

0491888

553

| OBTS Number   |  |   |  | ARREST / NOTICE TO APPEAR<br>Juvenile Referral Report  |  |  |  | 1. Arrest 3. Request For Warrant<br>2. N.T.A. 4. Request For Capias   |  |  |  | Juv. A |  |
|---|--|---|--|--|--|--|--|---|--|--|--|--------|--|
| Agency ORI Number<br><b>FLO 500000</b>  |  | Agency Name<br><b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>                    |  |  |  |  |  | Agency Report Number<br><b>06</b>   |  | <b>17-128540</b>   |  |        |  |
| Charge Type<br>Check as many as apply<br><input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input checked="" type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other                          |  | If Weapon Seized<br>Enter Type  |  | Multiple Clearance Indicator   |  |  |  |   |  | <b>1</b>   |  |        |  |
| Location of Arrest (Including Name of Business)<br><b>2830 PALMARITA RD WEST PALM BEACH, FL 33406</b>   |  |   |  | Location of Offense (Including Name of Business)<br><b>2830 PALMARITA RD WEST PALM BEACH, FL 33406</b> |  |  |  |   |  |  |  |        |  |
| Date of Arrest<br><b>Sep 17, 2017</b>   |  | Time of Arrest<br><b>2320</b>   |  | Booking Date<br><b>Sep 17, 2017</b>  |  | Booking Time                                       |  | Jail Date<br><b>Sep 17, 2017</b>  |  | Jail Time  |  |        |  |
| Location of Vehicle<br><b>N/A</b>   |  |   |  |  |  |  |  |   |  |  |  |        |  |
| Name (Last, First, Middle)<br><b>LEACH-CATO JAMIE MICHELE</b>   |  |   |  | Alias (Name, DOB, Soc. Sec. #, Etc.)   |  |  |  |   |  |  |  |        |  |
| Race<br>W - White 1 - American Indian<br>B - Black 0 - Oriental/Asian<br><b>W</b>   |  | Sex<br><b>F</b>   |  | Date of Birth<br><b>12/02/1966</b>   |  | Height<br><b>504</b>                               |  | Weight<br><b>115</b>  |  | Eye Color<br><b>BLOND</b>  |  |        |  |
| Hair Color<br><b>BLUE</b>   |  | Complexion<br><b>LIGHT</b>  |  | Build<br><b>SMALL</b>  |  |  |  |   |  |  |  |        |  |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)<br><b>TAT. ANKLE PIC FLAG</b>   |  |   |  | Marital Status<br><b>WIDOW</b>   |  | Religion<br><b>N/A</b>                             |  | Indication of Alcohol Influence<br>Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>   |  |  |  |        |  |
| Local Address (Street, Apt. Number)<br><b>2830 PALMARITA RD</b>   |  | City<br><b>WEST PALM BEACH</b>  |  | State<br><b>FL</b>   |  | Zip<br><b>33406</b>                                |  | Phone<br><b>561-827-7675</b>  |  | Residence Type<br>1. City 2. County 3. Florida 4. Out of State<br><b>2</b> |  |        |  |
| Permanent Address (Street, Apt. Number)<br><b>2830 PALMARITA RD</b>   |  | City<br><b>WEST PALM BEACH</b>  |  | State<br><b>FL</b>   |  | Zip<br><b>33406</b>                                |  | Phone<br><b>561-439-0742</b>  |  | Address Source<br><b>VERBAL / DL</b>                                       |  |        |  |
| Business Address (Street, Apt. Number)  |  | City  |  | State  |  | Zip  |  | Phone   |  | Occupation<br><b>BARBER</b>  |  |        |  |
| D/L Number, State<br><b>L-230-433-66-942-0 / FL</b>   |  | Social Security Number  |  | INS Number   |  | Place of Birth<br><b>FLINT, MI</b>                 |  | Citizenship<br><b>USA</b>   |  |  |  |        |  |
| Co-Defendant Name (Last, First, Middle)   |  | Race  |  | Sex  |  | Date of Birth                                      |  | 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"/> |  |  |  |        |  |
| Co-Defendant Name (Last, First, Middle)   |  | Race  |  | Sex  |  | Date of Birth                                      |  | 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 Legal Guardian Other   |  | Name (Last, First, Middle)  |  | Address (Street, Apt. No.)   |  | City   |  | State   |  | Zip  |  |        |  |
| Notified By (Name)  |  | Date  |  | Time   |  | Relationship                                       |  | Date  |  | Time   |  |        |  |
| Released To (Name)  |  | Relationship  |  | Date   |  | Time   |  | School Attended   |  | Grade  |  |        |  |
| 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 561-355-2526) informed of any address change.<br><input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason) |  | Property Crime?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  | Description of Property  |  | Value of Property                                  |  |   |  |  |  |        |  |
| Drug Activity<br>N. N/A<br>P. Possess   |  | S. Sell<br>B. Buy<br>T. Traffic   |  | R. Smuggle<br>D. Deliver<br>E. Use   |  | K. Dispense/Distribute                             |  | M. Manufacture/Produce/Cultivate  |  | Z. Other   |  |        |  |
| Drug Type<br>N. N/A<br>A. Amphetamine   |  | B. Barbiturate<br>C. Cocaine<br>E. Heroin                                   |  | H. Hallucinogen<br>M. Marijuana  |  | P. Pharmaceutical/Equipment                        |  | U. Unknown<br>Z. Other  |  |  |  |        |  |
| Charge Description<br><b>BATTERY (DOMESTIC)</b>   |  | Counts<br><b>1</b>  |  | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N                             |  | Statute Violation Number<br><b>784.03(1)(a)(1)</b> |  | Violation or ORD. #   |  |  |  |        |  |
| Drug Activity<br><b>N</b>   |  | Drug Type<br><b>N</b>   |  | Amount/Unit<br><b>N/A</b>  |  | Offense #<br><b>17-128540</b>                      |  | Warrant/Capias Number   |  | <b>NO BOND</b>   |  |        |  |
| Charge Description  |  | Counts  |  | Domestic Violence  |  | Statute Violation Number                           |  | Violation or ORD. #   |  |  |  |        |  |
| Drug Activity   |  | Drug Type   |  | Amount/Unit  |  | Offense #  |  | Warrant/Capias Number   |  | Bond   |  |        |  |
| Charge Description  |  | Counts  |  | Domestic Violence  |  | Statute Violation Number                           |  | Violation or ORD. #   |  |  |  |        |  |
| Drug Activity   |  | Drug Type   |  | Amount/Unit  |  | Offense #  |  | Warrant/Capias Number   |  | Bond   |  |        |  |
| Charge Description  |  | Counts  |  | Domestic Violence  |  | Statute Violation Number                           |  | Violation or ORD. #   |  |  |  |        |  |
| Drug Activity   |  | Drug Type   |  | Amount/Unit  |  | Offense #  |  | Warrant/Capias Number   |  | Bond   |  |        |  |
| Location (Court, Address, Room Number)  |  |   |  |  |  |  |  |   |  |  |  |        |  |
| Court Date and Time<br>Month Day Year Time AM <input type="checkbox"/> PM <input type="checkbox"/>  |  |   |  |  |  |  |  |   |  |  |  |        |  |
| I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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<br><input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Suicidal <input type="checkbox"/> Other   |  | Name of Arresting Officer<br><b>D/S J. VILLAR</b>                           |  | ID #<br><b>24746</b>   |  | (PRINT)  |  |   |  |  |  |        |  |
| Transporting Officer<br><b>D/S VILLAR</b>   |  | ID #  |  | Agency<br><b>PBSO</b>  |  | Witness here if subject signed with an "X"         |  |   |  | Page<br><b>1</b> of <b>1</b>   |  |        |  |

