

0171758

3924

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

Juvenile

1

N

OBTS Number		Agency ORI Number <b>FLO 5 0 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06 16150502</b>	
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		If Weapon Seized Enter Type		Multiple Clearance Indicator <b>0 2</b>			
Location of Arrest (Including Name of Business)				Location of Offense (Including Name of Business)			
Date of Arrest <b>Nov 10, 2016</b>		Time of Arrest <b>1753</b>		Booking Date		Booking Time	
Jail Date		Jail Time		Location of Vehicle			
Name (Last, First, Middle) <b>Watts Sean Allen</b>				Alias (Name, DOB, Soc. Sec. # Etc.)			
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex <b>M</b>		Date of Birth <b>04/19/1969</b>		Height <b>6'0</b>	
Weight <b>200</b>		Eye Color <b>Hazel</b>		Hair Color <b>Brown</b>		Complexion <b>Light</b>	
Build <b>Medium</b>		Marital Status <b>D</b>		Religion <b>Christian</b>		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input checked="" type="checkbox"/>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>Tribal on RT arm. Sun on right shoulder</b>							
Local Address (Street, Apt. Number) <b>9285 LAUREL GREEN DR</b>		City <b>Boynton Beach</b>		State <b>FL</b>		Zip <b>33437</b>	
Phone <b>561-891-4084</b>		Residence Type 1. City 2. County 3. Florida 4. Out of State		<b>2</b>			
Permanent Address (Street, Apt. Number)		City		State		Zip	
Phone		Address Source <b>FL DL</b>					
Business Address (Street, Apt. Number)		City		State		Zip	
Phone		Occupation <b>None</b>					
D/L Number, State <b>W320-781-69-139-0</b>		Social Security Number		INS Number		Place of Birth <b>Jersey City, New Jersey</b>	
Citizenship <b>U.S.A</b>							
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other		Name (Last, First, Middle)				Phone	
Address (Street, Apt. No.)		State				Zip	
Business Phone							
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 561 355-2525) 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 <b>Child Abuse without great bodily harm</b>		Counts <b>1</b>		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>827.03(2)(c)</b>	
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount/Unit		Offense # <b>16150502</b>	
Warrant/Capias Number		Bond					
Charge Description <b>Contributing to Delinquency/Dependency minor</b>		Counts <b>1</b>		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>827.04(1)(b)</b>	
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount/Unit		Offense # <b>16150502</b>	
Warrant/Capias Number		Bond					
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Bond					
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
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 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 Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Signature of Arresting Officer <b>D/S S. Thomas</b> ID # <b>15420</b>		Name Verification (Printed by Arrestee) (PRINT)		Page	
Intake Deputy <b>Am 7623</b> ID # Pouch #		Transporting Officer <b>D/S S. Thomas 15420</b> Agency <b>PBSO</b>		Witness here if subject signed with an "X"			

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OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		1	Juvenile	N
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06</b>		<b>16150502</b>		
Charge Type Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input 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		Special Notes						
Defendant Name (Last, First, Middle) <b>Watts Sean Allen</b>				Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>04/19/1969</b>		
Charge <b>Child Abuse without great bodily harm</b>				Charge <b>Contributing to Delinquency/Dependency minor</b>				
Victim Name (Last, First, Middle)				Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>10/31/2003</b>		
Local Address (Street, Apt. Number, City, State, Zip)				Phone		Address Source		
Business Address (Street, Apt. Number, City, State, Zip)				Phone		Occupation <b>Student</b>		
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 <b>10th</b> day of <b>November</b> 20 <b>16</b> at <b>05:53</b> <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 cant 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.827.03(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.S 827.04(1)(b)

The foregoing instrument was sworn to and affirmed before me this <b>10th</b> day of <b>November</b> 20 <b>16</b> , by:	
<b>D/S J. Josef #25445</b> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00) <b>[Signature]</b> Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<b>D/S S. Thomas 15420</b> Name of Arresting/Investigating Officer <b>[Signature]</b> 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: Watts, Sean DOB: 04/19/1969 Case #: 16150502

Victim: [REDACTED] DOB: 10/31/2003 Race: W Sex: F

Relationship between Victim and Defendant: [REDACTED]

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: [REDACTED] 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 [REDACTED] smokes Marijuana"

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

First words Victim said when you responded to scene: "[REDACTED] 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: [REDACTED]

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_

Name of Relative: [REDACTED]

## 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: [REDACTED] DOB: 10/31/2003 Race: W Sex: F  
Address: [REDACTED]  
City: [REDACTED]  
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: \_\_\_\_\_

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

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SUSPECT/OFFENDER

Watts

Sean

Allen

COURT CASE/WARRANT #

(FOR WARRANTS USE ONLY)