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ARREST / NOTICE TO APPEAR				Juvenile Referral Report		1. Arrest	3. Request for Warrant	2. N.T.A.	4. Request for Capias	Juvenile	N									
OBTS Number				Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)												
FLO 500000				PALM BEACH COUNTY SHERIFF'S OFFICE		06- 17-115600														
ChargeType: Check as many as apply: 1. Felony 2. Traffic Felony				3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 00										
Location of Arrest (Including Name of Business) CHECKERS 532 SOUTH DIXIE HIGHWAY, LW, FL 33460				Location of Offense (Business Name, Address) Lake Worth Pizza 516 South Dixie Highway #—, Lake Worth, FL 33460																
Date of Arrest 08/16/2017		Time of Arrest 1647		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle								
Name (Last, First, Middle) Dennison, James, Caldwell												Alias (Name, DOB, Soc. Sec. #, Etc.)								
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W M		Date of Birth 08/31/1960		Height 5'02		Weight 160		Eye Color BLUE		Hair Color GRAY		Complexion MED	Build MED					
Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description) NONE VISIBLE												Marital Status Single		Religion NONE		Indication of: Alcohol Influence Drug Influence		Y	N	Unk.
Local Address (Street, Apt. Number) CITY OF LAKE WORTH, LAKE WORTH, FL 33460		(City)		(State)		(Zip)		Phone ()				Residence Type: 1. City 2. County		3. Florida	4. Out of State	1				
Permanent Address (Street, Apt. Number) (Redacted) At large		(City)		(State)		(Zip)		Phone ()				Address Source VERBAL								
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone ()				Occupation								
D/L Number, State D525443603110, FL								INS Number				Place of Birth (City, State) NY, NY		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						
Parent Legal Custodian Other:												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 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 (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 S. Sell N. N/A P. Possess		R. Smuggle B. Buy T. Traffic		K. Dispense/ D. Deliver E. Use		M. Manufacture/ P. Produce/ A. 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. Synthetics		U. Unknown Z. Other		
Charge Description Throwing Deadly Missile into Occupied Building				Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N				Statute Violation Number 790.19						Violation of ORD # 790.19				
Drug Activity N		Drug Type N		Amount / Unit		Offense # 17-115600				Warrant / Capias Number						Bond				
Charge Description Battery				Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N				Statute Violation Number 784.03(1a1)						Violation of ORD # 784.03(1a1)				
Drug Activity N		Drug Type N		Amount / Unit		Offense # 17-115600				Warrant / Capias Number						Bond				
Charge Description Criminal Mischief				Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N				Statute Violation Number 806.13(1b1)						Violation of ORD # 806.13(1b1)				
Drug Activity N		Drug Type N		Amount / Unit		Offense # 17-115600				Warrant / Capias Number						Bond				
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N				Statute Violation Number						Violation of ORD # 17-115600				
Drug Activity N		Drug Type N		Amount / Unit		Offense # 17-115600				Warrant / Capias Number						Bond				
Location (Court, Room Number, Address)												Date 08/16/2017								
Court Date and Time												Time AM		PM						
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												08/16/2017								
Signature of Defendant (or Juvenile and Parent /Custodian)												Date Signed								
HOLD for other Agency Name:				Signature of Arresting Officer				Name Verification (Printed by Arrestee)												
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				Name of Arresting Officer (Print) D. Harrison				I.D. # 9140		(PRINT)										
Intake Dept.		I.D. #		Pouch #		Transporting Officer D. Harrison		ID # 9140		Agency PBSO										
Witness here if signed with an -X-												PAGE								