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|  |  |  |  |  |                 |                                    |          |   |
|--|--|--|--|--|-----------------|------------------------------------|----------|---|
| OBTS Number  |  | <b>PROBABLE CAUSE AFFIDAVIT</b>                          |  | 1. Arrest    3. Request For Warrant<br>2. N.T.A.   4. Request For Capias |                 | 1                                  | Juvenile | A |
| Agency ORI Number<br><b>FLO 500000</b>   |  | Agency Name<br><b>PALM BEACH COUNTY SHERIFF'S OFFICE</b> |  | Agency Report Number<br><b>06</b>  |                 | <b>17-128540</b>                   |          |   |
| Charge Type:<br>Check as many as apply<br><input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other   |  | Special Notes  |  |  |                 |                                    |          |   |
| Defendant Name (Last, First, Middle)<br><b>LEACH-CATO                      JAMIE MICHELE</b>   |  |  |  | Race<br><b>W</b>   | Sex<br><b>F</b> | Date of Birth<br><b>12/02/1966</b> |          |   |
| Charge<br><b>BATTERY (DOMESTIC)</b>  |  |  |  | Charge   |                 |                                    |          |   |
| Charge   |  |  |  | Charge   |                 |                                    |          |   |
| Victim Name (Last, First, Middle)  |  |  |  | Race<br><b>W</b>   | Sex<br><b>F</b> | Date of Birth<br><b>05/24/2001</b> |          |   |
| Local Address  |  |  |  |  |                 |                                    |          |   |
| Business Address   |  |  |  |  |                 |                                    |          |   |
| The undersigned, a law enforcement officer, has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.<br>The person taken into custody...<br><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.<br><input type="checkbox"/> confessed to admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation. |  |  |  |  |                 |                                    |          |   |
| On the <b>17</b> day of <b>SEP</b> 20 <b>17</b> at <b>2120</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM  |  |  |  |  |                 |                                    |          |   |

Within the jurisdiction of Palm Beach County, specifically the unincorporated area of West Palm Beach, the defendant identified as Jamie M. Leach-Cato did actually and intentionally touch or strike [REDACTED] against the will of [REDACTED] and did intentionally cause bodily harm to [REDACTED], contrary to Florida Statute 784.03(1).

