JK# 0505249 NR 19mm 1681 Pct# 1005

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias | 1 | Juvenile | N

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 19035792

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

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

Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business): 4839 SEA OATS CIRCLE #104, WEST PALM BEACH, FLORIDA, 33417

Location of Offense (Business Name, Address): 4839 SEA OATS CIRCLE #104, WEST PALM BEACH, FLORIDA, 33417

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
02/10/2019	2020					

DEFENDANT

Name (Last, First, Middle): FLUTY, JESSICA,

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	F	10/10/1986	5'11	130	BROWN	BLONDE	DARK	MEDIUM

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): RIGHT FOREARM TATOO OF CHEETAH

Marital Status: Single | Religion: NONE | Indication of: Alcohol Influence (Y ☐ N ☒ Unk. ☐) Drug Influence (Y ☐ N ☒ Unk. ☐)

Local Address (Street, Apt. Number) (City) (State) (Zip): 4839 SEA OATS CIRCLE UNIT 104, WEST PALM BEACH, FLORIDA, 33417 | Phone: (606) 369-3780 | Residence Type: (1. City 2. County 3. Florida 4. Out of State) 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip): N/A, N/A | Phone: ( ) | Address Source: VERBAL

Business Address (Name, Street) (City) (State) (Zip): N/A | Phone: ( ) | Occupation: UNEMPLOYED

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
F12-326-266	[redacted]		WEST VIRGINIA	U.S.A

CO-DEF

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: -NO Bond | Residence Phone ( )

Address (Street, Apt. Number) (City) (State) (Zip) VICTIM NOTIFICATION | Business Phone ( )

Notified by: (Name) | Date | Time | Juvenile Disposition: 1. Handled/Released within Dept. 2. Released 2. TOT HRS / DYS 3. Incarcerated

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

The above address provided by ☐ defendant and / or ☐ 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. ☐ Yes, by: (Name) ☐ 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 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	Statute Violation Number	Violation of ORD #
DOMESTIC BATTERY	01	☒ Y ☐ N	784.03(1)(A)(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond
N	N		19035792		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☒ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☒ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address)

Court Date and Time: Month Day Year 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

02/10/2019

Signature of Defendant (or Juvenile and Parent /Custodian) | Date Signed

ADMIN

HOLD for other Agency Name: | Signature of Arresting Officer: X D/S C Pelayo | Name Verification (Printed by Arrestee) (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other: | Name of Arresting Officer (Print): D/S C. PELAYO | I.D. #: 28996

Intake Deputy | I.D. # | Pouch # | Transporting Officer: D/S C. PELAYO | ID #: 28996 | Agency: PBSO | Witness here if subject signed with an "X"

PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO #148 REV. 8/97

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FILED FOR RECORD 2019 FEB 11 AM 6:28 SHARON R. BOCK CLERK & COMPTROLLER PALM BEACH COUNTY FL

PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number:

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

Juvenile: N

Agency ORI Number: FLO 500000

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 06- 19035792

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
FLUTY, JESSICA,		W	F	10/10/1986

CHARGES

Charge Description		Charge Description	
DOMESTIC BATTERY	784.03(1)(A)(1)		
Charge Description		Charge Description	

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
ADKINS, MICHAEL, V	W	M	09/27/1992

Local Address (Street, Apt. Number) (City) (State) (zip)	Phone	Address Source
4839 SEA OATS CIRCLE UNIT 104, WEST PALM BEACH, FLORIDA, 33417	(330) 447-6724	VERBAL
Business Address (Name, Street) (City) (State) (zip)	**Phone**	**Occupation**
N/A	(N/A)	UNEMPLOYED

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 10TH day of FEBRUARY 2019 at 2020 ☒ A.M. ☐ P.M. (Specifically include facts constituting cause for arrest.)

On February 10th, 2019 at approximately 1952 hours I responded to 4839 Sea Oats Circle Unit 104 located in unincorporated West Palm Beach, Florida, 33417, Palm Beach County in-reference to a domestic altercation that occurred.

Prior to my arrival I was informed by Palm Beach County Sheriff's Office Communications that a call for service was received that dictated the following. An anonymous male complainant advised that at apartment 104 there is a disturbance with a male and female yelling, noting that the female was yelling for help. Another call for service was received by the male half of the altercation who advised that the female pulled out a gun and he disengaged it and put it in the bushes.

