

0171758

3924

OBTS Number

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile

Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE					Agency Report Number 06 16150502														
Charge Type: Check as many as apply		<input checked="" type="checkbox"/> 1. Felony <input 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 _____		Multiple Clearance Indicator 0 2													
Location of Arrest (Including Name of Business)						Location of Offense (Including Name of Business)															
Date of Arrest Nov 10, 2016		Time of Arrest 003 1753		Booking Date		Booking Time		Jail Date		Jail Time											
Name (Last, First, Middle) Watts Sean						Alias (Name, DOB, Soc. Sec. #, Etc.) Allen															
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W M		Date of Birth 04/19/1969		Height 6'0		Weight 200		Eye Color Hazel		Hair Color Brown		Complexion Light		Build Medium					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Tribal on RT arm. Sun on right shoulder						Marital Status D				Religion Christian		Indication of: Alcohol Influence Drug Influence		Y N Unk							
Local Address (Street, Apt. Number) 9285 LAUREL GREEN DR						City Boynton Beach		State FL		Zip 33437		Phone 561-891-4084		Residence Type: 1. City 2. County		3. Florida 4. Out of State					
Permanent Address (Street, Apt. Number)						City		State		Zip		Phone		Address Source		FL DL					
Business Address (Street, Apt. Number)						City		State		Zip		Phone		Occupation		None					
D/L Number, State W320-781-69-139-0			Social Security Number [REDACTED]			INS Number			Place of Birth Jersey City, New Jersey			Citizenship			U.S.A						
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 2- OR		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									
<input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property														Value of Property					
Drug Activity S. Sell N. NA P. Possess		R. Smuggle B. Buy T. Traffic		K. Dispense/ Distribute		M. Manufacture/ Produce Cultivate		Z. Other		Drug Type N. NA A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana		P. Paraphernal/ Equipment		U. Unknown Z. Other			
Charge Description Child Abuse without great bodily harm						Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 827.03(2)(c)		Violation or ORD. #									
Drug Activity N		Drug Type N		Amount/Unit		Offense # 16150502		Warrant/Capis Number		Bond											
Charge Description Contributing to Delinquency/Dependency minor						Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 827.04(1)(b)		Violation or ORD. #									
Drug Activity N		Drug Type N		Amount/Unit		Offense # 16150502		Warrant/Capis Number		Bond											
Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation or ORD. #									
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capis Number		Bond											
Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation or ORD. #									
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capis Number		Bond											
Location (Court, Address, Room Number)						2016															
Court Date and Time						Month Day Year Time AM <input checked="" type="checkbox"/> PM 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			Name Verification (Printed by Arrestee) (PRINT) 15420 15420															
Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other _____			Name of Arresting Officer D/S S.Thomas																		
Intake Deputy Am 7623			ID # 15420			Pouch #			Transporting Officer ID # D/S S.Thomas 15420			Agency PBSO									
Witness here if subject signed with an X 52																					

Signature of Defendant (or Juvenile and Parent/Custodian)

Date Signed

HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)	
Name					
<input type="checkbox"/> Dangerous	<input type="checkbox"/> Resisted Arrest				
<input type="checkbox"/> Suicidal	<input type="checkbox"/> Other _____	Name of Arresting Officer		ID #	
		D/S S.Thomas		15420	
Intake Deputy		ID #	Pouch #	Transporting Officer	Agency
Am 7623				D/S S.Thomas	PBSO
<div style="display: flex; justify-content: space-between;"> <div>(PRINT)</div> <div>15420</div> <div>Page</div> </div> <div style="text-align: right; margin-top: 10px;"> Witness here if subject signed with an "X" SCANNED </div>					

h an "X" **SCANNED** of 1
NOV 11 2016

OBTS Number

PROBABLE CAUSE AFFIDAVIT

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 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06	16150502		
Charge Type Check as many as apply	<input checked="" type="checkbox"/> 1. Felony <input 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	Special Notes			
Defendant Name (Last, First, Middle) Watts	Sean	Allen	Race W	Sex M	Date of Birth 04/19/1969
Charge Child Abuse without great bodily harm	Charge Contributing to Delinquency/Dependency minor				
Charge	Charge				
Victim Name (Last, First, Middle)		Race W	Sex F	Date of Birth 10/31/2003	
Local Address (Street, Apt. Number)	City	State	Zip	Phone	Address Source
Business Address (Street, Apt. Number)	City	State	Zip	Phone	Occupation Student
<p>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...</p> <p><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.</p> <p><input type="checkbox"/> confessed to admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.</p>					
On the 10th day of November 20 16 at 05:53	<input type="checkbox"/> AM	<input checked="" type="checkbox"/> PM			

