N A L I N F O R M A T I O N	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): UPSET, PANICKING					
	VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>							
RELATIONSHIP BETWEEN VICTIM & SUSPECT SPOUSE, PARENTS								
<p>PHOTOGRAPHS: Scene: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>Victim: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>911 CALL: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> CALLER: DAWN PARKER</p> <p>WEAPON USED: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> TYPE: HANDS</p> <p>WITNESSES: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (If YES, attach witness list)</p> <p>INJURIES: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>MEDICAL TREATMENT: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>AT: Scene: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARAMEDICS: PBCFR</p> <p>Hospital: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PHYSICIAN(S) / HOSPITAL: JMC</p> <p>ACT COMMITTED IN PRESENCE OF MINOR(S): YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NAMES/AGES: NICHOLAS PARKER (14)</p> <p>H. R. S. NOTIFIED: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>VICTIM PREGNANT: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>VIOLATION OF RESTRAINING ORDER: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> CASE #:</p> <p>PRIOR HISTORY OF DOMESTIC VIOLENCE: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>ALCOHOL OR DRUGS INVOLVED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>								
N A R R	The following incident was captured on my body worn camera:							
	On 06/26/2018, at approximately 0427 hours, I was dispatched to 17723 Carver Ave in reference to a disturbance that just occurred. Upon arrival, I made contact with a white female, later identified as W/F Dawn M Parker							
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, <u>offc Hobb</u> personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p><u>[Signature]</u> SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>26</u> day of <u>June</u>, 2018.</p> <p><u>[Signature]</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>								

CERTIFIED COPY

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 06/26/2018 05:36	Agency ORI Number FL 0501700	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 18-003280
	N A R R A T I V E			

(07/02/1971), who was crying, panicking and holding a bag of ice up to her forehead. Inside the residence there were broken items all over the floor. I spoke with Dawn and she advised the following:

Dawn stated she was in bed sleeping when her husband, W/M Anthony S. Parker (08/02/1969), arrived home late drunk. She advised she was lying in bed and heard Anthony tell one of their sons, W/M Nicholas R Parker (06/01/2004), that he does not like liars. Dawn believes Anthony threw a water bottle at Nicholas' head. Dawn stated their other son, W/M Cross F Parker (02/25/2000), then came into the bedroom along with Nicholas and Anthony. She advised they were talking for a bit and Cross continued to tell Anthony that he just wants to go to bed, but when Cross left the room Anthony followed him. She then stated she heard a "tap" in Cross's room. Dawn advised Cross and Nicholas were goofing around when Anthony started to act like Cross did something terrible and started to go after him. Anthony started to yell at Cross and when Cross was in the corner of the bedroom Anthony started to throw various household items in the direction of Cross. Dawn stated this is when she got out of bed and went into the same corner Cross was in to protect Cross. Dawn advised this is when Anthony threw a book of some kind trying to hit Cross but it hit her in the forehead. I observed Dawn's forehead which had a large contusion on it. She was transported by Palm Beach County Fire Rescue to Jupiter Medial Center for her injuries (run 18-67974).

While on scene, Cross advised he was getting yelled at by Anthony because he was throwing some stuff around in a joking manner. Cross stated he tried to get away from Anthony but Anthony threw a bible at him, which hit Dawn by mistake. After the bible struck Dawn in the forehead, it ricocheted and struck Cross in the forehead as well. Cross stated he had a lump on his head from the bible hitting him, but the lump was not visible to me. While Cross was trying to get away he attempted to close the door but it closed on Anthony's fingers. Cross advised this made Anthony even more angry and continued to go after Cross.

Nicholas was also spoken to on scene. Nicholas advised Cross was joking around but annoying his father. He advised that Anthony threw a bible at Cross and hit Dawn by mistake. Nicholas denied getting a water bottle thrown at him by Anthony.

I spoke with Anthony who advised Cross was always causing problems in the household. Anthony stated he got home around 0130 hours after having a few drinks and some food at Millers Ale House. He advised he threw a water bottle at Nicholas and admitted to throwing a bible that was intended for Cross but hit Dawn in the head.

