

J#0477452

P#550

ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest 3. Request For Warrant
2. N.T.A. 4. Request For Capias
1 Juvenile

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report									
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 06					
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 N/A		Multiple Clearance Indicator 0 1					
Location of Arrest (Including Name of Business) [REDACTED]		GREENACRES, FL 33463		Location of Office (Including Name of Business) [REDACTED]		GREENACRES, FL 33463					
Date of Arrest Apr 4, 2017	Time of Arrest 0152	Booking Date Apr 4, 2017	Booking Time	Jail Date	Jail Time	Location of Vehicle 205 PERRY AVE, GREENACRES, FL					
Name (Last, First, Middle) WILLIAMS BRITNEY				Alias (Name, DOB, Soc. Sec. #, Etc.) MARIE							
Race W- White I- American Indian B- Black O- Oriental/Asian	Sex W F	Date of Birth 06/29/86	Height 5'6	Weight 140	Eye Color BRO	Hair Color BLK	Complexion LIGHT	Build SLIM			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE				Marital Status SINGLE	Religion NONE	Indication of Alcohol Influence <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>					
Local Address (Street, Apt. Number) 4190 SAN MARINO BLVD APT 101		City WEST PALM BEACH	State FL	Zip 33409	Phone 561-729-6791	Residence Type: 1. City 3. Florida 2. County 4. Out of State 2					
Permanent Address (Street, Apt. Number)		City	State	Zip	Phone	Address Source FL DL					
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation KENNEL CLUB					
DL Number, State W-452-073-86-729-0, FL		Social Security Number [REDACTED]		INS Number N/A	Place of Birth WEST PALM BEACH, FL	Citizenship US					
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	1. Arrested <input type="checkbox"/> <input checked="" type="checkbox"/> 2. At Large <input type="checkbox"/> <input checked="" type="checkbox"/> 3. Felony <input type="checkbox"/> <input checked="" type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> <input checked="" type="checkbox"/> 5. Juvenile				
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	1. Arrested <input type="checkbox"/> <input checked="" type="checkbox"/> 2. At Large <input type="checkbox"/> <input checked="" type="checkbox"/> 3. Felony <input type="checkbox"/> <input checked="" type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> <input checked="" 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.) [REDACTED]				City	State	Zip	Business Phone				
Notified By (Name) [REDACTED]				Date	Time	Juvenile Disposition: 1. Handled/Processed within Dept. and Released	2. TOT HRS/DYS 3. Incarcerated				
Released To (Name) [REDACTED]				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				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property					Value of Property					
Drug Activity N. WA 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. NA A. Amphetamine	B. Barbiturates C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana	P. Paraphernalia/ Equipment	U. Unknown Z. Other	
Charge Description BATTERY (DOMESTIC)			Counts 01	Domestic Violence <input checked="" type="checkbox"/> <input type="checkbox"/>	Statute Violation Number 784.03(1) A. 1			Violation or ORD. #			
Drug Activity N	Drug Type N	Amount/Unit N/A	Offense # 17-060114		Warrant/Capis Number			Bond			
Charge Description			Counts	Domestic Violence <input checked="" type="checkbox"/> <input type="checkbox"/>	Statute Violation Number			Violation or ORD. #			
Drug Activity	Drug Type	Amount/Unit	Offense #		Warrant/Capis Number			Bond			
Charge Description			Counts	Domestic Violence <input checked="" type="checkbox"/> <input type="checkbox"/>	Statute Violation Number			Violation or ORD. #			
Drug Activity	Drug Type	Amount/Unit	Offense #		Warrant/Capis Number			Bond			
Charge Description			Counts	Domestic Violence <input checked="" type="checkbox"/> <input type="checkbox"/>	Statute Violation Number			Violation or ORD. #			
Drug Activity	Drug Type	Amount/Unit	Offense #		Warrant/Capis Number			Bond			
Location (Court, Address, Room Number)			SET BY JUDGE								
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 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				Signature of Arresting Officer <i>R. Gilmore</i>				Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				Name of Arresting Officer R. GILMORE ID # 14457				(PRINT)			
Intake Deputy Q. HARDEMAN 4716		ID #	Pouch #	Transporting Officer	ID #	PBSO	Page 1 of 1				
Witness here if subject signed with an "X" SCANNED											

