

0110807

17CF8241

2045

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile <input checked="" type="checkbox"/> N	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 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		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 M		Date of Birth 08/31/1960		Height 5'02		Weight 160	
Eye Color BLUE		Hair Color GRAY		Complexion MED		Build MED			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE VISIBLE				Marital Status Single		Religion NONE		Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.	
Local Address (Street, Apt. Number) (City) (State) (Zip) CITY OF LAKE WORTH, LAKE WORTH, FL 33460				Phone ()		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1			
Permanent Address (Street, Apt. Number) (City) (State) (Zip) (Redacted) At large				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	
				<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:				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			
CODE				S. Sell N. N/A P. Possess		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. Synthetics	
				U. Unknown Z. Other					
CHARGE				Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
				Throwing Deadly Missile into Occupied Building		1		790.19	
				Offense # 17-115600		Statute Violation Number		Violation of ORD #	
				Drug Activity		Drug Type		Amount / Unit	
				N		N		17-115600	
				Warrant / Capias Number		Bond			
CHARGE				Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
				Battery		1		784.03(1a1)	
				Offense # 17-075792		Statute Violation Number		Violation of ORD #	
				N		N		500	
				Warrant / Capias Number		Bond			
CHARGE				Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
				Criminal Mischief		1		806.13(1b1)	
				Offense #		Statute Violation Number		Violation of ORD #	
				N		N		500	
				Warrant / Capias Number		Bond			
CHARGE				Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
				Offense #		Statute Violation Number		Violation of ORD #	
				Warrant / Capias Number		Bond			
NOTICE TO APPEAR				Location (Court, Room Number, Address)					
				Court Date and Time Month Day Year Time AM PM 08/16/2017					
				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					
HOLD FOR OTHER AGENCY				Signature of Arresting Officer		Name Verification (Printed by Arrestee)			
Name:				X		(PRINT)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest				Name of Arresting Officer (Print)		I.D. #			
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other:				D. Harrison		9140			
Intake Dept				I.D. #		Pouch #		Agency	
				D. Harrison		9140		PBSO	
				Witness here if subject signed with an "X" AUG 17 2017					

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	Juvenile	N
ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 17-115600		
	Charge Type: <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		
CHARGES	Name (Last, First, Middle) Dennison, James, Caldwell		Alias		Race W	Sex M	Date of Birth 08/31/1960
	Charge Description Throwing Deadly Missile into Occupied Building		Charge Description Battery		784.03(1a1)		
VICTIM	Charge Description Criminal Mischief		Charge Description		806.13(1b1)		
	Victim's Name (Last, First, Middle) Lake Worth Pizza / TRONI, BOJAR,		Race W		Sex M	Date of Birth 05/07/1989	
PROBABLE CAUSE STATEMENT	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
ADMINISTRATIVE	<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. The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 16th day of August 20 17 at 1615 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>						
	<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>						
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p style="text-align: right;">D. Harrison</p> <p>(Signature of Arresting/Investigative Officer)</p> <p>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></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____</p> <p>R. Brillinger 9121</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>							

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: 5'9"	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: 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 work place I felt threatened he proceeded to throw Rock sa. at our establishment. hit me in the leg. with Rock. and broke the pizza window.</p>	
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READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	<input checked="" type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10 SWORN TO AND SUBSCRIBED BEFORE ME TODAY: DATE: 08/16/17 TIME: 1637 SIGNATURE: _____ ID: 9140
YOUR SIGNATURE: <i>[Signature]</i>	

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

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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

LAST NAME: TRONI		FIRST NAME: ROYAL		MIDDLE INITIAL:		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: BRO			
YOUR HOME ADDRESS: 516 S Dixie Hwy			<input type="checkbox"/> CHECK IF HOMELESS		CITY: Lake Worth		STATE: FL	ZIP: 33460	
YOUR WORK NAME & ADDRESS: Lake 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	
()		()		()					

1	YOUR NAME: Bu AR Troni	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
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He came in the shop asking for Free Food and I told him No so he started yelling then I escorted 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

PAGE 1 OF 1

☒ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10
 SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
 DATE: 08/16/17 TIME: 1640
 SIGNATURE: [Signature] ID: 9140

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