At this time, I advised Anthony that he was under arrest for domestic battery. I placed him in handcuffs, checking for spacing before double locking.

I found probable cause to charge Anthony Parker with battery (domestic) x3 because he did actually and intentionally touch or strike Dawn Parker, Cross Parker, and Nicholas Parker against the will of Dawn Parker, Cross Parker, and Nicholas Parker (or) did intentionally cause bodily harm to Dawn Parker, Cross Parker, and Nicholas Parker and Dawn Parker, Cross Parker, and Nicholas Parker were family or household members of Anthony Parker, contrary to Florida Statute 784.03(1) and 741.283 (1 DEG MISD)

Victim rights brochures were provided Dawn, Cross, and Nicholas. Anthony was later transported to Palm Beach County Jail without incident.

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, He personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

[Signature]
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 26 day of June, 2018.

[Signature]
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

SCANNED
JUN 27 2018

P.I.O.

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 #: 18-003280 Agency: Jupiter Police Department
Offense: Battery (domestic)
Suspect/Offender: Anthony Parker
D.O.B. 08/02/1969 Race: White Sex: Male

2. Warrant #(s): _____

3a. Victim's Name: Cross Parker D.O.B. 2/25/2000 Race: W Sex: M
Address: 17723 Carvier Ave
City: Jupiter State: Florida ZIP: 33458
Home #: 856-655-1378 Work #: _____ Other: _____

3b. Victim's Next of Kin, Friend or Neighbor: _____
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: _____

Officer's Name: Hobby I.D. # 386 Date: 06/26/2018

1 copy = Corrections or State Attorney (Warrant Application)

1 Copy = Warrants Section

1 copy = Criminal Records

SCANNED
JUN 27 2018

SUSPECT/OFFENDER: _____
(FOR WARRANT USE ONLY) COURT CASE/WARRANT #: _____

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 #: 18-003280 Agency: Jupiter Police Department
Offense: Battery (domestic)
Suspect/Offender: Anthony Parker
D.O.B. 08/02/1969 Race: White Sex: Male

2. Warrant #(s): _____

3a. Victim's Name: Dawn Parker D.O.B. 7/02/1971 Race: W Sex: F
Address: 17723 Carvier Ave
City: Jupiter State: Florida ZIP: 33458
Home #: 856-449-9252 Work #: _____ Other: _____

3b. Victim's Next of Kin, Friend or Neighbor: _____
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: _____

Officer's Name: Hobby I.D. # 386 Date: 06/26/2018

1 copy = Corrections or State Attorney (Warrant Application)

1 Copy = Warrants Section

1 copy = Central Records

SCANNED

JUN 27 2018

SUSPECT/OFFENDER:

(FOR WARRANT USE ONLY)

COURT CASE/WARRANT #:

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 #: 18-003280 Agency: Jupiter Police Department
Offense: Battery (domestic)
Suspect/Offender: Anthony Parker
D.O.B. 08/02/1969 Race: White Sex: Male

2. Warrant #(s): _____

3a. Victim's Name: Nicholas Parker D.O.B. 6/1/2004 Race: W Sex: M
Address: 17723 Carvier Ave
City: Jupiter State: Florida ZIP: 33458
Home #: 856-449-9252 Work #: _____ Other: _____

3b. Victim's Next of Kin, Friend or Neighbor: _____
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: _____

Officer's Name: Hobby I.D. # 386 Date: 06/26/2018

1 copy = Corrections or State Attorney (Warrant Application)

1 Copy = Warrants Section

1 copy = Central Records

SCANNED
JUN 27 2018

SUSPECT/OFFENDER: _____
COURT CASE/WARRANT #: _____
(FOR WARRANT USE ONLY)



**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	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	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)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), 2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018021190	Date: 06-26-2018
	Specialist Name/ID: Drucker/9206

SCANNED
JUN 27 2018