0452855 18MM14167 1300

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias

Juvenile ☐

ADMINISTRATIVE

OBTS Number		
Agency ORI Number: FL0502100	Agency Name: MANALAPAN POLICE DEPARTMENT	Agency Report Number: 66 - 18M0151

Charge Type: Check as many as apply. ☐ 1. Felony ☒ 3. Misdemeanor ☐ 5. Ordinance ☐ 2. Traffic Felony ☐ 4. Traffic Misdemeanor ☐ 6. Other

Weapon Seized / Type: 1. Yes 2. No (2)

Multiple Clearance Indicator:

Location of Arrest (Including Name of Business): 2 Logerhead Manalapan, FL.

Location of Offense (Business Name. Address): Same

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
12-12-18	10:14 AM	12-12-18		12-12-18		N.A

DEFENDANT

Name (Last, First, Middle): Payne, Jackson, Hill

Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White I - American Indian B - Black O- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	10-03-92	6'04	170	Green	BR	med	Stocky

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): Scar Right elbow

Marital Status: S

Religion: Christ

Indication of: Alcohol Influence ☐ Yes ☒ No ☐ Unknown; Drug Influence ☐ Yes ☒ No ☐ Unknown

Local Address (Street, Apt. Number): 2 Logerhead (City): Manalapan (State): FL. (Zip): 33462

Phone: 561 585 9998

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 1

Permanent Address (Street, Apt. Number): Same (City) (State) (Zip)

Phone: ___ ___ ____

Address Source:

Business Address (Name, Street) (City) (State) (Zip)

Phone: ___ ___ ____

Occupation:

DL Number, State: P500 428923630 Soc. Sec. Number: [redacted] Place of Birth: Boyton, FL Citizenship: US

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	
				☐ 1. Arrested ☐ 3. Felony ☐ 5. Juvenile ☐ 2. At Large ☐ 4. Misdemeanor
				☐ 1. Arrested ☐ 3. Felony ☐ 5. Juvenile ☐ 2. At Large ☐ 4. Misdemeanor

JUVENILE

☐ Parent ☐ Other ☐ Legal Custodian

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/CYF 3. Incarcerated

Released To: (Name) | Relationship | Date | Time

The above address was provided by defendant and / or defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone 820-2526) informed of any change of address.
☐ Yes by: ☐ No: (Reason)

School Attended | Grade

Property Crime? ☐ Yes ☐ No | Description of Property | Value of Property

CODE

Drug Activity: N. N/A P. Possess S. Sell B. Buy T. Traffic D. Deliver E. Use R. Smuggle 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	Counts	F.S. / Ord.	Statute Violation No. - Chap--Sec-Sub	Violation of ORD#
Domestic Battery Simple	1	☒ F.S. ☐ Ord.	~~741.28 (3)~~ 784.03(1)(a)1.	

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant / Capias Number	Domestic Related?	Bond
N	N		1		☐ Yes ☐ No	

CHARGE

Charge Description	Counts	F.S. / Ord.	Statute Violation No. - Chap--Sec-Sub	Violation of ORD#
		☐ F.S. ☐ Ord.		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant / Capias Number	Domestic Related?	Bond
					☐ Yes ☐ No	

CHARGE

Charge Description	Counts	F.S. / Ord.	Statute Violation No. - Chap--Sec-Sub	Violation of ORD#
		☐ F.S. ☐ Ord.		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant / Capias Number	Domestic Related?	Bond
					☐ Yes ☐ No	

NOTICE TO APPEAR

☐ Instruction No. 1 Mandatory Appearance in Court

☐ Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.

Location (Court, Room Number, Address)

Court Date and Time: Month Day Year Time ☐ A.M. ☐ P.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 for Juvenile and Parent/ Custodian) Date Signed

ADMIN.

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Intake Deputy I.D. # Pouch #

Signature of Arresting Officer: Keith Shepherd

Name of Arresting Officer (Print): Keith Shepherd I.D. # 50382

Transporting Officer I.D. # Agency: Keith Shepherd Manalapan

Name Verification (Printed by Arrestee) (PRINT)

Witness if subject signed with an "X".

Page 1 of 1

DISTRIBUTION: WHITE-COURT COPY GREEN-STATE ATTORNEY YELLOW-AGENCY PINK-JAIL GOLD-DEFENDANT (N TA'S ONLY)

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PROBABLE CAUSE AFFIDAVIT

OBTS Number

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capia — Juvenile

ADMIN.

