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ADMINISTRATIVE		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		01	Juvenile	N	
OBTS Number		Juvenile Referral Report		Agency Report Number (N.T.A.'s only)		06-17-112369					
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>									
Charge Type: Check as many as apply: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 02			
Location of Arrest (Including Name of Business) <b>608 NE 3RD STREET</b>		BELLE GLADE FL 33430									
Date of Arrest <b>08/08/2017</b>		Time of Arrest <b>16:48</b>		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>N/A</b>			
Name (Last, First, Middle) <b>REDD, DARLENE, BOOTH</b>								Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W	Date of Birth <b>04/20/1981</b>	Height <b>5'8</b>	Weight <b>120</b>	Eye Color <b>BROWN</b>	Hair Color <b>BLACK</b>	Complexion <b>WHITE</b>	Build <b>SLIM</b>		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>NONE</b>						Marital Status <b>SINGLE</b>	Religion <b>NONE</b>	Indication of: Alcohol Influence Drug Influence Y N Unk.			
Local Address (Street, Apt. Number) <b>608 NE 3RD STREET</b>		(City) <b>BELLE GLADE</b>	(State) <b>FL</b>	(Zip) <b>33430</b>	Phone <b>(561) 996-0104</b>			Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>			
Permanent Address (Street, Apt. Number) <b>608 NE 3RD STREET</b>		(City) <b>BELLE GLADE</b>	(State) <b>FL</b>	(Zip) <b>33430</b>	Phone <b>(561) 996-0104</b>			Address Source <b>FL IDENTIFICATION CARD</b>			
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone			Occupation <b>UNEMPLOYED</b>			
DL Number, State <b>R-300-162-81-640-0</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>CLEWISTON, FL</b>		Citizenship <b>US</b>			
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 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	<input type="checkbox"/> 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 Custodian <input type="checkbox"/> Other:		Name (Last) <b>(FIFL)</b>		(Middle)				Residence Phone <b>( )</b>			
Address (Street, Apt. Number)		(City)	(State)	(Zip)					Business Phone <b>( )</b>		
Notified by: (Name)		Date <b>08/08/2017</b>	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 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 (Phone 355-2528) informed of any change of address. <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					
CODE	Drug Activity N. 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. Barbiturates C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
CHARGE	Charge Description <b>Violation of an injunction for protection</b>		Counts 01		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>741.31(4)(A)</b>		Violation of ORD #			
CHARGE	Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # <b>17-112369</b>		Warrant / Capias Number		Bond			
CHARGE	Charge Description <b>Simple Battery</b>		Counts 01		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>784.03(1)A</b>		Violation of ORD #			
CHARGE	Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # <b>17-112369</b>		Warrant / Capias Number		Bond			
CHARGE	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #			
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #		Warrant / Capias Number		Bond			
CHARGE	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #			
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #		Warrant / Capias Number		Bond			
NOTICE TO APPEAR	Location (Court, Room Number, Address)										
NOTICE TO APPEAR	Court Date and Time		Month	Day	Year	Time	AM	PM			
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)											
HOLD for other Agency Name:		Signature of Arresting Officer <i>H. Pritchard</i>		25547		Name Verification (Printed by Arrestee) (PRINT)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>H. PRITCHARD</b>		ID # <b>25547</b>	PBSO				
Arrest Dept <i>1001001</i>		I.D. # <i>1339</i>	Transporting Officer <i>1339 Myerscough</i>		ID # <i>23893</i>	Agency <b>PBSO</b>					
Witness here if subject signed with an "X" 1 OF 1											
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)											

OBIG Number		PROBABLE CAUSE AFFIDAVIT				1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	01	Juvenile	N
ADMIN	Agency ORI Number <b>FLO 500000</b>	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number <b>06</b>	17-112369						
	ChargeType: Check as many as apply. 1. Felony 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:						
DEF	Name (Last, First, Middle) <b>REDD, DARLENE, BOOTH</b>	Alias		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>04/20/1981</b>				
CHARGES	Charge Description <b>Violation of an injunction for protection 741.31(4)(A)</b>	Charge Description <b>Simple Battery</b>		784.03(1)						
VICTIM	Charge Description	Charge Description								
		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>03/16/1970</b>						
		Address Source <b>FL ID CARD</b>								
		Occupation <b>SELF-EMPLOYED</b>								
<p>The undersigned certifies and 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.</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 type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <b>8TH</b> day of <b>AUGUST</b> 20 <b>17</b> at <b>16:48</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>										
<p>On August 8 2017, at approximately 1623 hours I was dispatched to [REDACTED] in reference to violation of an injunction.</p> <p>Upon my arrival to the scene, I made contact with [REDACTED] (W/M, 03/16/1970) who verbally informed me he was at work at the above location when [REDACTED] Darlene Redd (W/F, 04/20/1981) saw him at the above location and approached him. [REDACTED] mentioned Ms. Redd asked him for the reason why he was in the neighborhood. While Ms. Redd was yelling at him [REDACTED] stated, Ms. Redd had a pair of scissors in her hand, but did not make any threatening gesture towards him with the scissors. [REDACTED] continued telling me during his encounter with Ms. Redd she pushed him in the chest and began to walk back to her residence with the scissors in hand. [REDACTED] provided me with paperwork reference an injunction that is permanently active against Ms. Redd.</p> <p>After, speaking with [REDACTED] I made contact with Ms. Redd who was currently located at her residence. Ms. Redd willingly and spontaneously told me that she confronted and pushed [REDACTED] because he was in the her neighborhood. Ms. Redd continued telling me she also confronted [REDACTED] because [REDACTED] gave her sexual transmitted disease [REDACTED]</p> <p>Ms. Redd was arrested and charged with violation of an injunction for protection Florida State Statue 741.31(4)(A) and simple battery Florida State Statue 784.03(1).</p> <p>This case is cleared by arrest.</p>										
PROBABLE CAUSE STATEMENT	<p>STATE OF FLORIDA COUNTY OF PALM BEACH <i>H. PRITCHARD</i> 25547 (Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <b>8TH</b> day of <b>AUGUST</b> 20 <b>17</b> by <b>H. PRITCHARD</b> 25547 <b>PBSO</b></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <b>1 known LEQ</b></p> <p><b>D13 D1 myorscar6 23893</b></p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.40)</p>									
ADMINISTRATIVE	<p>PAGE <b>1</b> OF <b>1</b></p>									

## **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 another, who is or was residing in the same single dwelling.)
- **Sexual Offense (Ch. 794)**
- **Attempted Sexual Offense**

**Upon completion, this form must accompany the booking paperwork.  
If applying for a warrant, attach this form to the filing packet.**

Incident Report #: 17-112369 Agency: PBSO

Offense: Violation of an injunction for protection

Suspect/Offender: REDD, DARLENE, BOOTH

Suspect/Officer: DOB 04/20/1981 Race: W Sex: F

2. Warrant # (s):

3. a. Victim [REDACTED] DOB 03/16/1970 Race: W Sex: M

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home \_\_\_\_\_ 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 BE SUBJECT TO CONFIDENTIALITY.

**SUSPECT/OFFENDER:**

**COURT USE ONLY**  
**(FOR WARRANTS USE ONLY)**

COURT CASE/WARRANT#.

## **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: **H. PRITCHARD** 25547 I.D.# **PBSO** Date: **08/08/17**  
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records  
FBI-DOJ 5000-1074-1000