

Obtaining 049188

ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest 3. Request For Warrant
2. N.T.A. 4. Request For Capias

1 Juvenile

A

Agency ORI Number FLO 5 0 0 0 0			Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 06		17-128540					
Charge Type: Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other			If Weapon Seized Enter Type			Multiple Clearance Indicator		1					
Location of Arrest (Including Name of Business) 2830 PALMARITA RD			Location of Offense (Including Name of Business) 2830 PALMARITA RD			WEST PALM BEACH, FL 33406							
Date of Arrest Sep 17, 2017	Time of Arrest 2320	Booking Date Sep 17, 2017	Booking Time	Jail Date Sep 17, 2017	Jail Time	Location of Vehicle N/A							
Name (Last, First, Middle) LEACH-CATO						Alias (Name, DOB, Soc. Sec. #, Etc.) JAMIE MICHELE							
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W	Date of Birth 12/02/1966	Height 504	Weight 115	Eye Color BLOND	Hair Color BLUE	Complexion LIGHT	Build SMALL				
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TAT. ANKLE PIC FLAG						Marital Status WIDOW	Religion N/A	Indication of: Alcohol Influence Drug Influence					
Local Address (Street, Apt. Number) 2830 PALMARITA RD			City WEST PALM BEACH	State FL	Zip 33406	Phone 561-827-7675	Residence Type: 1. City 3. Florida 2. County 4. Out of State						
Permanent Address (Street, Apt. Number) 2830 PALMARITA RD			City WEST PALM BEACH	State FL	Zip 33406	Phone 561-439-0742	Address Source VERBAL / DL						
Business Address (Street, Apt. Number)			City	State	Zip	Phone	Occupation BARBER						
DL Number, State L-230-433-66-942-0 / FL		Social Security Number [REDACTED]		INS Number		Place of Birth FLINT, MI	Citizenship USA						
Co-Defendant Name (Last, First, Middle)						Race	Sex	Date of Birth					
Co-Defendant Name (Last, First, Middle)						Race	Sex	Date of Birth					
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	Name (Last, First, Middle)								Phone				
Address (Street, Apt. No.)									City	State	Zip	Business Phone	
Notified By (Name)				Date		Time	VICTIM NOTIFICATION REQUIRED						
Released To (Name)				Relationship		Date	Time						
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parent. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561-355-2526) informed of any address change <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. NA P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispose/ Distribute	M. Manufacture/ Produce Cultivate	Z. Other	Drug Type B. Barbiturate N. NA A. Amphetamine	B. Hallucinogen C. Cocaine E. Heroin	H. Marijuana M. Marijuana	P. Paraphernalia/ Equipment	U. Unknown Z. Other		
Charge Description BATTERY (DOMESTIC)				Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03(1)a(1)		Violation or ORD. #				
Drug Activity N	Drug Type N	Amount/Unit N/A	Offense # 17-128540	Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant/Capias Number NO BOND					
Charge Description				Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation or ORD. #				
Drug Activity	Drug Type	Amount/Unit	Offense #	Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant/Capias Number			Bond		
Charge Description				Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation or ORD. #				
Drug Activity	Drug Type	Amount/Unit	Offense #	Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant/Capias Number			Bond		
Charge Description				Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation or ORD. #				
Drug Activity	Drug Type	Amount/Unit	Offense #	Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant/Capias Number			Bond		
Location (Court, Address, Room Number)				PA 2017 SEP 18 12:35 PM 2017 SEP 18 12:35 PM									
Court Date and Time				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				SEP 18 2017					
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 D/S J. VILLAR			ID # 24746			(PRINT)				
Initials/Signature Thomas 7930.			Pouch #			Transporting Officer D/S VILLAR			Agency PBSO				
									Page				
									Witness here if subject signed with an 'X'				

SCANNED
SEP 18 2017

OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

A

Agency ORI Number FLO 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06	17-128540		
Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other _____	Special Notes			
Defendant Name (Last, First, Middle) LEACH-CATO	JAMIE MICHELE	Race W	Sex F	Date of Birth 12/02/1966	
Charge BATTERY (DOMESTIC)	Charge				
Charge	Charge				
Victim Name (Last) [REDACTED]		Race W	Sex F	Date of Birth 05/24/2001	
Local Address [REDACTED]					
Business Add [REDACTED]					
<p>The undersigned certifies 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"/> confessed to admitting to the below facts. <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 (described) investigation.</p>					
On the 17 day of SEP 20 17 at 2120	<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 17 day of SEP 20 17 , by:	D/S J. DERBY #16611	D/S J. VILLAR	24746
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting / Investigating Officer		
<i>[Signature]</i>	<i>[Signature]</i>		
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting / Investigating Officer		
1 of _____			

SEP 18 2017

VICTIM NOTIFICATION FORM

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

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

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. Victim: _____ D.O.B. 5/24/01 Race: W Sex: F

b. Victim's next of kin, friend or neighbor: _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____ Other: _____

NOTE: PURSUANT TO F.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: JKLAR I.D. # 24746 Date: 9/17/17

SCANNED

SEP 18 2017

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: **[REDACTED]**

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: **[REDACTED]**

At Hospital: Yes No Hospital: **[REDACTED]** Physician: **[REDACTED]**

Are children living in the home? Yes No DCF Notified? Yes No

Name: **[REDACTED]** DOB **[REDACTED]**

Name: **[REDACTED]** DOB **[REDACTED]**

Name: **[REDACTED]** DOB **[REDACTED]**

Injunction: Yes No Case #: **[REDACTED]**

No Contact Order: Yes No Case #: **[REDACTED]**

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 one hour of the incident regarding the incident?

Yes No If yes, name: **[REDACTED]** phone **[REDACTED]**

Observations of Victim (Physical & Emotional): **[REDACTED]** **BLACK AND BLUE EYE**

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other **[REDACTED]**

Victim contact information: **[REDACTED]**

Local Address: **[REDACTED]**

Phone: **[REDACTED]** Home: **[REDACTED]**

Employer: **[REDACTED]**

Name of Relative: **[REDACTED]** Phone: **[REDACTED]**

SCANNED

SEP 18 2017