

0448749

539

ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	01	Juvenile	N					
OBTS Number											
Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-17-112369								
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	Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 02								
Location of Arrest (Including Name of Business) 608 NE 3RD STREET BELLE GLADE FL 33430											
Date of Arrest 08/08/2017	Time of Arrest 16:48	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle N/A					
Name (Last, First, Middle) REDD, DARLENE, BOOTH						Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White - American Indian B - Black - Oriental/Asian W	Sex F	Date of Birth 04/20/1981	Height 5'8	Weight 120	Eye Color BROWN	Hair Color BLACK	Complexion WHITE	Build SLIM			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE			Marital Status SINGLE	Religion NONE	Indication of: Alcohol Influence Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk.						
Local Address (Street, Apt. Number) 608 NE 3RD STREET			(City) BELLE GLADE	(State) FL	(Zip) 33430	Phone (561) 996-0104	Residence Type: 1. City 2. County 3. Florida 4. Out of State 2				
Permanent Address (Street, Apt. Number) 608 NE 3RD STREET			(City) BELLE GLADE	(State) FL	(Zip) 33430	Phone (561) 996-0104	Address Source FL IDENTIFICATION CARD				
Business Address (Name, Street) ()			(City) ()	(State) ()	(Zip) ()	Phone ()	Occupation UNEMPLOYED				
D/L Number, State R-300-162-81-640-0		Soc. Sec. Number ()		INS Number ()		Place of Birth (City, State) CLEWISTON, FL		Citizenship US			
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					
Parent Legal Custodian Other: Name (Last) ()			(First) ()			(Middle) ()			Residence Phone ()		
Address (Street, Apt. Number) ()			(City) ()			(State) ()			(Zip) ()		
Notified by: (Name) ()			Date 08/08/2017	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) ()						School Attended ()		Grade ()			
Property Crime? <input type="checkbox"/> Yes <input checked="" 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. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
CHARGE	Charge Description Violation of an injunction for protection			Counts 01	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 741.31(4)(A)	Violation of ORD #				
CHARGE	Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # 17-112369	Warrant / Capias Number			Bond			
CHARGE	Charge Description Simple Battery			Counts 01	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1)(A)	Violation of ORD #				
CHARGE	Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # 17-112369	Warrant / Capias Number			Bond			
CHARGE	Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" 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 checked="" type="checkbox"/> N	Statute Violation Number	Violation of ORD #				
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number			Bond			
Location (Court, Room Number, Address)											
Court Date and Time Month 08 Day 08 Year 2017 Time 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) ()											
Date Signed ()											
HOLD for other Agency Name: ()			Signature of Arresting Officer ()			Name Verification (Printed by Arrestee) ()					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:			Name of Arresting Officer (Print) H. PRITCHARD			(PRINT)					
I.D. # 539			ID # 25547			Agency PBSO					
Transporting Officer ()			ID # 23893			Agency PBSO					
Witness here if subject signed with an "X" ()											
PAGE 1 OF 1											

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PBCO 1-148 REV. 5/97

2017 AUG -9 4:15:32

OB18 Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		01	Juvenile	N	
ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 17-112369						
	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:						
DEF	Name (Last, First, Middle) REDD, DARLENE, BOOTH				Alias		Race W	Sex F	Date of Birth 04/20/1981		
	Charge Description Violation of an injunction for protection 741.31(4)(A)				Charge Description Simple Battery 784.03(1)						
CHARGES	Charge Description				Charge Description						
VICTIM					Race W	Sex M	Date of Birth 03/16/1970				
					Address Source FL ID CARD						
				Occupation SELF-EMPLOYED							
<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.</p> <p>The Person taken into custody</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. </div> <div> <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. </div> </div> <p>On the 8TH day of AUGUST 20 17 at 16:48 <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 _____ in reference to violation of an injunction.</p> <p>Upon my arrival to the scene, I made contact with _____ (W/M, 03/16/1970) who verbally informed me he was at work at the above location when _____ Darlene Redd (W/F, 04/20/1981) saw him at the above location and approached him. _____ mentioned Ms. Redd asked him for the reason why he was in the neighborhood. While Ms. Redd was yelling at him _____ stated, Ms. Redd had a pair of scissors in her hand, but did not make any threatening gesture towards him with the scissors. _____ continued telling me during his encounter with Ms. Redd she pushed him tin he chest and began to walk back to her residence with the scissors in hand. _____ provided me with paperwork reference an injunction that is permanently active against Ms. Redd.</p> <p>After, speaking with _____ 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 _____ because he was in the her neighborhood. Ms. Redd continued telling me she also confronted _____ because _____ gave her sexual transmitted disease _____</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>											
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH <div style="display: flex; justify-content: space-between;"> <div> (Signature of Arresting/Investigative Officer) </div> <div> H. PRITCHARD 25547 </div> </div>										
	The foregoing instrument was sworn to or affirmed and subscribed before me this 8TH day of AUGUST 20 17 by H. PRITCHARD 25547 PBSO										
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced FL ID CARD										
	Notary Public, Clerk of Court, Officer (F.S.S. 117.40) DIS Dinyoiscay 23893										

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)

- Sexual Offense (Ch. 794)

- Attempted Murder

- Attempted Sexual Offense

- 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.)

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

1. Incident Report #: 17-112369 Agency: PBSO
Offense: Violation of an injunction for protection
Suspect/Offender: REDD, DARLENE, BOOTH
D.O.B. 04/20/1981 Race: W Sex: F

2. Warrant # (s): _____

3.a. Victim [REDACTED] D.O.B. 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.

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)
PBSO 00020A REV. 4/100

Yellow/Warrants Section

Pink/Central Records

SUSPECT/OFFENDER: _____

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT# _____