

		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1 Arrest 2 N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		
ADMINISTRATIVE	OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 17149475						
	Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	If Weapon Seized			Multiple Clearance Indicator				
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	Enter Type								
Location of Arrest (including Name of Business) 1040 Royal Palm Beach Boulevard, RPB, FL 33411						Location of Offense (Business Name, Address) 1040 Royal Palm Beach Boulevard, RPB, FL 33411						
Date of arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle						
11/09/2017	0323											
Name (Last, First, Middle) Gillikin, Erika						Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build				
W - White	F	09/15/1974	5'01"	130lbs	Brown	Brown	light	small				
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Tattoo: lower back						Marital Status	Religion	Indication of: Alcohol Influence Drug Influence				
						single	Catholic	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk.				
Local Address (Street, Apt. Number) 12930 Orange Grove Boulevard West Palm Beach, FL 33411						Phone	Residence Type:					
						(561) 506-8677	1. City 2. County 3. Florida 4. Out of State		1			
Permanent Address (Street, Apt. Number)						Phone	Address Source					
							Florida ID					
Business Address (Name, Street)						Phone	Occupation					
							Unemployed					
D/L Number, State G-425-200-74-835-0, Florida		Soc. Sec. Number		INS Number		Place of Birth (City, State)		Citizenship				
						Miami, FL		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			
<input type="checkbox"/> Parent Legal Custodian <input type="checkbox"/> Other:						Name (Last)		(First)	(Middle)	Residence Phone		
Address (Street, Apt. Number)						(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 355-2526) informed of any change of address.						School Attended			Grade			
Yes, by (Name)						No: (Reason)						
Property Crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						Description of Property			Value of Property			
Activity		S. Sell	R. Smuggle	K. Dispense	M. Manufacture/Produce/Cultivate	Z. Other	Drug Type	B. Barbiturate	H. Hallucinogen	P. Paraphernalia/ U. Unknown Equipment		
N. N/A		B. Buy	D. Deliver				N. N/A	C. Cocaine	M. Marijuana	S. Synthetic. Z. Other		
P. Possess		T. Traffic	E. Use				A. Amphetamine	E. Heroin	O. Opium/Deriv			
Charge Description Simple Domestic Battery						Counts	Domestic Violence	Statute Violation Number		Violation of ORD #		
						1	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	784.03(1a1)				
Drug Activity	Drug Type	Amount / Unit		Offense #		Warrant / Capias Number			Bond			
				17149475								
Charge Description						Counts	Domestic Violence	Statute Violation Number		Violation of ORD #		
							<input type="checkbox"/> Y <input checked="" type="checkbox"/> N					
Drug Activity	Drug Type	Amount / Unit		Offense #		Warrant / Capias Number			Bond			
Charge Description						Counts	Domestic Violence	Statute Violation Number		Violation of ORD #		
							<input type="checkbox"/> Y <input checked="" type="checkbox"/> N					
Drug Activity	Drug Type	Amount / Unit		Offense #		Warrant / Capias Number			Bond			
Charge Description						Counts	Domestic Violence	Statute Violation Number		Violation of ORD #		
							<input type="checkbox"/> Y <input checked="" type="checkbox"/> N					
Drug Activity	Drug Type	Amount / Unit		Offense #		Warrant / Capias Number			Bond			
Location (Court, Room Number, Address)												
Court Date and Time												
Month			Day			Year			Time			
									A.M.			
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)				
				X Jon Snow 7982								
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				Name of Arresting Officer (Print)				(PRINT)				
				D/S Jon Snow				7982				
Intake Deputy				I.D. #	Pouch #	Transporting Officer		I.D. #	Agency			
						Tibucco		19480	PBSO			
Witness here if suspect signed with an "X"						PAGE						
						1 OF 1						

PROBABLE CAUSE AFFIDAVIT

1 Arrest
2 NTA
3 Request for Warrant
4 Request for Capias

1

Juvenile

ADMIN	OBTS Number	Agency ORI Number FLO. 5, 0, 0, 0, 0, 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 17149475
	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) Gillikin, Erika	Alias	Race W	Sex F	Date of Birth 09/15/1974
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CHARGES	Charge Description Simple Domestic Battery	Charge Description
	Charge Description	Charge Description

VICTIM	Victim's Name (Last, First, Middle)	Race W	Sex M	Date of Birth 03/16/1984
	Business Address (Name, Street) (City) (State) (Zip) Phone	Address Source		

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

committed the below acts in my presence. was observed by _____ who told _____

confessed to _____ that he/she saw the arrested person commit the below acts.

admitting to the below facts. _____ was found to have committed the below acts, resulting from my (described) investigation.

On the 9th day of November 20 17 at 0300 A.M P.M (Specifically include facts constituting cause for arrest.)

