

0490871

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

1089

Juvenile

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report						1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		
Agency ORI Number		Agency Name		PALM BEACH GARDENS POLICE DEPT.			Agency Report Number (N.T.A.'s only)			1		
FLO 5 0 2 6 0 0							7 8 1 1 7 1 0 0 5 0 6 1 1 1					
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			If Weapon Seized Enter Type			Multiple Clearance Indicator				
ADMINISTRATIVE		Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)								
Date of arrest 08/31/17		Time of Arrest 00:43		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) Soper Hillary L					Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White B - Black		Sex W F		Date of Birth 08/15/88	Height 5'4"	Weight 145	Eye Color BRO	Hair Color BRO	Complexion Light	Build MED		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Tatt all over body					Marital Status S	Religion Christian	Indication of: Alcohol, Influence Drug Influence			Y N Unk		
Local Address (Street, Apt. Number) 3203 Meridian Way N. Apt A,		(City) PBG		(State) FL	(Zip) 33410	Phone (561) 889-4126	Residence Type: 1. City 2. County			3. Florida 4. Out of State		
Permanent Address (Street, Apt. Number)						Phone ()	Address Source FL - L					
Business Address (Name, Street)						Phone ()	Occupation Publix Manager					
DL Number, State S160332887950 (FL)		Soc. Sec. Number		INS Number			Place of Birth (City, State) Pottstown, PA		Citizenship US			
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	1. Arrested 2. At Large			3. Felony 4. Misdemeanor 5. Juvenile		
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	1. Arrested 2. At Large			3. Felony 4. Misdemeanor 5. Juvenile		
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other: Name (Last) (First) (Middle)								Residence Phone ()				
Address (Street, Apt. Number)							Business Phone ()					
Notified by: (Name) REQUIRED							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. <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 S. Sell B. Buy P. Possess	R. Smuggle D. Deliver T. Traffic	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. Synthetic	U. Unknown Z. Other		
CHARGE	Charge Description Battery			Counts 1	Domestic Violence □ Y □ N	Statute Violation Number 7 8 4 1 0 3 (1) (A) 1 (2)			Violation of ORD #			
CHARGE	Drug Activity N	Drug Type	Amount / Unit	Offense # 17-005061		Warrant / Capias Number			Bond			
CHARGE	Charge Description			Counts	Domestic Violence □ Y □ 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 □ Y □ 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 □ Y □ N	Statute Violation Number			Violation of ORD #			
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #		Warrant / Capias Number			Bond			
NOTICE TO APPEAR	<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 Reverse Side.		Location (Court, Room Number, Address) 3188 PGA Blvd, PBG, FL 33410									
			Court Date and Time Month 09 Day 27 Year 2017 Time 10:00 AM									
						Date Signed X 8/25/17						
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)												
ADMIN	HOLD for other Agency Name:		Signature of Arresting Officer X Lucy L			Name Verification (Printed by Arrestee) Anthony Luciano			AUG 25 AM 3:21 (PRINT)			
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Name of Arresting Officer (Print) Anthony Luciano			I.D. # 478				PAGE		
	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:											
	Initial Deputy I.D. CJ H. Neal 7206		Pouch #	Transferring Officer I.D. # AYASU	Agency PBPD				Witness here if subject signed with an "X"			
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - JAIL GOLD - DEFENDANT												