Upon arrival to the area I observed a white male outside of the location who identified himself as victim Michael Adkins (verified by his Virgina Driver's License) Adkins explained to me that while inside of the residence, he was involved in a verbal altercation with his girlfriend of two months, Jessica Fluty. He confirmed that they live together as a family and their is a consistent expectation of sex. Adkins stated that during the verbal altercation Jessica got angry and was throwing things around the residence and punched him in the face near his lip. He was unsure if the strike was from an open or close fist. Adkins advised that after Jessica struck him he pushed her chest and grabbed onto her to stop her from any more physical strikes and were involved in a mutual struggle. Adkins stated that Jessica then grabbed her pink backpack that was on the table and reached inside of it stating "ill show you mother fucker," and pulled out a pink handgun that was in a black holster. Adkins admitted to grabbing the firearm from her and running outside to which he emptied the magazine and threw the firearm into the bushes where he awaited for law enforcement arrival. I illuminated his body with my flashlight and observed a small laceration to his lip as well as some dried up blood around the edges of his mouth. He denied wanting medical attention.

I entered the residence and observed multiple disturbed areas around the house with random fruit across the floor and other personal belongings scattered. I made contact with Jessica Fluty (verified by her Vest Virgina Driver's License) Fluty admitted to a verbal altercation occurring and when Michael approached her they fell to the ground near the pink backpack. I asked her if she reached into the pink backpack which she first admitted to doing, she then retracted her statement and explained that she never touched the firearm. Fluty then admitted that she did touch the firearm but did not point it at him and was not going to brandish the weapon. When asking her other fact finding questions her answers were inconsistent with the observed evidence on scene. I observed a small laceration to Fluty's right arm and she stated she does not know how she obtained the injury and denied striking Adkins. When trying to gain more information on the physical battery that was alleged she kept alluding that nobody was trying to hurt each other. When I asked about the position of the firearm, she stated that it slid out of her backpack and Michael grabbed it and ran out of the house, however the holster was found in between the chairs within the residence. Fluty denied wanting medical attention. Both parties admitted to the consumption of alcoholic beverages earlier in the evening.

Due to the inconsistent statements received by Fluty that did not match the observed scene, I established probable cause for Jessica Fluty for violation of Florida State Statute 784.03(1)(A)(1) as the primary aggressor. Adkins denied a sworn statement on scene. Fluty was handcuffed, and transported to the Corrections Facility without incident.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S C. PELAYO
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10th day of February 20 19 by D/S C. PELAYO

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

D/S 8845
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

PAGE 1 OF 1

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PBSO #0004 REV. 04/01

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FEB 11 2019

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Suspect: FLUTY, JESSICA, **DOB:** 10/10/1986 **Case #:** 19035792

Victim: ADKINS, MICHAEL, V **DOB:** 09/27/1992 **Race:** W **Sex:** M

Relationship between Victim and Defendant: boyfriend and girlfriend

Photographs: Scene × Yes No Victim × Yes No Defendant × Yes No

911 Call: × Yes No **Caller:** ADKINS, MICHAEL, V

Weapon Used: Yes × No **Type:** _____

Witness: Yes × No **Name:** _____

Victim Pregnant: Yes × No **If yes,** ___ **weeks** _____ **months**

Injuries: × Yes No **Description:** SMALL LACERATION.

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/Dating 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: 4839 SEA OATS CIRCLE UNIT 104, WEST PALM BEACH, FLORIDA, 33417

_____

Phone: **Home** (330) 447-6724 **Work** (N/A) ___ -_____ **Cell** (___)___ -_____

Employer: N/A

Name of Relative: _____ **Phone** (___)_____-_____

Address: _____

PBSO #0004A REV. 05/11

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SCANNED
FEB 11 2019

VICTIM NOTIFICATION FORM

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

- **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**

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

SUSPECT/OFFENDER: **FLUTY, JESSICA,** (FOR WARRANTS USE ONLY) COURT CASE/WARRANT#.

1. Incident Report #: **19035792** Agency: **PALM BEACH COUNTY SHERIFFS OFFICE**
   Offense: **DOMESTIC BATTERY**
   Suspect/Offender: **FLUTY, JESSICA,**
   D.O.B. **10/10/1986** Race: **W** Sex: **F**

2. Warrant # (s): _____

3.a. Victim's name: **ADKINS, MICHAEL, V** D.O.B. **09/27/1992** Race: **W** Sex: **M**
   Address: **4839 SEA OATS CIRCLE UNIT 104**
   City: **WEST PALM BEACH, FLORIDA, 33417**
   Home #- **(330) 447-6724** Work #: **(N/A)** Other: _____

b. Victim's next of kin, friend or neighbor: _____
   Address: _____
   City: _____
   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: **ADKINS, MICHAEL, V**

Deputy's Name: **D/S C. PELAYO** I.D.# **28996** Date: **02/10/2019**

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

PBSO 00029A REV. 4199

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FEB 11 2019

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	☐	119.0712(2)	Other: Personal information contained in a motor vehicle record (s).	
	☐	393202(5)	Other: Person reporting Child Abuse	

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REVIEW COMPLETED BY

Booking Number: 2019004753	**Date:** 2/11/2019
	Specialist Name/ID: M. Tooks #8557

SCANNED
FEB 11 2019