On November 9th, 2017 at approximately 0300, I arrived in the parking lot of the Palm Beach Fire Rescue Station 28 located at 1040 Royal Palm Beach Boulevard, Royal Palm Beach, Florida regarding a report of a possible fight. I arrived to find a male, who was later identified as _____ standing without a shirt on in the parking lot. Nearby was Erika Gillikin and another man identified as Giancarlos Ayala Febres. The three were arguing, and _____ had visible abrasions to his knees, elbows, and scratches to his chest. _____ also had a slightly swollen left eye and some red marks on his neck.

During the course of investigating the situation _____ told me he had been in a car driven by his _____ Erika Gillikin. Gillikin did not want _____ to spend the night with her, though they have done so in the past, and maintain a romantic relationship. _____ did not want to get out of the car because he wanted to spend the night with Gillikin. An altercation ensued during which _____ exited the vehicle and at some point Gillikin scratched _____. _____ also stated that Ayala Febres punched him in the left side of his face. Ayala then spontaneously uttered that he had done so only after _____ pushed Gillikin onto the ground, apparently in retaliation for Gillikin scratching him. _____ went on to say that Gillikin always scratches him, and he identified some marks on his wrists, stating they were scratches from Gillikin resulting from a few days ago.

Based upon the totality of the circumstances, it seems likely that Gillikin did not want to spend the night with _____, possibly she wanted to spend the night with Ayala Febres. When _____ refused to exit the vehicle, it may have been that Gillikin attempted to forcibly remove him from the vehicle, after which _____ pushed Gillikin, causing her to fall, and Ayala Febres then punched _____.

_____ stated multiple times that Gillikin had scratched him, and he had apparent scratches to his chest, as well as red marks on his neck that are consistent with his allegation of being scratched. Because of the existence of a romantic relationship over a period of time, probable cause exists to arrest and charge Erika Gillikin with committing simple domestic battery, in violation of FSS.784.03(1a1).

ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH	<i>Jon Snow 7982</i>
	(Signature of Arresting / Investigative Officer)	
	The foregoing instrument was sworn to or affirmed and subscribed before me this 9th day of November 20 17 by D/S Jon Snow, 7982	Agency ID

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification? Type of identification produced

D/S C.T. B... #19480

Notary Public, Clerk of Court, Officer (F.S.S.) 11 7. 1 0

PALM BEACH COUNTY SHERIFF'S OFFICE
DOMESTIC VIOLENCE PROBABLE CAUSE SUPPLEMENTAL FORM
(SUBMIT WITH STATE ATTORNEY'S COPY OF PROBABLE CAUSE AFFIDAVIT)

CASE NUMBER: 17149475

DEFENDANT'S NAME: Fryka Gillikin

DEFENDANT'S STATEMENT: YES NO (IF YES: WRITTEN TAPED ORAL)

SYNOPSIS: Devised battering [REDACTED]

VICTIM'S NAME: [REDACTED]

VICTIM'S STATEMENTS: YES NO (IF YES: WRITTEN TAPED ORAL)

OBSERVATIONS OF VICTIM: (PHYSICAL & EMOTIONAL) Angry, argumentative

RELATIONSHIP BETWEEN VICTIM AND SUSPECT: [REDACTED]

PHOTOGRAPHS: SCENE: YES NO VICTIM(S): YES NO

911 CALL: YES NO WHO CALLED: _____

WEAPON USED: YES NO TYPE: _____

MEDICAL TREATMENT: YES NO

AT SCENE: YES NO PARAMEDICS: _____

AT HOSPITAL: YES NO HOSPITAL: _____ PHYSICIAN: _____

ARE CHILDREN LIVING IN HOME: YES NO

NAME: _____ DOB: _____

NAME: _____ DOB: _____

NAME: _____ DOB: _____

WAS ACT(S) COMMITTED IN PRESENCE OF MINOR(S): YES NO (IF YES SAME AS ABOVE OR SPECIFY)

NAME: _____ DOB: _____

NAME: _____ DOB: _____

NAME: _____ DOB: _____

DCF NOTIFIED: (IF CHILD ABUSE) YES NO

PRIOR HISTORY OF DOMESTIC VIOLENCE: YES NO UMK ALCOHOL OR DRUGS INVOLVED: YES NO

VIOLATION OF RESTRAINING ORDER: YES NO CASE #: _____

ALTERNATE VICTIM CONTACT INFORMATION: (IF VICTIM DECIDES TO LEAVE RESIDENCE)

RELATIVE/FRIEND NAME: [REDACTED] PHONE: [REDACTED]

RELATIVE/FRIEND ADDRESS: [REDACTED]

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 by 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.

1. Incident Report #: 17149475 Agency: POSO
Offense: Simple Domestic Battery
Suspect/Offender: Erika Gillikin
D.O.B. 9/15/1974 Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's name: _____ D.O.B. 3/16/84 Race: W Sex: M
Address: _____
City: _____
Home #: _____ Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____
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: Jon Snow Jenkins I.D.# 7982 Date: 11/09/17

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records
PS90 #0029A REV. 4/99

SUSPECT/OFFENDER:

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#: