

17 MM 6571

CBTS Number		ARREST / NOTICE TO APPEAR				1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		Juvenile N	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 06		17083727	
Charge Type: Check as many as apply <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		If Weapon Seized		Multiple Classifications					
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 F		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"/> Drug Influence <input type="checkbox"/>	
Local Address (Street, Apt. Number) 15806 BENT CREEK DR.		City WELLINGTON		State FL		Zip 33414		Phone (561)	
Permanent Address (Street, Apt. Number)		City		State		Zip		Address Source VERBAL	
Business Address (Street, Apt. Number)		City		State		Zip		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"/> 3. Felony <input type="checkbox"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <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 and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561 353-2528) 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 P. Possess		S. Sell B. Buy T. Traffic		R. Bribe/Bribe D. Distribute E. Use		K. Dispense/ Provide Cultivate		M. Manufacture/ Provide Cultivate	
Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana		P. Prescription Equipment Other	
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		Drug Type		Amount/Unit		Offense # 17083727		Warrant/Capias Number	
								Bond	
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation or ORD. #	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number	
								Bond	
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation or ORD. #	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number	
								Bond	
Charge Description		Counts		Domestic Violence		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					
HOLD For Other Agency Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Realized Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Signature of Arresting Officer PAJ Name of Arresting Officer PAJICEK III ID # 13916				Name Verification (Printed by Arrestee) (PRINT)	
Intake Deputy ID # _____ Pouch # _____		Transporting Officer ID # _____ Agency P/S J. Shakerford 20202 PPSO						Page 1 of 1	
Witness here if subject signed with an "X"									

CBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Copies		1	Juvenile N
Agency ORI Number FLO 5 0 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 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) THOMAS MELISSA LYNN				Race W	Sex F	Date of Birth 10-22-1959	
Charge DOMESTIC BATTERY				Charge			
Charge				Charge			
Victim Name (Last, First, Middle) [REDACTED]				Race W	Sex M	Date of Birth 07-13-1961	
Local Address [REDACTED]				Address Source VERBAL			
Business Address (Street, Apt. Number) City State Zip Phone				Occupation RETIRED			
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... <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> confessed to admitting to the below facts. <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.


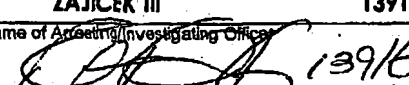
Upon arrival, I made contact with a white male who identified himself as [REDACTED]. He had two fresh marks on his face and visible redness around his neck. [REDACTED] was visibly upset and tired. He stated he returned from visiting his ill parents and wanted to stay home. He stated [REDACTED] picked 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 Shackelford 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 Shackelford 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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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: [REDACTED] 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: [REDACTED]
Weapon Used: ☐ Yes ☒ No Type: _____
Witness: ☐ Yes ☒ No Name: _____
Victim Pregnant: ☐ Yes ☒ No If yes, _____ Weeks _____ Months
Injuries: ☒ Yes ☐ No Description: Abrasion 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 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: ZAJICEK III ID #: 13916 Date: 03-18-2015

SUSPECT/OFFENDER

COURT CASE/WARRANT #
(FOR WARRANTS USE ONLY)

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 #:	17-033707	ZONE:	8-11	SUSPECT:	MELISSA THOMAS	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	5-29-2017 2115
EVENT TYPE:	DOMESTIC BATTERY	DEPUTY:	ZAJICK II	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 Irish 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 it's best that I go.</p>		
PAGE 1 OF 1		

READ AND SIGN

I SWEAR AND AFFIRM THAT THE STATEMENTS ARE CORRECT.	<input checked="" type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10
YOUR SIGNATURE: [REDACTED]	SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
	DATE: 05-29-2017 TIME: 2130
	SIGNATURE: [REDACTED] ID: 13916

IF YOU DO NOT WISH TO PROSECUTE THIS CASE, YOU MAY 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 INITIALING 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.

THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FL. I DO NOT WISH TO PROSECUTE (INITIAL: [REDACTED])

(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