On the above date and time I responded to [REDACTED] and met with DCF case worker Kasaundra ID#KS12510199. Ref DCF Case#2016-316619-01. Kasaundra stated that there were allegations that 13 year old juvenile [REDACTED] had made allegations to her therapist [REDACTED] (UNK DOB) with "Chrysalis" stating that [REDACTED] Sean Watts is giving her Marijuana and she is smoking it. Upon arrival I met and spoke with [REDACTED] who told me that she was not getting Marijuana from her drug dealer anymore and she knows that [REDACTED] Sean is able to get it because he does Marijuana and Heroin around her. [REDACTED] stated that she would never do Heroin but she asked [REDACTED] (Sean) if he could go and get her some "bud" a street term for Marijuana and Sean agreed.

I then spoke with Sean and read him his Miranda Rights from a pre printed card and the following conversation was recorded on my in car video/audio. Post Miranda, Sean stated that [REDACTED] suffers from anxiety and [REDACTED] came to him asking for Marijuana. Sean stated that he returned with a "dime bag" and showed her this. (It should be noted that a dime bag is a street term for \$10 worth of Marijuana). I asked if Sean gave the Marijuana to her and he responded by first saying no and then changed his answer to "I can't recall". Sean then stated that he might have gave her some because he was in a different state. I asked if this meant he was "high from drugs" and he just laughed and said, "I can't remember. I may have gave it to her". After the interview Sean told me that he feels bad because he is a drug addict and does not have a good relationship with [REDACTED].

Based on the above statements from [REDACTED] and Sean stating that he showed her Marijuana and can't remember giving it to her due to being high. Sean Stating, "I probably did, I can't recall" I have probable cause to believe that Sean committed the crime of Child Abuse contrary to F.S.5827.03(2)(c). I also have probable cause to believe Sean committed the crime of Contributing to Delinquency/Dependency minor by performing an act (giving Marijuana) and live in a manner that causes [REDACTED] to become or remain a dependent or delinquent child and make her in need of services such as a Psychiatrist that is to say Sean did bring Marijuana a illegal drug and give it to [REDACTED] and was high in a state that he does not recall the entire incident contrary to F.S.5827.04(1)(b)

The foregoing instrument was sworn to and affirmed before me this	10th	day of	November	20	16	, by:
<i>D/S J. Josef #25445</i>			<i>D/S S. Thomas</i>			15420
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)			Name of Arresting/Investigating Officer			
<i>J. Josef #25445</i>			<i>15420</i>			SCANNED
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)			Signature of Arresting/Investigating Officer			Page 1 of 1
						NOV 11 2016

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause Affidavit)

Defendant: Watts, Sean DOB: 04/19/1969 Case #: 16150502

Victim: ██████████ DOB: 10/31/2003 Race: W Sex: F

Relationship between Victim and Defendant: ██████████

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: ██████████ DCF Kasaundra ID#RS510199

Weapon Used: Yes No Type: _____

Witness: Yes No Name: _____

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

Injuries: Yes No Description: _____

Medical Treatment: Yes No

At Scene: Yes No Paramedics: _____

At Hospital: Yes No Hospital: _____ Physician: _____

Are children living in the home? Yes No DCF Notified? Yes No

Name: ██████████ DOB 10/31/2003

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 know ██████████ smokes Marijuana"

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

First words Victim said when you responded to scene: " ██████████ is the one who gives me Marijuana because I can not get it anywhere else"

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): _____

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other _____

Victim contact information:

Local Address: ██████████

Phone: _____ Home: _____ Work: _____ Cell: _____

Employer: _____

Name of Relative: ██████████

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 #: 16150502 Agency: Palm Beach County Sheriff's Office

Offense: Child Abuse without great bodily harm

Suspect/Offender: Watts Sean Allen

DOB: 04/19/1969 Race: W Sex: M

2. Warrant #(s): _____

3.a. Victim's Name: _____ DOB: 10/31/2003 Race: W Sex: F

Address: _____

City: _____

Home #: _____ / Work #: _____ Other #: _____

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: D/S S.Thomas ID #: 15420 Date: _____