

SKT # 048 4462

PCH 3683

AD M I N I S T R A T I O N	OBTS Number		ARREST / NOTICE TO APPEAR				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE															
D E F E N D A N T	Agency ORI Number <b>0500800</b>		Agency Name <b>West Palm Beach Police Department</b>				Agency Report Number (N.T.A.'s only) <b>9 4 2017-0000848</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		If Weapon Seized Enter Type <b>NOT APPLICABLE</b>		Multiple Clearance Indicator																
	Location of Arrest (Including Name of Business) <b>SAME</b>						Location of Offense (Business Name, Address) <b>514 GREEN SPRINGS PL, WEST PALM BEACH, FL 33409</b>																				
	Date of Arrest <b>01/13/2017</b>		Time of Arrest <b>22:50</b>		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle														
J U V E N I L E	Name (Last, First, Middle) <b>SKELLY, HEATHER JEAN</b>											Alias (Name, DOB, Soc. Sec. #, Etc.)															
	Race W - White B - Black		I - American Indian O - Oriental/Asian		Sex <b>F</b>		Date of Birth <b>05/10/1978</b>		Height <b>5'02</b>		Weight <b>140</b>		Eye Color <b>BROWN</b>		Hair Color <b>BROWN</b>		Complexion <b>DARK</b>		Bent <b>Sm</b>								
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)											Marital Status <b>S</b>		Religion		Indication of: Alcohol Influence Drug Influence		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>									
	Local Address (Street, Apt. Number) <b>928 S FEDERAL HWY 16, LAKE WORTH, FL 33460</b>						(City)		(State)		(Zip)		Phone <b>(623) 262-1012</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State		1										
	Permanent Address (Street, Apt. Number) <b>928 S FEDERAL HWY 16, LAKE WORTH, FL 33460</b>						(City)		(State)		(Zip)		Phone <b>(623) 262-1012</b>		Address Source <b>ID</b>												
	Business Address (Name, Street)						(City)		(State)		(Zip)		Phone		Occupation												
	D/L Number, State <b>S400330786700 / FL</b>				Soc. Sec. Number				INS Number				Place of Birth (City, State) <b>NY, United States</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"/> Other: _____ Name (Last, First, Middle)											Residence Phone															
Address (Street, Apt. Number)											(City)		(State)		(Zip)		Business Phone										
Notified by: (Name)											Relationship		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 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														
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____											Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property												
C O U N T Y	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Disperses/ 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. Synthetic		U. Unknown Z. Other						
	Charge Description <b>BATTERY - BATTERY (SIMPLE)</b>											Statute Violation Number <b>784.03(1)(A)</b>		Violation of ORD #													
	Drug Activity		Drug Type		Amount / Unit		Offense # <b>2017-0000848</b>		Counts <b>1</b>		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond												
C H A R G E	Charge Description											Statute Violation Number		Violation of ORD #													
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond												
	Charge Description											Statute Violation Number		Violation of ORD #													
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond													
I N T A K E	Health / Apparent Physical Condition of Defendant											Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Physical <input type="checkbox"/> Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries															
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health											PROPERTY - Received By		Released By		Released To											
	Transported By											Date Transported		Time Transported		Other											
N O T I C E  T O A P P E A R	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.											Location (Court, Room)															
												Court Date and Time															
	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																
A D M I N	HOLD for Other Agency											Signature of Arresting Officer <b>16h</b>		Name Verification (Printed by Arrestee)													
	<input type="checkbox"/> Dangerous <input checked="" type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>MOONEY, STEVEN J.</b>		I.D. # <b>01681</b>		(PRINT)																		
	Take into custody <b>Thomas</b>		Pouch #		Transporting Officer <b>Sam</b>		I.D. # <b>6788</b>		Agency																		
	Witness here if subject signed with an "X".											PAGE 1 OF 1															


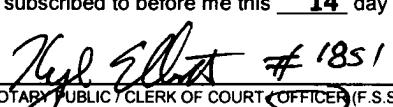
☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ DEFENDANT

