

17 MM 6571

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

1 Juvenile

N

CBTS NumberAgency Report Number
06

17083727

Agency ORJ Number FLO 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06						
Charge Type: Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input 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	Items Seized Enter Type	Multiple Clearance Indicator						
Location of Arrest (Including Name of Business)		Location of Offense (Including Name of Business)						
Date of Arrest May 29, 2017	Time of Arrest 2115	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle		
Name (Last, First, Middle) THOMAS MELISSA LYNN				Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W	Date of Birth 10-22-1959	Height 5'7	Weight 200	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build MEDIUM
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status MARRIED	Religion NP	Indication of Alcohol Influence <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Drug Influence <input type="checkbox"/> Yes <input type="checkbox"/> No		
Local Address (Street, Apt. Number) 15806 BENT CREEK DR.		City WELLINGTON	State FL	Zip 33414	Phone (561)	Residence Type: 1. City <input type="checkbox"/> 3. Florida 2. County <input type="checkbox"/> 4. Out of State		
Permanent Address (Street, Apt. Number)		City	State	Zip	Phone	Address Source VERBAL		
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation RETIRED		
DL Number, State T-520-552-59-882-0 FL	Social Security Number		INS Number	Place of Birth CHARLESTON, SOUTH CAR.		Citizenship USA		
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		
<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	Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRSDYS 3. Incarcerated			
Released To (Name)			Relationship			Date	Time	
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child under parent was told to keep the Juvenile Court Clerk's Office (Phone 561 355-2528) informed of any address change <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)				School Attended			Grade	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property					Value of Property		
Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle O. Deliver E. Use	K. Dispense/ Distribute M. Manufacture/ Produce Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Benzodiaz C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana	P. Psychopharm Q. Stimulants U. Unknown V. Other
Charge Description DOMESTIC BATTERY			Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1)(A)(1)		Violation or ORD. # 105	
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond		
Charge Description			Counts <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation or ORD. # 105		
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond		
Charge Description			Counts <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation or ORD. # 105		
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond		
Charge Description			Counts <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation or ORD. # 105		
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				
Hold for Other Agency			Signature of Arresting Officer <i>13916</i>		Name Verification (Printed by Arrestee)			
Name			Name of Arresting Officer ZAJICEK III		(PRINT)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	ID #	ID #	13916	Page			
Intake Deputy		ID #	Pouch #	Transporting Officer ID # D/S T. Shadedford 28282 PESO	Witness here if subject signed with an "X"			
1 of 1								

OBT9 Number

PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

N

Agency ORI Number FLO 5 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06	17083727			
Charge Type: Check as many as apply <input checked="" 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	Special Note					
Defendant Name (Last, First, Middle) THOMAS	MELISSA	LYNN	Race W	Sex F	Date of Birth 10-22-1959	
Charge DOMESTIC BATTERY	Charge					
Charge	Charge					
Victim Name (Last, First, Middle)		Race W	Sex M	Date of Birth 07-13-1961		
Local Address		Address Source VERBAL				
Business Address (Street, Apt. Number)	City	State	Zip	Phone	Occupation RETIRED	
The undersigned 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...						
<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.						
On the 29th day of MAY 20 17 at 9:15	<input type="checkbox"/> AM	<input checked="" type="checkbox"/> PM				

I responded to [REDACTED] located in the [REDACTED] in reference to a Domestic Disturbance in progress. Dispatch advised me [REDACTED] was landline stating [REDACTED] was hitting him.

Upon arrival, I made contact with a white male who identified himself as [REDACTED]. He had two fresh marks on his face and visible redness around his neck. [REDACTED] was visibly upset and tired. He stated he returned from visiting his ill parents and wanted to stay home. He stated [REDACTED] picked him up from the airport and wanted to run errands and shop and go out to dinner. [REDACTED] stated he did not want to do any of these things due to him being tired and wanted to relax, but he stayed with her anyway. [REDACTED] stated when they got home from errands and dinner, [REDACTED] began to yell at him and became confrontational with him and escalated their verbal argument and made it physical. [REDACTED] stated in his sworn written witness statement that she struck him "several times with her fist in the face, back, and other areas of my body". He also stated that while he was in his office, she grabbed him by the neck and as he was struggling to get away from her, his hand went through the window and broke the window.

After speaking with [REDACTED] I spoke with [REDACTED] Melissa. She stated [REDACTED] has been battling depression and has been upset due to his sick parents. She told me she tried to cheer him up when she picked him up from the airport and took him shopping, out to dinner, and out to run errands. She said when they got home, he began to give her attitude and make snide comments towards her. She stated she had enough of the comments towards her and confronted him in their bedroom where she stated she shoved him onto the bed and told him to stop with the nasty remarks. She denied striking [REDACTED] in the face with a fist and also denied ever hitting him.