DOMESTIC VIOLENCE PROBABLE CAUSE

• AFEIDAVIT
Palm Beach County

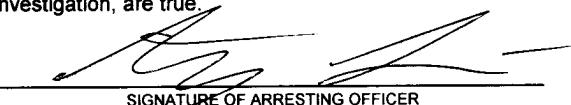
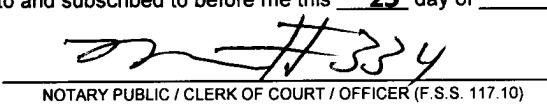
A D M I N Date / Time 08/25/2017 00:00		Agency Name PALM BEACH GARDENS POLICE		Agency Report Number 7 8 17-005061																																																																								
D E F Name (Last, First, Middle) SOPER, HILLARY LYNN		Alias		Race W	Sex F	Date of Birth 08/15/1988																																																																						
C H R G Charge Description 784.03(1)(A)(2) - SIMPLE BATTERY																																																																												
V I C T I M Victim's Name (Last, First, Middle) [REDACTED]		Race W	Sex M	Date of Birth 01/03/1987																																																																								
Local Address (Street, Apt. Number) [REDACTED] (City) [REDACTED] (State) [REDACTED] (Zip) Business Address (Name, Street) [REDACTED] (City) [REDACTED] (State) [REDACTED] (Zip)		Phone [REDACTED]		Address Source																																																																								
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): UPSET																																																																										
RELATIONSHIP BETWEEN VICTIM & SUSPECT FIANCE																																																																												
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N A R R On August 25, 2017 at 12:05 a.m., I, Officer Luciano, responded to [REDACTED] in reference to a domestic disturbance. My body worn camera was activated during this call.																																																																												
STATE OF FLORIDA COUNTY OF PALM BEACH																																																																												
Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.																																																																												
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Sworn to and subscribed to before me this <u>25</u> day of <u>August</u> , <u>2017</u> .																																																																												
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)																																																																												
COURT		STATE ATTORNEY		CENTRAL RECORDS		JAIL																																																																						
CRIME ANALYSIS						P. I. O.																																																																						

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

Narrative Continuation

A D M I N	Date / Time 08/25/2017 00:00	Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 17-005061
N A R A T I V E	<p>On my arrival, I made contact with [REDACTED] G. [REDACTED] who advised me of the following: he had just arrived back at his residence from the bar and went to lay in bed. [REDACTED] said his fiancé of three and a half years, Hillary L Soper, was lying in bed next to him. [REDACTED] advised that while he was trying to sleep, Soper began to push him. [REDACTED] said Soper was asking him about another female he was talking to. [REDACTED] told Soper he just wanted to go to sleep. [REDACTED] stated that Soper was standing next to the bed, and intentionally slapped him in the face against his will. [REDACTED] stated he pulled Soper onto the bed and put her in a headlock with his legs in order to restrain her. [REDACTED] told Soper he would let her go when she stopped hitting him. At that time, [REDACTED] let Soper go and she left the room to call her parents on the phone. [REDACTED] called the police and waited outside. [REDACTED] had a visible, fresh laceration along his left cheek and the left side of his neck. [REDACTED] declined needing medical attention. [REDACTED] advised me that he and Soper have a three year old son together, but he did not wake up during this altercation.</p> <p>I made contact with Soper and read her Miranda rights from a printed card, and stated that she understood. Soper stated that she came home before [REDACTED] and put their three-year-old son [REDACTED] to bed. Soper advised that her friend followed [REDACTED] home from the bar to make sure he made it safely. Soper's friend sent her a picture of the messages that [REDACTED] sent her. Soper stated [REDACTED] was lying in bed and she began to question him about these messages. Soper stated she began pushing [REDACTED] to wake him up. Soper stated that she pushed [REDACTED] in his chest and his face, but did not slap or hit him. I asked Soper how [REDACTED] received the lacerations on his cheek and neck, but she could not give me a definitive answer.</p> <p>Based on the physical evidence and sworn statements from both parties, Soper was placed under arrest for domestic battery, pursuant to Florida State Statute 784.03(1)(A)(2).</p>		
NOT A CERTIFIED COPY			
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, [REDACTED] personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p></p> <p>SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>25</u> day of <u>August</u>, <u>2017</u>.</p> <p></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p>Sgt Beath, D.J. #334 PBGPD</p>			

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- **Homicide** (Ch. 782)
- **Attempted Murder**
- **Stalking** (S. 784.048)
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**

- **Domestic Violence** - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. 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 #: 17-005061 Agency: PBGPD
 Offense: Domestic Battery
 Suspect/Offender: Hillary L. Soper
 D.O.B. 8/15/88 Race: W Sex: F

2. Warrant #(s): _____

3. Complete one (1) of the following:

a. Victim's name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Other: _____

b. Victim's next of kin: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Other: _____

c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Other: _____

4. Relevant identification or case numbers assigned to the case (please specify): _____

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: _____
Printed name of person waiving notification: _____

Officer's Name: Anthony Luciano I.D.: 478 Date: 8/25/17