Agency ORI Number: FLO 5 0 2 1 0 0

Agency Name: **MANALAPAN PUBLIC SAFETY**

Agency Report Number: 6 8 1 8 M 0 1 5

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF.

Name (Last, First, Middle): Payne, Jackson, Hill | Alias | Race: W | Sex: M | Date of Birth: 10.03.92

CHARGES

Charge Description: Domestic Battery Simple

Charge Description:

Charge Description:

Charge Description:

VICTIM

Victim's Name (Last, First, Middle): Payne, Josephyre | Race: W | Sex: F | Date of Birth: 12.08.61

Local Address (Street, Apt. Number): 2 Logerhead | (City): Manalapan | (State): FL | (Zip): 33462 | Phone | Address Source: DL

Business Address (Name, Street) | (City) | (State) | (Zip) | Phone: 561-385-9995 | Occupation

PROBABLE CAUSE STATEMENT

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.
☐ confessed to _____ admitting to the below facts.
☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
☒ was found to have commited the below acts, resulting from my (described) investigation.

On the 12 day of Dec. 2018 at 10:14 ☒ A.M. ☐ P.M. (Specifically include facts constituting cause for arrest.)

On 12-12-18 at 10:05 AM I was dispatched 2 Logerhead Ln, Manalapan, FL. I met with Josephyre Payne (victim) at the front door. She was holding an ice pack to the left side of her head. She stated her son had fed the fish after she told him not too. This led to a yelling match. The victim said she was yelling at her son and was up in his face. Her son Jackson Payne w/m DOB 10-3-92, Pushed her away. The victim stumbled backwards and fell. Her head struck the wall and cracked the drywall. The victim was bleeding from the back left side of her head. Palm Beach Fire Medics Responded and treated the victim. Medics advised to follow up with personal Doctor if she feels dizzy. The defendant, Jackson Payne stated he Pushed his mother to make her back up. He did not mean to

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

Keith Shopke
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12 day of 12 2018 by Samantha Lesniak

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

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

PAGE 1 OF 2

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PROBABLE CAUSE AFFIDAVIT

OBTS Number

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capia

Juvenile

ADMIN.

Agency ORI Number: FLO 5 0 2 1 0 0

Agency Name: **MANALAPAN PUBLIC SAFETY**

Agency Report Number: 6 8 - 1 0 - M 0 1 5 1

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF.

Name (Last, First, Middle): Payne, Jackson H. | Alias: | Race: W | Sex: M | Date of Birth: 10 03 92

CHARGES

Charge Description: Simple Battery Domestic

Charge Description:

Charge Description:

Charge Description:

VICTIM

Victim's Name (Last, First, Middle): Payne, Josephyre | Race: W | Sex: F | Date of Birth: 12 08 61

Local Address (Street, Apt. Number): 2 Logerhead (City): Manalapan (State): FL (Zip): | Phone: ( ) | Address Source: DL

Business Address (Name, Street): (City): (State): (Zip): | Phone: ( ) | Occupation:

PROBABLE CAUSE STATEMENT

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.
☐ confessed to _____ admitting to the below facts.
☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
☒ was found to have commited the below acts, resulting from my (described) investigation.

On the 12 day of 12 20 18 at 10:14 ☒ A.M. ☐ P.M. (Specifically include facts constituting cause for arrest.)

Push her so hard. The defendant was arrested and transported to county Jail. He was charged with Domestic Battery Family member, simple.
Photos of the victims injury and damaged wall were placed in evidence.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

Keith Shepke
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12 day of 12 20 18 by Samantha Lesniak

