

0331801

1232

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number		Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		17-141008			
Charge Type: Check as many as apply		<input 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		If Weapon Seized Enter Type		Multiple Clearance Indicator 0 3	
Location of Arrest (Including Name of Business) 228 NORRTH K STREET LAKE WORTH, FL 33460						Location of Offense (Including Name of Business) 228 NORTH K STREET LAKE WORTH, FL 33460					
Date of Arrest Oct 18, 2017		Time of Arrest 2304		Booking Date Oct 18, 2017		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) HAWTHORNE KATHRYN ANNE		Aliases (Name, DOB, Soc. Sec. #. Etc.)		Race W - White I - American Indian B - Black O - Oriental/Asian W F		Date of Birth 03/03/1987		Height 5'7		Weight 148	
Eye Color BROWN		Hair Color BROWN		Complexion LIGHT		Build LIGHT		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) BACK, RIGHT THIGH		Marital Status S	
Religion CHRISTIAN		Indication of Alcohol Influence Drug Influence		Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk <input type="checkbox"/>		Local Address (Street, Apt. Number) 228 NORTH K STREET LAKE WORTH FL 33460		City		State Zip	
Phone 561-577-4001		Residence Type 1. City 2. County 3. Florida 4. Out of State 1		Permanent Address (Street, Apt. Number) 228 NORTH K STREET LAKE WORTH FL 33460		City		State Zip		Phone 561-577-4001	
Address Source		Business Address (Street, Apt. Number)		City		State Zip		Phone		Occupation	
D/I Number, State H-365-501-87-583-0		Social Security Number		INS Number		Place of Birth BOYNTON BEACH, FL		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		Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	
Name (Last, First, Middle)		Address (Street, Apt. No.)		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		Date		Time		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 <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. N/A S. Sell P. Possess B. Buy T. Traffic R. Smuggle 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 P. Paraphernalia/ Equipment U. Unknown Z. Other	
Charge Description AGGRAVATED ASSAULT		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.021(1)(a)		Violation or ORD. #		Drug Activity N	
Drug Type N		Amount/Unit		Offense # 17-141008		Warrant/Capias Number		Bond		Charge Description POSSESSION OF PARAPHERNALIA	
Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 893.147(5)		Violation or ORD. #		Drug Activity P		Drug Type P	
Amount/Unit		Offense # 17-141008		Warrant/Capias Number		Bond		Charge Description DOMESTIC BATTERY		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	
Offense # 17-141008		Warrant/Capias Number		Bond		Charge Description		Counts <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
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		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	
Name Verification (Printed by Arrestee)		Name of Arresting Officer D. SMITH		ID # 17626		Name of Arresting Officer D. SMITH		ID # 17626		Agency 17626	
Name		Intake Deputy Spencer 8101		ID #		Pouch #		Transporting Officer D. SMITH		ID #	
Agency		Witness (If Subject Signed With)		Page 1 of 1		Witness (If Subject Signed With)		Page 1 of 1		Witness (If Subject Signed With)	

NO BOND OR NO BOND

1
2
3

OCT 19 2017
AM 5:40
SCANNED

OCT 19 2017

OBTS Number		PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A.	3. Request For Warrant 4. Request For Capias	1	Juvenile <input type="checkbox"/>
Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 06		17-141008	
Charge Type: Check as many as apply		Special Notes						
<input type="checkbox"/> 1. Felony		<input checked="" type="checkbox"/> 3. Misdemeanor			<input type="checkbox"/> 5. Ordinance			
<input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 4. Traffic Misdemeanor			<input type="checkbox"/> 6. Other			
Defendant Name (Last, First, Middle) HAWTHORNE KATHRYN ANNE					Race W	Sex F	Date of Birth 03/03/1987	
Charge AGGRAVATED ASSAULT				Charge POSSESSION OF PARAPHERNALIA				
Charge DOMESTIC BATTERY								
Victim Name (Last, First, Middle) CARTER GEOFFERY SCOTT					Race W	Sex M	Date of Birth 11/26/1974	
Local Address (Street, Apt. Number) 228 NORTH K STREET		City LAKE WORTH	State FL	Zip 33460	Phone (561) 275-0331		Address Source	
Business Address (Street, Apt. Number)		City	State	Zip	Phone		Occupation	
<p>The undersign 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.</p> <p><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.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.</p> <p>On the <u>18</u> day of <u>OCTOBER</u> 20<u>17</u> at <u>11:04</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM</p>								

On 10/18/2017 at approximately 2217 hours, Geoffery Carter (11/26/1974) called police to report his girlfriend and mother of a child in common Kathryn Hawthorne (03/03/1987) slapped his face then threaten to kill him while holding a knife. Mr. Carter also said that Kathryn was under the influence of some unknown substance.

On my arrival I met with Geoffery Carter who told me that Kathryn Hawthorne came home banging on the front door of the residence wanting to come into the residence. After coming into the residence Ms Hawthorne started yelling and arguing about having another woman in the house. Mr. Carter said he believed that MS Hawthorne was under the influence of some substance. Carter said that MS Hawthorne began slapping him in the face and threatened to stab him with holding a knife.

Colton Carter (10/14/2010) said that his mom was yelling at his dad and starting hitting dad in the face and threatened him with a knife saying she was going to stab him.

I spoke with Kathryn Hawthorne who has slurred speech, glassy eyes and trouble staying on topic during our conversation. MS Hawthorne admitted to being paranoid and made several spontaneous utterances that were unintelligible about Mr. Carter seeing another woman and that women was coming to hurt her. MS Hawthorne kept looking for the other woman, ducking down and saying the other woman was coming to get her.

Search incident to arrest found a glass cylindrical tube on her person through training and experience is used to smoke crack. The glass tube is burned on one end.

Based on the statement of Geoffery Carter and Colton Carter there is probable cause to charge Kathryn Hawthorne with domestic battery for slapping Geoffery Carter in the face in violation of FSS 784.03(1)(a)(1) for touching or striking Geoffery Carter against his will and aggravated assault for threatening Mr. Carter while holding a knife in violation of FSS 784.021(1)(a). Possession of drug paraphenalia in Violation of FSS 893.147.

The foregoing instrument was sworn to and affirmed before me this <u>18</u> day of <u>OCTOBER</u> 20 <u>17</u> , by:		D. SMITH 17626	
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)		Name of Arresting/Investigating Officer	
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)		Signature of Arresting/Investigating Officer	
		 SCANNED OCT 19 2017	
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