

0490871

1089

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile													
Agency ORI Number FLO 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPT.		Agency Report Number (N.T.A.'s only) 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 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		Multiple Clearance Indicator													
Location of Arrest (including Name of Business)		Location of Offense (Business Name, Address)																			
Date of arrest 0 8 2 5 1 7		Time of Arrest 0 0 4 3		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 I - American Indian O - Oriental/Asian		Sex W F		Date of Birth 0 8 1 5 8 8		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 <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>					
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		1 11							
Permanent Address (Street, Apt. Number)				(City)		(State)		(Zip)		Phone ( )		Address Source FL DL									
Business Address (Name, Street)				(City)		(State)		(Zip)		Phone ( )		Occupation Publix Manager									
D/L 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		<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) (First) (Middle)				Address (Street, Apt. Number) (City) (State) (Zip)				Business Phone ( )				Residence Phone ( )									
Notified by: (Name)				Relationship				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. <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													
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. Synthetic		U. Unknown Z. Other	
Charge Description Battery		Counts 1		Domestic Violence Y <input type="checkbox"/> N <input type="checkbox"/>		Statute Violation Number 7 8 4 1 0 3 (1) (A) (2)		Violation of ORD #													
Drug Activity N		Drug Type		Amount / Unit		Offense # 17-005061		Warrant / Capias Number		Bond											
Charge Description		Counts		Domestic Violence Y <input type="checkbox"/> N <input type="checkbox"/>		Statute Violation Number		Violation of ORD #													
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond											
Charge Description		Counts		Domestic Violence Y <input type="checkbox"/> N <input type="checkbox"/>		Statute Violation Number		Violation of ORD #													
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond											
Charge Description		Counts		Domestic Violence Y <input type="checkbox"/> N <input type="checkbox"/>		Statute Violation Number		Violation of ORD #													
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond											
<input checked="" type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) 3188 PGA Blvd. PBG, FL 33410		Court Date and Time Month 09 Day 27 Year 2017 Time 10:00 P.M.																	
<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.																					
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) X [Signature]				Date Signed X 8/25/17													
HOLD for other Agency Name:		Signature of Arresting Officer [Signature]		Name of Arresting Officer (Print) Anthony Luciano		I.D. # 478		Name Verification (Printed by Arrestee) AUG 25 AM 9:21		(PRINT)											
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Transferring Officer HAYASHI		I.D. # 408		Agency PBGPD		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

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>08/25/2017 00:00</b>		Agency ORI Number <b>FL 0502600</b>		Agency Name <b>PALM BEACH GARDENS POLICE</b>		Agency Report Number <b>7   8   17-005061</b>	
	Name (Last, First, Middle) <b>SOPER, HILLARY LYNN</b>						Race <b>W</b>	Sex <b>F</b>
C H R G	Charge Description <b>784.03(1)(A)(2) - SIMPLE BATTERY</b>							
	Victim's Name (Last, First, Middle) [REDACTED]						Race <b>W</b>	Sex <b>M</b>
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) [REDACTED]				Phone [REDACTED]		Address Source	
	Business Address (Name, Street) (City) (State) (Zip) [REDACTED]				Phone [REDACTED]		Occupation <b>SPRINKLER SYSTM</b>	
DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>UPSET</b>					
VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>								
RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>FIANCE</b>								
A D D I T I O N A L  I N F O R M A T I O N	PHOTOGRAPHS: Scene: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
	Victim: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
	911 CALL: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		CALLER: [REDACTED]					
	WEAPON USED: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		TYPE: <b>HANDS</b>					
	WITNESSES: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(If YES, attach witness list)					
	INJURIES: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
	MEDICAL TREATMENT: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
	AT: Scene: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		PARAMEDICS:					
	Hospital: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		PHYSICIAN(S) / HOSPITAL:					
	ACT COMMITTED IN PRESENCE OF MINOR(S): YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		NAMES/AGES:					
H. R. S. NOTIFIED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
VICTIM PREGNANT: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
VIOLATION OF RESTRAINING ORDER: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		CASE #:						
PRIOR HISTORY OF DOMESTIC VIOLENCE: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
ALCOHOL OR DRUGS INVOLVED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
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.  [Signature] SIGNATURE OF ARRESTING OFFICER  Sworn to and subscribed to before me this <u>25</u> day of <u>August</u> , <u>2017</u> .  [Signature] NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)  Sgt Beath, D.J. #334 PBGPD							

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

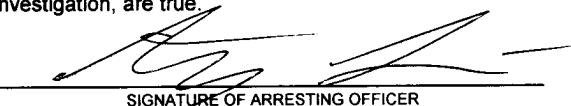
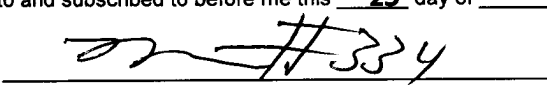
P. I. O.

## DOMESTIC VIOLENCE PROBABLE CAUSE

. AFEIDAVIT

Palm Beach County

Narrative Continuation

A D M I N	Date / Time <b>08/25/2017 00:00</b>	Agency Name <b>PALM BEACH GARDENS POLICE</b>	Agency Report Number <b>7   8   17-005061</b>
	Agency ORI Number <b>FL 0502600</b>		
N A R 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>		
	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</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> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p><b>Sgt Beath, D.J. #334</b> <b>PBGPD</b></p>		

COURT

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P. I. O.

## VICTIM NOTIFICATION FORM

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

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

SUSPECT/OFFENDER: Hillary L. Soper

COURT CASE/WARRANT #:  
(FOR WARRANTS USE ONLY)