Jamie, [REDACTED] were arguing tonight over [REDACTED] arriving at the home at a certain time. They entered into a fist fight, and [REDACTED] took a closed fist strike from [REDACTED] to the right eye. [REDACTED] did have what appeared to be a large black eye.

Jamie was arrested and taken into custody without incident. Jamie was processed and transported to the main jail.

|  |   |
|--|---|
| The foregoing instrument was sworn to and affirmed before me this <b>17</b> day of <b>SEP</b> 20 <b>17</b> , by: |   |
| <b>D/S J. DERBY #16611</b>   | <b>D/S J. VILLAR                      24746</b> |
| Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.06)   | Name of Arresting Investigating Officer         |
| Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.06)  | Signature of Arresting Investigating Officer    |

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# VICTIM NOTIFICATION FORM

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

- **Homicide** (Ch. 782)
- **Sexual Offense** (Ch. 794)
- **Attempted Murder**
- **Attempted Sexual Offense**
- **Stalking** (F.S. 784.048)
- **Dating Violence**
- **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. Incident Report #: 17-128540 Agency: PBSO  
Offense: Battery (Domestic)  
Suspect/Offender: Leach-Cato, Jamie M.  
D.O.B. 12/2/66 Race: W Sex: F

2. Warrant #(s): \_\_\_\_\_

3.a. V. [REDACTED] D.O.B. 5/24/01 Race: W Sex: U

b. Victim's next of kin, friend or neighbor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_

NOTE: PURSUANT TO E.S. 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 cases).

Signature of person waiving notification: \_\_\_\_\_  
Printed name of person waiving notification: \_\_\_\_\_  
Deputy's Name: VELLAR I.D. # 24746 Date: 9/17/17

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

SUSPECT/OFFENDER Leach-Cato, Jamie M. COURT CASE/WARRANT #: \_\_\_\_\_  
(FOR WARRANTS USE ONLY)

**Palm Beach County Sheriff's Office**  
**DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM**  
(Submit this form with the original Probable Cause Affidavit)

Defendant: **LEACH-CATO JAMIE MICHELE** DOB: **12/02/1966** Case #: **17-128540**  
Victim: **[REDACTED]** DOB: **05/24/2001** Race: **W** Sex: **F**  
Relationship between Victim and Defendant: **[REDACTED]**

Photographs: Scene ☒ Yes ☐ No Victim ☒ Yes ☐ No Defendant ☐ Yes ☒ No  
911 Call: ☐ Yes ☒ No Caller: **[REDACTED]**  
Weapon Used: ☐ Yes ☒ No Type: **[REDACTED]**  
Witness: ☐ Yes ☒ No Name: \_\_\_\_\_  
Victim Pregnant: ☐ Yes ☒ No If yes, \_\_\_\_\_ Weeks \_\_\_\_\_ Months  
Injuries: ☒ Yes ☐ No Description: **RIGHT EYE BLACK AND BLUE**

Medical Treatment: ☐ Yes ☒ No  
At Scene: ☐ Yes ☒ No Paramedics: \_\_\_\_\_  
At Hospital: ☐ Yes ☒ No Hospital: \_\_\_\_\_ Physician: \_\_\_\_\_

Are children living in the 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/Dating Violence ☐ Yes ☒ No  
Defendant's statements ☒ Yes ☐ No If yes, ☐ written ☐ recorded ☒ oral

First words Defendant said when you responded to scene: **Stated SHE NEVER TOUCHED [REDACTED] AND THAT SHE LAST SAW HER AT 2:30PM ON 09/17/17**

Victim's statements ☒ Yes ☐ No If yes, ☐ written ☐ recorded ☒ oral  
First words Victim said when you responded to scene: **Stated [REDACTED] WAS UPSET BECAUSE SHE ARRIVED HOME PRIOR TO 8 OCLOCK AND THEY FOUGHT TO THE POINT WHERE SHE TOOK THE STRIKE TO THE EYE AREA.**

Did the Victim contact anyone other than the police within an hour of the incident regarding the incident?  
☒ Yes ☐ No If yes, name: **[REDACTED]** phone **[REDACTED]**

Observations of Victim (Physical & Emotional): **BLACK AND BLUE EYE**  
☒ Upset ☐ Crying ☒ Fearful ☐ Hysterical ☐ Afraid ☒ Calm ☐ Nervous  
☒ Complained of pain ☐ Other \_\_\_\_\_

Victim contact information: **[REDACTED]**  
Local Address: **[REDACTED]**  
Phone: Home: **[REDACTED]**  
Employer: **[REDACTED]**  
Name of Relative: \_\_\_\_\_ Phone: \_\_\_\_\_

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