After speaking with all parties involved, I had enough probable cause to arrest Melissa Thomas for simple domestic battery, violating FSS 784.03(1)(a)(1).

Melissa was placed in handcuffs which were checked for tightness and double locked. She was consequently transported to the Western Detention Center by DS Shackleford ID# 28282 without any incident.

This case is cleared by arrest.

The foregoing instrument was sworn to and affirmed before me this

29th day of **May** 20 **17** by:

DS Shackleford ID# 28282

ZAJICEK III

13916

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

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1 of **1**

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

Defendant: THOMAS MELISSA LYNN DOB: 10-22-1959 Case #: 17083727
Victim: _____ DOB: 07-13-1961 Race: W Sex: M

Relationship between Victim and Defendant: _____

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: _____

Weapon Used: Yes No Type: _____

Witness: Yes No Name: _____

Victim Pregnant: Yes No If yes, _____ Weeks _____ Months

Injuries: Yes No Description: Abrasions on right cheek/Redness around throat

Medical Treatment: Yes No

At Scene: Yes No Paramedics: _____ REFUSED

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: I can't believe he called you guys for this.

Victim's statements Yes No If yes, written recorded oral

First words Victim said when you responded to scene: I just want to leave.

Did the Victim contact anyone other than the police within an hour of the incident regarding the incident?

Yes No If yes, name: _____ phone: _____

Observations of Victim (Physical & Emotional): Appeared depressed

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other: _____

Victim contact information: _____

Local Address: _____

Phone: Home: _____ Work: _____ Cell: _____

Employer: _____

Name of Relative: _____ Phone: _____

VICTIM NOTIFICATION FORM

- 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 #: 17083727 Agency: Palm Beach County Sheriff's Office
 Offense: DOMESTIC BATTERY
 Suspect/Offender: THOMAS MELISSA LYNN
 DOB: 10-22-1959 Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's Name: _____

Address: _____

City: _____

Home #: _____

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 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: ZAJICEK III ID #: 13916 Date: 03-18-2015

PALM BEACH COUNTY SHERIFF'S OFFICE - SWORN STATEMENT



Per FL statute, 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.

WITNESS VICTIM OTHER

CASE #: 17-083707	ZONE: 8-11	SUSPECT: MELISSA THOMAS	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 5-29-2017 2115
EVENT TYPE: DOMESTIC BATTERY		DEPUTY: ZAJICEK III	ID#: 13916

COMPLETE EVERYTHING BELOW - PRINT LEGIBLY

LAST NAME: [REDACTED]	FIRST NAME: [REDACTED]	MIDDLE INITIAL: D	RACE: W	SEX: M
DATE OF BIRTH: 7/13/1961	YOUR HEIGHT: 5'6"	YOUR WEIGHT: 186	YOUR HAIR COLOR: Brown	YOUR EYE COLOR: Blue
YOUR HOME ADDRESS: [REDACTED]	<input type="checkbox"/> CHECK IF HOMELESS	CITY: [REDACTED]	STATE: [REDACTED]	ZIP: [REDACTED]
YOUR WORK NAME & ADDRESS: [REDACTED]	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY: [REDACTED]	STATE: [REDACTED]	ZIP: [REDACTED]
WORK PHONE: <input type="checkbox"/> CHECK IF NONE	CELL PHONE: <input type="checkbox"/> CHECK IF NONE	HOME PHONE: <input type="checkbox"/> CHECK IF NONE	EMAIL: <input type="checkbox"/> CHECK IF NONE	

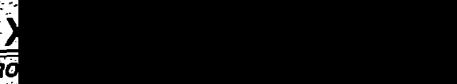
WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL - PRINT LEGIBLY

YOUR NAME: [REDACTED]	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>This evening [REDACTED] was upset with me because of my emotional and physical state after visiting my [REDACTED] parents. Words were exchanged and she struck me several times on (with her fist) on the face, back, and other areas of my body. This has happened many times over the years and I fear for my life. I called 911 to allow me to leave. I have bruises on my face so I can't go to my office, but will find somewhere to stay. I do not want to harm my wife by acting in self defense when she does this, so the best that I can do is [REDACTED].</p>	

PAGE **1** OF **1**

READ AND SIGN

I SWEAR AND AFFIRM
THAT THE STATEMENTS ARE CORRECT

YOUR SIGNATURE: 

IF YOU DO NOT WISH TO PROSECUTE THE VICTIM OF A CRIME UNDER FLORIDA LAW, INITIAL HERE

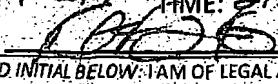
(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY

DEPUTY SHERIFF NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: **05-29-2017** TIME: **2130**

SIGNATURE: 

ID: **13916**

HIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I FURTHER AGREE NOT TO COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLYING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.

DO NOT WISH TO PROSECUTE (INITIAL)