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OBTS Number			ARREST / NOTICE TO APPEAR Juvenile Referral Report					1 Arrest 2 NTA.	3. Request for Warrant 4. Request for Capias	1	Juvenile			
ADMINISTRATIVE	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 16-148198								
	Charge Type: Check as many as apply: <input 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			If Weapon Seized Enter Type			Multiple Clearance Indicator					
Location of Arrest (including Name of Business) 5130 LAS VERDES CIRCLE				Location of Offense (Business Name, Address) SAME										
Date of arrest 11/05/2016		Time of Arrest 11:31am		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle						
DEFENDANT	Name (Last, First, Middle) BUNKER, SOPHIA										Alias (Name, DOB, Soc. Sec. #, Etc.)			
	Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex W	Date of Birth 11/29/1982	Height 5'5	Weight 120	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build SKINNY	Indication of: Y N Alcohol Influence Drug Influence			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status	Religion						
	Local Address (Street, Apt. Number) 5130 LAS VERDES CIR						(City) DELRAY BCH	(State) FL	(zip) 33484	Phone (561) 693-7885	Residence Type: 1. City 2. County 3. Florida 4. Out of State			
	Permanent Address (Street, Apt. Number)						(City)	(State)	(zip)	Phone	Address Source			
	Business Address (Name, Street)						(City)	(State)	(zip)	Phone	Occupation			
	D/L Number, State B526-780-82-929-0			Soc. Sec. Number [REDACTED]			INS Number			Place of Birth (City, State) WICHITA, KS		Citizenship USA		
	CO-DEF	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
JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other						(First) (Middle)			Residence Phone [REDACTED]				
	Address (Street, Apt. Number)						(City)	(State)	(zip)	Business Phone [REDACTED]				
	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 355-2526) informed of any change of address. Yes, by: (Name) No: (Reason)						School Attended							Grade	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property						Value of Property						
CODE	Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense Distribute	M. Manufacture/ Product/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv	P. Paraphernalia/ U. Unknown Equipment S. Synthetic Z. Other				
	Charge Description DOMESTIC BATTERY						Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1A1)			Violation of ORD #		
CHARGE	Drug Activity N	Drug Type N	Amount / Unit	Offense # 16-148198	Warrant / Capias Number			Bond						
	Charge Description						Counts	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number			Violation of ORD #		
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number			Bond						
	Charge Description						Counts	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number			Violation of ORD #		
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number			Bond						
	Charge Description						Counts	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number			Violation of ORD #		
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number			Bond						
	Charge Description						Counts	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number			Violation of ORD #		
NOTICE TO APPEAR	Location (Court, Room Number, Address)													
	Court Date and Time Month Day Year Time										A.M. P.M.			
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED I UNDERSTAND THAT SHOULD I 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				
ADMIN	HOLD for other Agency Name			Signature of Arresting Officer X [Signature]				Name Verification (Printed by Arrestee) [REDACTED]						
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other				Name of Arresting Officer (Print) J. TORRES			I.D. # 7875	(PRINT)		
	Intake Deputy Sgt. [Signature]			Transporting Officer H. HOGMAN 261684 P330				I.D. #	Agency	PAGE 1				
	Witness here if suspect signed with an <input type="checkbox"/>										OF 1			

		PROBABLE CAUSE AFFIDAVIT				I Arrest		3 Request for Warrant		1	Juvenile	
						2 NTA		4 Request for Capias				
ADMIN	OBTS Number											
	Agency ORI Number	PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number		16-148198				
DEF	Charge Type Check as many as apply	<input type="checkbox"/> 1 Felony <input checked="" type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor	<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other	Special Notes								
CHARGES	Name (Last, First, Middle)	BUNKER, SOPHIA				Alias		Race	Sex	Date of Birth		
	Charge Description	DOMESTIC BATTERY				Charge Description						
VICTIM	Charge Description					Charge Description						
	Victim's Name (Last, First, Middle)	THIGPEN, BRUCE, RYAN						Race	Sex	Date of Birth		
	Local Address (Street, Apt Number)	(City)	(State)	(Zip)	Phone			Address Source				
	5130 LAS VERDES CIR	DELRAY BEACH	FL	33484	(407) 924-6831			VERBAL				
	Business Address (Name, Street)	(City)	(State)	(Zip)	Phone			Occupation				
	<p>The undersigned certifies and 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"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ <input checked="" type="checkbox"/> that he/she saw the arrested person commit the below acts. was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>5TH</u> day of <u>NOVEMBER</u> <u>20 16</u> at <u>10:32</u> <input type="checkbox"/> A.M <input type="checkbox"/> P.M (Specifically include facts constituting cause for arrest.)</p>											
	<p>I responded to 5130 Las Verdes Circle #30T in the community of Las Verdes in unincorporated Delray Beach, FL in reference to a Domestic dispute call.</p> <p>Upon arrival I met with Bruce Thigpen. Bruce and his live in girlfriend Sophia Bunker got into a verbal argument at their residence. During the verbal argument Bruce began to record the argument on his cell phone.</p> <p>On the recorded portion of the argument Sophia threw a plate at Bruce striking Bruce on his left arm. Neither party had any visible signs of injury and refused medical treatment. Based on the recorded portion of the argument on Bruce's cell phone you can clearly see Sophia throwing a plate at Bruce striking him.</p> <p>Bruce was standing next to Sophia in the kitchen of their home at the time she threw the plate at him.</p> <p>Based on my investigation I find that Sophia violated FSS 784.03(1a1) Domestic Battery. For full narrative please see report.</p>											
PROBABLE CAUSE STATEMENT												
ADMINISTRATIVE	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p><u>D/S J. Torres #7875</u></p> <p>(Signature of Arresting /Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>5th</u> day of <u>November</u> <u>20 16</u> by <u>D/S J.Torres #7875</u></p> <p>(Print name of Arresting /Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced</p> <p><u>244684</u></p> <p>Notary Public, Clerk of Court, Officer (P.S.O.) #117-100</p>											
	<p>Personally Known</p> <p>SCANNED</p> <p>NOV - 6 2016</p>											
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