JAN 14 AM 1:14

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>01/13/2017 22:50</b>		Agency Name <b>WEST PALM BEACH POLICE DEPARTMENT</b>		Agency Report Number <b>9 4 2017-0000848</b>	
	Agency ORI Number <b>FL 0500800</b>					
D E F	Name (Last, First, Middle) <b>SKELLY, HEATHER JEAN</b>				Race <b>W</b>	Sex <b>F</b>
	Alias				Date of Birth <b>05/10/1978</b>	
C H R G	Charge Description <b>784.03(1) BATTERY - BATTERY (SIMPLE)</b>					
V I C T I M	Victim's Name (Last, First, Middle) <b>SPRADLEY, WILLIAM EDGAR III</b>				Race <b>W</b>	Sex <b>M</b>
					Date of Birth <b>02/10/1961</b>	
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>514 GREEN SPRINGS PL, WEST PALM BEACH, FL 33409</b>				Phone <b>(561) 839-0323</b>	
	Business Address (Name, Street) (City) (State) (Zip)				Address Source <b>ID</b>	
O B S E R V E D	Written		Taped		Oral	
	DEFENDANT'S STATEMENTS: <input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
VICTIM'S STATEMENTS: <input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		
OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>BATTERED</b>						
RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>BOYFRIEND/GIRLF</b>						
A D D I T I O N A L  I N F O R M A T I O N	PHOTOGRAPHS:		Scene:	<input checked="" type="checkbox"/>	YES	NO
			Victim:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	911 CALL:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: <b>SPRADLEY</b>
	WEAPON USED:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TYPE:
	WITNESSES:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(If YES, attach witness list)
	INJURIES:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MEDICAL TREATMENT:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	AT: Scene:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PARAMEDICS:
	Hospital:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:
	ACT COMMITTED IN PRESENCE OF MINOR(S):		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAMES/AGES:
	H. R. S. NOTIFIED:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	VICTIM PREGNANT:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	VIOLATION OF RESTRAINING ORDER:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CASE #:
	PRIOR HISTORY OF DOMESTIC VIOLENCE:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	ALCOHOL OR DRUGS INVOLVED:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
N A R R	On Friday January 13th, 2017 at approximately 2250 hours, I responded to 514 Green Springs Place in reference to a disturbance. Upon arrival I made contact with complainant William Spradley w/m, dob 2/10/61 and defendant Heather Skelly w/f, dob 5/10/78 who stated the following:					
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, <u>1</u> personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.   SIGNATURE OF ARRESTING OFFICER  Sworn to and subscribed to before me this <u>14</u> day of <u>January</u> , <u>2017</u> .   NOTARY PUBLIC / CLERK OF COURT OFFICER (F.S.S. 117.10)						

SCANNED  
JAN 14 2017

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County  
Narrative Continuation

ADMINISTRATIVE	Date / Time <b>01/13/2017 22:50</b>		
	Agency ORI Number <b>FL 0500800</b>	Agency Name <b>WEST PALM BEACH POLICE DEPARTMENT</b>	Agency Report Number <b>9   4   2017-0000848</b>

N Spradley stated on this day his girlfriend; the defendant began drinking alcohol and started to become aggressive. He stated he removed the vodka from the kitchen and as he was pouring it out, the defendant started to become physical with him. He stated the defendant struck him in the arms, stomach, face and testacies several times. He advised he also bit her on the chest as she continued to scratch at his stomach. He advised they have been dating for 3 months and are expecting a newborn. He advised the defendant is a month pregnant.

E He continued to state that the defendant began to destroy the residence by throwing all their belongings around and breaking several objects. He advised he called 911 after she punched him in the testacies.

I also spoke with the defendant who appeared to be under the influence of a substance based on her slow movements and blurry blood shot eyes. The defendant became verbal aggressive towards the police as I was asking her what happened. The defendant stated she didn't call the police, and she has no idea why the police are in her residence.

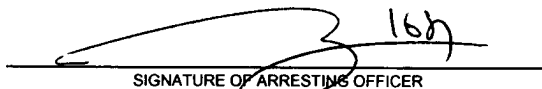
Spradley had clear physical marks on his chest, stomach, arms and face that the defendant was the primary aggressor. Photo's of the injuries were taken, along with a bwc footage of the residence which appeared to have been ransacked. Spradley was provided with a domestic violence packet and also provided a sworn statement of the above facts.

The defendant was arrested for domestic battery, the hand cuffs where double locked and checked for fit. The defendant was transported to WPB booking and held in room 1045.

Based on the above facts I believe there is probable cause to charge the defendant with one count of domestic battery (Simple) per. F.S.S. 784.03(1).

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Appeared before me, 1 personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 14 day of January, 2017.

  
NOTARY PUBLIC / CLERK OF COURT (OFFICER) (F.S.S. 117.10)

SCANNED  
JAN 14 2017

COURT

STATE ATTORNEY

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CRIME ANALYSIS

P. I. O.