APR 9 2017

OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

1

Agency ORI Number FLO 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06	17-060114		
Charge Type: Check as many as apply 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other _____	Special Notes				
Defendant Name (Last, First, Middle) WILLIAMS	BRITNEY	MARIE	Race W	Sex F	Date of Birth 06/29/86
Charge BATTERY (DOMESTIC)	Charge				
Charge	Charge				
Victim Name (Redacted)		Race B	Sex M	Date of Birth 08/12/80	
Local Address (Redacted)		Address Source VICTIM			
Business Address (Street, Apt. Number)	City	State	Zip	Phone	Occupation UNEMPLOYED
<p>The undersigned 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.</p> <p>The person taken into custody...</p> <p><input type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.</p>					
On the 4TH day of APRIL 20 17 at 0117 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM					

On April 4, 2017 at approximately 0117 hours, Deputies responded to [REDACTED] Greenacres, Palm Beach County, Florida 33463 in reference to a domestic disturbance in progress. Upon arrival I made contact with the victim B/M [REDACTED] 08/12/80, who informed me of the following.

[REDACTED] told Deputy Green ID# 25006 while he was hanging out with his friends outside of his residence his ex girlfriend / baby's mother B/F Britney Williams showed up uninvited, and punched him in his eye. D/S Green advised when he arrived he observed [REDACTED] holding Williams by the arms preventing her from hitting him. I spoke with [REDACTED], and he advised he did not wish to speak anymore about what happened or fill out a sworn statement.

I spoke with Williams on scene who appeared to be intoxicated, and she advised that the two just "tussled". Williams stated she was getting text me from [REDACTED] that stated if her teams wins he wants to see her. Williams stated when she arrived there was other girl with [REDACTED] and that's how the argument started.

I observed [REDACTED] had a fresh cut on his left eye along with it swelling and turning black and blue. I also observed Williams with a small scratch mark on her left arm which appeared to have been caused by [REDACTED] when he was trying to stop Williams from punching him.

A witness W/F Devinne Attaway 01/15/90, advised she woke up due to the Williams started the altercation in the back yard. Attaway stated when she came out she observed Williams hitting [REDACTED] in the face and [REDACTED] trying to hold her back. I had Attaway fill out a sworn statement due to [REDACTED] not wanting to corporate.

Based on my investigation there is probable cause to charge Williams with Battery (Domestic). Williams did actually and intentionally touch or strike [REDACTED] against the will of [REDACTED] contrary to Florida Statute 784.03(1). Williams was later transported to Palm Beach County Jail.

The foregoing instrument was sworn to and affirmed before me this 4TH day of APRIL 20 17 , by:	R. SHIMORE
Green Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	SCANNED Name of Arresting/Investigating Officer
J. Saxe Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	APR 04 2017 Signature of Arresting/Investigating Officer
Page 1 of 1	

(FOR WARRANTS USE ONLY)**VICTIM NOTIFICATION FORM**

- 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 #: 17-060114 Agency: Palm Beach County Sheriff's Office

Offense: BATTERY (DOMESTIC)

Suspect/Offender: WILLIAMS BRITNEY MARIE

DOB: 06/29/86 Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's Name: _____ DOB: 08/12/80 Race: B Sex: M
 Address: _____

City: _____ State: _____

Home #: _____ Work #: _____ Other #: _____

b. 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 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: _____

Deputy's Name: R.GILMORE ID #: 14457 Date: Apr 4, 2017

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
(Submit this form with the original Probable Cause affidavit)

Suspect: BRITNEY, MARIE, WILLIAMS

DOB: 06 / 29 / 1986 Case #: 17-060114

Victim: ██████████ DOB: 08 / 12 / 1980 Race: BLACK Sex: MALE

Relationship between Victim and Defendant: ██████████

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: _____

Weapon Used: Yes No Type: HAND

Witness: Yes No Name: DEVINNE ATTAWAY 01/15/90

Victim Pregnant: Yes No If yes, _____ weeks _____ months

Injuries: Yes No Description: BURISE ON LEFT EYE

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: _____

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

First words Victim said when you responded to scene: SHE PUNCHED ME IN THE EYE

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 Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other _____

Victim Contact Information:

Local Address: ██████████ GREENACRES, FL 33463

Phone: Home (____) ____ - ____ Work (____) ____ - ____ Cell ██████████

Employer: _____

Name of Relative: _____ Phone (____) _____

Address: _____

SCANNED
APR 04 2017