SCANNED
AUG 17 2017

OBTS Number		PROBABLE CAUSE AFFIDAVIT				1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	Juvenile	
ADMIN	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06- 17-115600						
	Charge Type: Check as many as apply.	<input checked="" 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) Dennison, James, Caldwell			Alias		Race W	Sex M	Date of Birth 08/31/1960	
CHARGES	Charge Description Throwing Deadly Missile into Occupied Building		Charge Description Battery			784.03(1a1)			
	Charge Description Criminal Mischief		Charge Description						
	806.13(1b1)								
VICTIM	Victim's Name (Last, First, Middle) Lake Worth Pizza / TRONI, BOJAR,				Race W	Sex M	Date of Birth 05/07/1989		
	Local Address (Street, Apt. Number) 516 SOUTH DIXIE HIGHWAY, Lake Worth, FL 33460		(City)	(State)	(zip)	Phone (Cell) 561-547-0286	Address Source		
	Business Address (Name, Street)		(City)	(State)	(zip)	Phone ()	Occupation		
<p>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.</p> <p>The Person taken into custody <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>16th</u> day of <u>August</u> 20<u>17</u> at <u>1615</u> <input type="checkbox"/> A. M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>									
PROBABLE CAUSE STATEMENT	<p>On Wednesday, 08/16/17 at 1618 hrs, I was dispatched to the Lake Worth Pizza located at 516 South Dixie Highway, Lake Worth, FL 33460, in reference to an assault call. Prior to my arrival, The business owner, Bojar Troni W/M 05/07/89, advised the defendant, James C Dennison W/M 08/31/60, walked into the Lake Worth Pizza requesting free food. The owner advised his waitress, Heather Sanford W/F 08/22/91, to tell the defendant he does not have any free food and to leave. Heather Sanford (Victim 2) advised the defendant that she was not able to provide him a slice of pizza. At that point, the defendant became upset and started to yell. At that point, Heather Sanford requested the defendant to leave. The defendant turned around like he was going to leave then turned back around. The defendant became combative and started to yell. At that point, Heather Sanford felt threaten and her boss, Bojar Troni, walked over to assist. The two victim escorted the defendant to the front door. When the defendant reached the front door, the defendant reached down and attempted to grab a concrete planter in an attempt to throw it into the business. Bojar Troni knocked the planter out of the hands of the defendant. At that point, the defendant attempted to pick up rocks but fell over in the process. Both victim walked back into the business. The defendant grabbed a handful of rocks and threw them into the business breaking a pizza display case in the process. The defendant picked up more rocks and threw them again into the business hitting Heather Sanford on her lower left leg. The defendant then grabbed more rocks and started to enter the business. At that point, Heather Sanford grabbed a broom and approached the defendant. The defendant threw the rocks down and walked over to the Checkers parking lot.</p> <p>The victim a visible injury as a result of the incident. The injury was approximately three (3) inch scratch on the victim's left leg just above her knee cap as a result of the rock hitting the victim. I offered to call EMS for medical attention but the victim refused stating it wasn't necessary. Digital pictures were taken of the victim and the scene. Both victims completed a sworn written statement which were entered into PBSO Records Department.</p> <p>Due to the above stated facts, I believe probable cause exists to charge the defendant, James C. Dennison, with Throwing A Deadly Missile Throwing Into An Occupied Building FSS 790.19, Battery FSS 784.03(1A1), and Criminal Mischief FSS 806.13(1b1). Handcuffs were placed on the defendant. The handcuffs were double locked and checked for tightness as per department policy. The defendant was transported to the District 14 Station for processing and later transported to The Palm Beach County Jail.</p>								
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		D. Harrison						
	(Signature of Arresting/Investigative Officer)								
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>16th</u> day of <u>August</u> 20 <u>17</u> by <u>D. Harrison</u>								
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification, type of identification produced _____								
	<u>R. Brillinger</u> <u>9121</u>		<u>22</u> <u>4921</u>						
	Notary Public, Clerk of Court, Officer (F.S.S. 117.10)								
	<table border="1"> <tr> <td>PAGE 1 OF 1</td> </tr> </table>								PAGE 1 OF 1
PAGE 1 OF 1									

PALM BEACH COUNTY SHERIFF'S OFFICE – SWORN STATEMENT

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.

