0496253 18MM4115 34

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- 18154169

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

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

Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
21869 Palm Grass DR Boca Raton FL, 33428	9981 Robins Nest Rd, Boca Raton FL,33496

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
12/11/2018	0120	12/11/2018				N/A

DEFENDANT

Name (Last, First, Middle): **Tucker, Klarissa, Michelle**

Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	02/17/1980	5'05	130	brown	blond	MEDIUM	MEDIUM

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): none

Marital Status: Married

Religion: NONE

Indication of: Alcohol Influence ☐ Y ☐ N ☐ Unk. / Drug Influence ☐ ☐ ☐

Local Address (Street, Apt. Number) (City) (State) (Zip): 9981 Robins Nest Road, Boca Raton, FL 33496

Phone: (561) 961-9061

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip): ,

Phone: ( )

Address Source: VERBAL

Business Address (Name, Street) (City) (State) (Zip):

Phone: ( )

Occupation: NONE

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
T260513805570, FL	[redacted]		Detroit, MI	U.S

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:

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

MIRM NOTIFICATION REQUIRED

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 #
BATTERY	1	☒ Y ☐ N	784.03 1a1	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond
N	N		18154169		NO 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

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): **South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996**

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

Signature of Defendant (or Juvenile and Parent /Custodian)

Date Signed: 12/11/2018

ADMIN

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy: Thomas #7956 I.D. # Pouch #

Signature of Arresting Officer: x M. Russo 21277

Name of Arresting Officer (Print): M. Russo I.D. # 21277

Transporting Officer: D/S Garcia I.D. # 21280 Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an -X"

PAGE 1 OF 2

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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12/11/2018 01:09

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

Juvenile: N

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 18154169

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Tucker, Klarissa, Michelle		W	F	02/17/1980

CHARGES

Charge Description		Charge Description	
BATTERY	784.03 1a1		
Charge Description		Charge Description	

VICTIM

Victim's Name (Last, First, Middle)				Race	Sex	Date of Birth
Tucker, Thomas, Martin				W	M	10/13/1977
Local Address (Street, Apt. Number)	(City)	(State)	(zip)	Phone	Address Source	
9981 Robins Nest Rd, Boca Raton, FL 33496				(954) 588-1395	verbal	
Business Address (Name, Street)	(City)	(State)	(zip)	Phone	Occupation	
				( )	contractor	

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 11th day of December 2019 at 0025 ☒ A. M. ☐ P.M. (Specifically include facts constituting cause for arrest.)

On 12/11/2018 at approximately 0019hrs, I responded to 9981 Robins Nest RD Boca Raton FL, 33496 reference to a domestic dispute. Prior to my arrival, dispatch informed me that the complainant/victim advised he was bleeding with scratches from his wife hitting him.

Upon arrival, I met with the victim Thomas Tucker who explained the following: As an argument ensued between him and his wife Klarissa Tucker while in bed. Thomas left the bedroom to defuse the situation when his wife followed him and began hitting him from behind. Thomas could not advise how many times Klarissa struck him; he just advised he was hit all over.

I observed fresh scratch marks on Thomas's left arm and a small laceration above his nose.
Based on my investigation Probable cause existed for the arrest of Klarissa Tucker for simple battery (domestic) per F.S.S 784.03 1a1.

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ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

M. Russo
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 11th day of December 2019 by M. Russo

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

D/S Garcia 21280
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Suspect: Tucker, Klarissa, Michelle DOB: 02/17/1980 Case #: 18154169

Victim: Tucker, Thomas, Martin DOB: 10/13/1977 Race: W Sex: M

Relationship between Victim and Defendant: _____

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

911 Call: × Yes No Caller: Tucker, Thomas, Martin

Weapon Used: Yes × No Type: _____

Witness: Yes × No Name: _____

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

Injuries: × Yes No Description: scratches to left arm, laceration above nose

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: she attacked me

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: 9981 Robins Nest Rd, Boca Raton, FL 33496

Phone: Home (954) 588-1395 Work (___)___ -_____ Cell (___)___ -_____

Employer: _____

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

Address: _____

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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: **Tucker, Klarissa, Michelle** COURT CASE/WARRANT#. _____ (FOR WARRANTS USE ONLY)

1. Incident Report #: **18154169** Agency: **pbso**
   Offense: **BATTERY**
   Suspect/Offender: **Tucker, Klarissa, Michelle**
   D.O.B. **02/17/1980** Race: **W** Sex: **F**

2. Warrant # (s): _____

3.a. Victim's name: **Tucker, Thomas, Martin** D.O.B. **10/13/1977** Race: **W** Sex: **M**
   Address: **9981 Robins Nest Rd**
   City: **Boca Raton, FL 33496**
   Home #- **(954) 588-1395** Work #: **0** 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: **Tucker, Thomas, Martin**

Deputy's Name: **M. Russo** I.D.# **21277** Date: **12/11/2018**

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

PBSO 00029A REV. 4199

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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	☐		Other:	
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2018040959	**Date:** 12/11/2018
	Specialist Name/ID: CD/8691