

0482337

697

OBTS Number

4. ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 Juvenile

Agency ORJ Number FLO 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06	16-146158									
Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other _____			If Weapon Seized Enter Type _____	Multiple Clearance Indicator <input type="checkbox"/> <input type="checkbox"/>								
Location of Arrest (Including Name of Business) 190 Doffer Ln, North Palm Beach, FL			Location of Offense (Including Name of Business) 12257 HILLMAN CIR PALM BEACH GARDENS, FL									
Date of Arrest Nov 1 2016	Time of Arrest 0030	Booking Date	Booking Time	Jail Date	Jail Time							
Name (Last, First, Middle) HARVEY AUTUMN G			Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W	Date of Birth 06/07/1987	Height 5-07	Weight 130	Eye Color BLUE							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) "THIS TO WILL PASS" LEFT SHOULDER			Marital Status M	Religion	Indication of Alcohol Influence Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
Local Address (Street, Apt. Number) 1930 DOFFER LN			City PALM BEACH GARDENS	State FL	Zip 33410	Phone 561-373-1454	Residence Type 1. City 3. Florida 2. County 4. Out of State					
Permanent Address (Street, Apt. Number)			City	State	Zip	Phone	Address Source VICTIM					
Business Address (Street, Apt. Number)			City	State	Zip	Phone	Occupation					
D/L Number, State		Social Security Number		INS Number		Place of Birth baycounty	Citizenship USA					
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile					
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile					
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	Name (Last, First, Middle)						Phone					
Address (Street, Apt. No.)				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 <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 561 355-2526) informed of any address change <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended								
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property					Value of Property					
Drug Activity 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	P. Paraphernalia/ Equipment	U. Unknown Z. Other	
Charge Description		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03 (1A1)		Violation or ORD. #				
Drug Activity N	Drug Type N	Amount/Unit	Offense #	16-146158		Warrant/Capias Number		Bond				
Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation or ORD. #				
Drug Activity	Drug Type	Amount/Unit	Offense #			Warrant/Capias Number		Bond				
Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation or ORD. #				
Drug Activity	Drug Type	Amount/Unit	Offense #			Warrant/Capias Number		Bond				
Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation or ORD. #				
Drug Activity	Drug Type	Amount/Unit	Offense #			Warrant/Capias Number		Bond				
Location (Court, Address, Room Number)				*** TO BE SET***								
Court Date and Time				Month	Day	Year	Time	AM <input type="checkbox"/>	PM <input type="checkbox"/>			
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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			Name Verification (Printed by Arrestee)						
Name			<i>Mark</i>			(PRINT)						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other _____			Name of Arresting Officer D/S SWANSON			ID # 26674						
Intake Deputy		ID #	Pouch #	Transporting Officer	ID #	Agency	Page 1 of 1					
Witness here if subject signed with an "X"												

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OBTS Number		PROBABLE CAUSE AFFIDAVIT					1. Arrest	3. Request For Warrant
							2. N.T.A.	4. Request For Capias
Agency ORI Number		Agency Name			Agency Report Number		1	Juvenile
FLO 5 0 0 0 0 0		PALM BEACH COUNTY SHERIFF'S OFFICE			06		16-146158	
Charge Type: Check as many as apply		<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other _____			Special Notes			
Defendant Name (Last, First, Middle)		HARVEY AUTUMN			G	Race W	Sex F	Date of Birth 06/07/1987
Charge		SIMPLE BATTERY			Charge			
Charge					Charge			
Victim Name (Last, First, Middle)		HARVEY MICHAEL			G	Race W	Sex M	Date of Birth 12/10/1979
Local Address (Street, Apt. Number)		City	State	Zip	Phone	Address Source		
1930 DOFFER LN		NORTH PALM BEACH	FL	33410	561-676-0057	VICTIM		
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation		
<p>The undersign 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...</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.</p>								
On the <u>31ST</u> day of <u>OCTOBER</u> 20 <u>16</u> at <u>2230</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM								

On 10/31/2016 at approximately 2224 hours, I responded to 12257 HILLMAN CIR in regards to a Domestic Battery that had just occurred.

When I arrived on scene, I made contact with Michael Harvey (Victim). He told me that he was at this residence with his son Damien Harvey (5yo) because of Halloween. Michael told me that he was standing in the driveway watching his son. A few minutes later his wife Autumn Harvey arrived on scene, walked up the driveway and into the garage. Autumn picked up their son (Damien) and started walking away down the driveway..

As Damien was getting farther away from Michael, he started to become more and more upset. Due to the fact that Damien was becoming upset Michael went down and took his son from Autumn. Damien then ran up to the house and went inside.

Michael told me that this is when Autumn hit him with her cell phone on his forehead, which cause a visible bump to his forehead. This also caused her cell phone to break. After the cell phone broke Michael told me that Autumn came at him and started clawing at his cheeks and neck. This caused a visible laceration to his neck. Autumn also punched him several times then left the scene.

Pictures of Michael's injuries were taken by me and will be uploaded.

A sworn written statement was taken from Michael in regards to the events.

I made contact with Autumn at her residence.

Based on my above investigation Autumn was arrested by me for the above charge.

Autumn was transported to the Palm Beach County Jail by me for processing.

Michael was given a Victim's Rights and Remedy pamphlet by me for which he signed for.

The foregoing instrument was sworn to and affirmed before me this 31 day of Oct 20 16 by:
D. Kalmus, Jr. 2016 **SCANNED**
26674
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)
J. 2016
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)
D/S SWANSON
Name of Arresting/Investigating Officer NOV 01 2016
May
Signature of Arresting/Investigating Officer
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