WITNESS VICTIM OTHER

CASE #: 17-115600	ZONE: 14-41	SUSPECT: James Dennison	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 08/16/17
EVENT TYPE: Assault / Vandalism	DEPUTY: D. Harrison	ID#: 9140	

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: Sanford	FIRST NAME: Heather	MIDDLE INITIAL: H	RACE: W	SEX: F
DATE OF BIRTH: 8-22-91 (MM/DD/YYYY)	YOUR HEIGHT: 519"	YOUR WEIGHT: 160	YOUR HAIR COLOR: Blonde	YOUR EYE COLOR: Brown
YOUR HOME ADDRESS: 77 Lake Arbor DR	<input type="checkbox"/> CHECK IF HOMELESS		CITY: Palm Springs	STATE: FL ZIP: 33460
YOUR WORK NAME & ADDRESS: Lake Worth pizza 516 S. Dixie	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY: Lake Worth	STATE: FL ZIP: 33460
WORK PHONE: <input type="checkbox"/> CHECK IF NONE	CELL PHONE: <input type="checkbox"/> CHECK IF NONE	HOME PHONE: <input type="checkbox"/> CHECK IF NONE	EMAIL: <input type="checkbox"/> CHECK IF NONE	

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME: I Heather	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>WAS AT Lake Worth pizza working and this Old man in Orange Shirt asked me for free food WAS upset Because I told him NO we asked him Several times to leave so we forced him out of our workplace I felt threatened he proceeded to throw Rock at our establishment hit me in the leg with Rock and broke the pizza window.</p>	

PAGE 1 OF 1

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: Heather

DEPUTY SHERIFF NOTARY PUBLIC FSS: 117.10
SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
DATE: 08/16/17 TIME: 1637
SIGNATURE: Heather ID: 9140

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.

DO NOT WISH TO PROSECUTE (INITIAL)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY

PALM BEACH COUNTY SHERIFF'S OFFICE – SWORN STATEMENT



Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.

WITNESS VICTIM OTHER

CASE #:	ZONE:	SUSPECT:	DATE & TIME OF ORIGINAL EVENT/OFFENSE:
17-115600	14-41	James Dennison	08/16/17
EVENT TYPE:	DEPUTY:	ID#:	
Assault / Vandalism	D. Harris	9140	

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: TRONI		FIRST NAME: BoJAR		MIDDLE INITIAL: W		RACE: W	SEX: M
DATE OF BIRTH: 05-07-89 (MM/DD/YYYY)		YOUR HEIGHT: 5'7	YOUR WEIGHT: 170	YOUR HAIR COLOR: BLK		YOUR EYE COLOR: B-O	
YOUR HOME ADDRESS: 516 S Dixie Hwy		<input type="checkbox"/> CHECK IF HOMELESS		CITY: Lake Worth		STATE: FL	ZIP: 33460
YOUR WORK NAME & ADDRESS: 144c Worth Pizza		<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY: 		STATE: 	ZIP:
WORK PHONE: <input type="checkbox"/> CHECK IF NONE	CELL PHONE: <input type="checkbox"/> CHECK IF NONE	HOME PHONE: <input type="checkbox"/> CHECK IF NONE	EMAIL: 	<input type="checkbox"/> CHECK IF NONE			
()	()	()					

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME: BuJAR TSONI	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>He came in the shop asking for free food and I told him NO so he started yelling then I escort him out the Pizza shop then he started throwing Rocks inside my business then he cracked our display window for Pizza then I called 911 95.4P</p>	

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED
STATEMENTS ARE CORRECT AND TRUE:

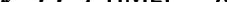
YOUR SIGNATURE: X By

DEPUTY SHERIFF NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

FSS: 117.10

DATE: 08/12/17 TIME: 1640

DATE: 08/10/04 TIME: 09:00
SIGNATURE: 

SIGNATURE:

ID: 9140

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW. I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.

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WAIVER NOT TO BE USED

CANARY - STATE ATTORNEY COPY

PINK - OFFICER'S COPY

GOLD - WITNESS / VICTIM COPY