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OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1 Juvenile	
Agency ORI Number FLO 500000		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 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		Multiple Clearance Indicator			
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 12 2016		Time of Arrest 0030		Booking Date		Booking Time	
Jail Date		Jail Time		Location of Vehicle			
Name (Last, First, Middle) HARVEY AUTUMN G				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black O - Oriental/Asian		Sex W F		Date of Birth 06/07/1987		Height 5-07	
Weight 130		Eye Color BLUE		Hair Color BLACK		Complexion MED	
Build MED		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		Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Residence Type: 1. City 2. County 3. Florida 4. Out of State		2	
Local Address (Street, Apt. Number) 1930 DOFFER LN		City PALM BEACH GARDENS		State FL		Zip 33410	
Phone 561-373-1454		Permanent Address (Street, Apt. Number)		City		State	
Zip		Phone		Address Source VICTIM		Occupation	
Business Address (Street, Apt. Number)		City		State		Zip	
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 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					
<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		Grade			
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property			
Drug Activity S. Sell B. Buy P. Possess		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 SIMPLE BATTERY		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 PM							
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 Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer D/S SWANSON ID # 26674		Name Verification (Printed by Arrestee)		(PRINT)	
Intake Deputy ID # Pouch #		Transporting Officer Swanson 26674 ID # PB30		Witness here if subject signed with an "X"		Page 1 of 1	

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OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		1	Juvenile <input type="checkbox"/>
Agency ORI Number <b>FLO 5 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERRIF'S OFFICE</b>		Agency Report Number <b>06 16-146158</b>			
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		Special Notes					
Defendant Name (Last, First, Middle) <b>HARVEY AUTUMN G</b>				Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>06/07/1987</b>	
Charge <b>SIMPLE BATTERY</b>				Charge			
Charge				Charge			
Victim Name (Last, First, Middle) <b>HARVEY MICHAEL G</b>				Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>12/10/1979</b>	
Local Address (Street, Apt. Number) <b>1930 DOFFER LN</b>		City <b>NORTH PALM BEACH</b>	State <b>FL</b>	Zip <b>33410</b>	Phone <b>561-676-0057</b>	Address Source <b>VICTIM</b>	
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation	
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... <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. <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. On the <b>31ST</b> day of <b>OCTOBER</b> 20 <b>16</b> at <b>2230</b> <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 (5yoo) 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 my 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 <u>31</u> day of <u>Oct</u> 20 <u>16</u> by <u>D/S SWANSON</u>		Page 1 of 1
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00) <u>D. Kalms, Jr. 2016</u>		Name of Arresting/Investigating Officer <u>26674</u> NOV 01 2016
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00) <u>[Signature]</u>		Signature of Arresting/Investigating Officer <u>[Signature]</u>