

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		1 Juvenile N	
Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 17-025942			
Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <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 1			
Location of Arrest (Including Name of Business) 215 N FOUR SEASONS RD PBG, FL, 33410		Location of Offense (Including Name of Business) 215 N FOUR SEASONS RD PBG, FL, 33410					
Date of Arrest 1/12/2017	Time of Arrest 2328	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle N/A	
Name (Last, First, Middle) WAMSLEY MICHAEL EUGENE		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White B - Black O - Oriental/Asian	Sex M	Date of Birth 2/12/1969	Height 6'00	Weight 170	Eye Color BLUE	Hair Color BROWN	Complexion LIGHT
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status MARRIED		Religion N/A		Indication of Alcohol Influence Y N Unk <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
Local Address (Street, Apt. Number) 215 N FOUR SEASONS RD PBG FL 33410		Phone 561-260-7786		Residence Type 1 City 2 County 3 Florida 4 Out of State		2	
Permanent Address (Street, Apt. Number) 215 N FOUR SEASONS RD PBG FL 33410		Phone 561-260-7786		Address Source VERBAL			
Business Address (Street, Apt. Number)		City		State		Zip	
D/L Number, State W-524-545-69-052-0, FL		Social Security Number		INS Number		Place of Birth POINT PLEASANT, WV	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Parent Legal Guardian Other		Name (Last, First, Middle)		Phone			
Address (Street, Apt. No.)		City		State		Zip	
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	
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 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		P. Paraphernalia/ Equipment		U. Unknown Z. Other			
Charge Description DOMESTIC BATTERY		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.041(a)	
Drug Activity N		Drug Type N		Amount/Unit /		Offense # 17-025942	
Charge Description		Counts		Domestic Violence		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Charge Description		Counts		Domestic Violence		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Charge Description		Counts		Domestic Violence		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Location (Court, Address, Room Number)		Court Date and Time Month Day Year Time AM PM		I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSES CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD FULLY 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)		Signature of Arresting Officer D/S P. SCARTOZZI		Date Signed 21289		Name Verification (Printed by Arrestee) JAN 13 2017	
Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer D/S P. SCARTOZZI		ID # 21289	
Intake Deputy Thomas		Pouch #		Transporting Officer D/S P. SCARTOZZI		Agency 21289	
Witness here if subject signed with an "X"		Page 1 of 1					

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JAN 13 2017

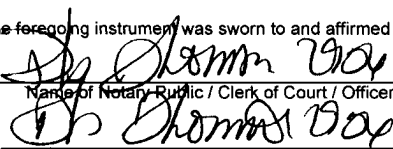
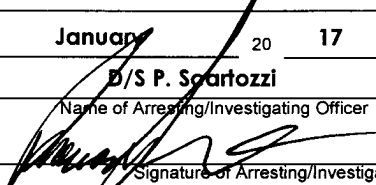
OBTS Number		PROBABLE CAUSE AFFIDAVIT				1. Arrest 2. N.T.A.		3. Request For Warrant 4. Request For Capias		1	Juvenile	N
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 06		17-025942				
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Defendant Name (Last, First, Middle) WAMSLEY MICHAEL EUGENE						Race W		Sex M		Date of Birth 2/12/1969		
Charge DOMESTIC BATTERY						Charge						
Victim Name (Last, First, Middle) WAMSLEY HUNTER						Race W		Sex F		Date of Birth 4/20/2001		
Local Address (Street, Apt. Number) 215 N FOUR SEASONS RD		City PALM BEACH GARDENS		State Zip FL 33410		Phone 5612156154		Address Source VERBAL				
Business Address (Street, Apt. Number)		City		State Zip		Phone		Occupation STUDENT				
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 12TH day of JANUARY 20 17 at 10:29 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM												

On 1/12/2017 at approximately 2229 hours I was dispatched to investigate a possible armed domestic dispute in the area of 215 North Four Seasons road, Palm Beach Gardens, FL, 33410 in unincorporated Palm Beach County. I was driving my marked patrol vehicle asset number 68559 and wearing my Palm Beach County Sheriff's office issued class B uniform.

Prior to my arrival I was provided with the following information. A person by the name of Michael Wamsley called 911 to report his wife was running around the house with a piece of metal rebar in her hand. A disturbance could be heard in the background and not much information was provided. Michael left the residence on foot and met with us at the main entrance of the community. He advised that he is going through a divorce with his wife and goes to mediation the following day. Michael advised he was sleeping when his wife woke his up yelling at his and almost hitting him with the rebar in her hand. Michael advised he was never actually hit with the rebar and he didn't show any signs of injury on his person.

D/S Swanson responded to the residence to speak with the other persons involved. I was later told over the radio that probable cause exists for the arrest of Michael. At this time he was placed under arrest, he was placed in PBSO issued handcuffs which were checked for proper fit and double locked. I then drove over to the residence to gather more details on the incident. I was handed a witness statement written by the alleged victim which advised me of the following. Hunter Wamsley, Michaels Wamsley's daughter wrote in her statement that her mother and he father were arguing and at some point Hunters mother, Yvonne was walking toward the kitchen sink to dump put the tea she made for Michael. Michael allegedly went to grab for Yvonne's hand to prevent her front dumping out the tea and that's when Hunter got in-between them. Michael then pushed Hunter, hunter grabbed the refrigerator to prevent her from falling to the ground and that's when Michael pushed her. The refrigerator moved away from the wall approximately 1 foot when Michael pushed her. She suffered a minor scratch on her person due to being pushed. D/S Swanson took photos.

Michael was transported to Main detention center without incident

The foregoing instrument was sworn to and affirmed before me this 12th day of January 20 17 , by:	
 Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	 D/S P. Scartozzi 21289 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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