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

Samantha Lesniak 1457
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

PAGE 2 OF 2

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DOMESTIC VIOLENCE/DATING VIOLENCE
PROBABLE CAUSE AFFIDAVIT

_____
(Agency)

On the _____ day of _____, 20_____ at _____m.
Subject: _____ DOB: ___/___/_____ Case #:_____
Charge Description: _____ Statute #: _____
Victim: _____ DOB: ___/___/_____ Race:_____ Sex: _____
Relationship between Victim and Defendant: _____
Photographs: Scene ☐ Yes ☐ No Victim ☐ Yes ☐ No Defendant ☐ Yes ☐ No
911 Call: ☐ Yes ☐ No Caller: _____
Weapon Used: ☐ Yes ☐ No Type: _____
Witness: ☐ Yes ☐ No Name: _____
Victim Pregnant: ☐ Yes ☐ No If yes, _____weeks _____ months
Injuries: ☐ Yes ☐ No Description: _____
Medical Treatment: ☐ Yes ☐ No
At Scene: ☐ Yes ☐ No Paramedics: _____
At Hospital: ☐ Yes ☐ No Hospital: _____ Physician: _____
Are Children Living in Home? ☐ Yes ☐ No DCF Notified? ☐ Yes ☐ No
Name: _____ DOB: ___/___/_____
Name: _____ DOB: ___/___/_____
Name: _____ DOB: ___/___/_____
Injunction ☐ Yes ☐ No Case #: _____
No Contact Order ☐ Yes ☐ No Case #: _____
Alcohol or Drugs ☐ Yes ☐ No ☐ Unknown Prior History of Domestic Violence ☐ Yes ☐ No
Defendant's Statements ☐ Yes ☐ No If yes, ☐written ☐recorded ☐oral
First words Defendant said when you responded to scene: _____
_____
Victim's Statements ☐ Yes ☐ No If yes, ☐written ☐recorded ☐oral
First words Victim said when you responded to scene: _____
_____
Did the Victim contact anyone other than police within an hour of the incident regarding the incident?
☐ Yes ☐ No If yes, name: _____ phone (___)_____-_____
Observations of Victim (Physical & Emotional): _____
☐ Upset ☐ Crying ☐ Fearful ☐ Hysterical ☐ Afraid ☐ Calm ☐ Nervous
☐ Complained of pain ☐ Other _____
Victim Contact Information:
Local Address: _____
_____
Phone: Home (___)___-_____ Work (___)___-_____ Cell (___)___-_____
Employer: _____
Name of Relative: _____ Phone (___)_____-_____
Address: _____
_____

SC

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Manalapan Police Department
Victim Notification Form

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

- **Homicide** (Ch. 782)
- **Attempted Murder**
- **Stalking** (F.S. 784.048)
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**
- **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. Manalapan PD Case number: 18M0151
   Offense: Domestic Violence
   Suspect/Offender: Jackson H. Payne
   Race: W Sex: M DOB: 10-03-1992

2. Warrant number(s): _____

3a. Victim's name: Josephine McC. Payne
   Address: 2 Lossenhead Lane
   City: Manalapan State: FL. Zip: 33462
   Phone number(s): 561-596-3575

3b. Victim's next of kin (i.e. friend or neighbor):
   Name: Lee Payne
   Address: 2 Lossenhead Lane
   City: Manalapan State: FL. Zip: 33462
   Phone number(s): 561-596-4427

NOTE: PURSUANT TO FS.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**

Signature of person waiving notification: Josephine McC Payne

Printed name of person waiving notification: Josephine McC Payne

Officer's Name: Santiago Palacio ID: P8309 Date: 12-12-2018

Revised 07/19/2011

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PALM BEACH CNTY SHERIFF'S OFFICE

VICTIM NOTIFICATION ENTRY

Date: 12/12/2018
Time: 5:00 PM
Page: 1 of 1

Defendant Name: PAYNE, JACKSON HILL SSN: [redacted] Book #: 2018041136

Victim First Name: JOSEPHYNE
Victim Middle Name:
Victim Last Name: PAYNE
Victim Full Name: PAYNE, JOSEPHYNE
Victim Minors Name:

Victim Address 1: 2 LOGGERHEAD LANE
Victim Address 2:
Victim City: MANALAPAN
Victim State/Zip: FL 33462
Minor Relationship:

Day Phone: (561) 596-3575
Night Phone:
Last 4 SSN:
Victim Type: VICTIM
Victim Id: 164518
Book #: 2018041136
Entry By: 8601 Modified By: 8601

Victim First Name: LEE
Victim Middle Name:
Victim Last Name: PAYNE
Victim Full Name: PAYNE, LEE
Victim Minors Name:

Victim Address 1: 2 LOGGERHEAD LANE
Victim Address 2:
Victim City: MANALAPAN
Victim State/Zip: FL 33462
Minor Relationship:

Day Phone: (516) 596-4427
Night Phone:
Last 4 SSN:
Victim Type: VICTIM'S RELATIVE
Victim Id: 164519
Book #: 2018041136
Entry By: 8601 Modified By: 8601

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PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐	539.001, F.S., 539.003, F.S.	Other: Pawn Broker Information	
	☐	943.031(2)	Other: Names of Gangs Criminal Activity	

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REVIEW COMPLETED BY

Booking Number: 2018041136	**Date:** 12/13/2018
	Specialist Name/ID: M. Tooks #8557