

0492922

NH

2310

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

OBTS Number \_\_\_\_\_  
Agency ORI Number **FLO 5 0 0 0 0** Agency Name **PALM BEACH COUNTY SHERIFF'S OFFICE** Agency Report Number **06** **17145252**

Charge Type:  1. Felony  3. Misdemeanor  5. Ordinance   
 2. Traffic Felony  4. Traffic Misdemeanor  6. Other \_\_\_\_\_  
# Weapon Seized \_\_\_\_\_ Enter Type \_\_\_\_\_ Multiple Clearance Indicator **2**

Location of Arrest (Including Name of Business) \_\_\_\_\_ Location of Offense (Including Name of Business) \_\_\_\_\_

Date of Arrest **10/29/2017** Time of Arrest **1500** Booking Date \_\_\_\_\_ Booking Time \_\_\_\_\_ Jail Date \_\_\_\_\_ Jail Time \_\_\_\_\_ Location of Vehicle \_\_\_\_\_

Name (Last, First, Middle) **PARKER SPENCER ALLEN** Alias (Name, DOB, Soc. Sec. # Etc.) \_\_\_\_\_

Race:  W - White  A - American Indian  B - Black  O - Oriental/Asian  
Sex:  M Date of Birth **12/05/1989** Height **5'10"** Weight **175** Eye Color **BROWN** Hair Color **BROWN** Complexion **FAIR** Build **MED**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) **SHOOTING STAR TATTOO RIGHT CHEST** Marital Status **SINGLE** Religion **CHRISTIAN**

Local Address (Street, Apt. Number) **10774 PELICAN DR** City **WELLINGTON** State **FL** Zip **33414** Phone **561-252-7584** Residence Type:  1 City  2 County  3 Florida  4 Out of State  2

Permanent Address (Street, Apt. Number) **1082 BREAKERS WEST BLVD** City **WELLINGTON** State **FL** Zip **33414** Address Source **VERBAL**

Business Address (Street, Apt. Number) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Occupation **PERSONAL TRAINER**

DL Number, State **P-626-781-89-445-0** Social Security Number \_\_\_\_\_ INS Number \_\_\_\_\_ Place of Birth **SMITHVILL MISSOURI** Citizenship **YES**

Co-Defendant Name (Last, First, Middle) \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_  1 Arrested  3 Felony  2 At Large  4 Misdemeanor  5 Juvenile

Co-Defendant Name (Last, First, Middle) \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_  1 Arrested  3 Felony  2 At Large  4 Misdemeanor  5 Juvenile

Parent  Legal Guardian  Other Name (Last, First, Middle) \_\_\_\_\_ Phone \_\_\_\_\_

Address (Street, Apt. No.) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Business Phone \_\_\_\_\_

Notified By (Name) \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Released To (Name) \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

The above address was provided by  defendant and/or  defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561 355-2528) informed of any address change.  
 Yes, by (Name) \_\_\_\_\_  No (Reason) \_\_\_\_\_

Property Crime?  Yes  No Description of Property \_\_\_\_\_ Value of Property \_\_\_\_\_

Drug Activity:  N IWA  S Sell  R Smuggle  K Dispense  M Manufacture  Z Other  
 P Possess  T Traffic  D Deliver  E Use

Charge Description **BATTERY DOMESTIC DATING** Counts **1** Domestic Violence  Y  N Statute Violation Number **784.03(1)(a)(1)** Violation or ORD. # \_\_\_\_\_

Drug Activity **N** Drug Type **N** Amount/Unit **N/A** Offense # **17145252** Warrant/Capias Number \_\_\_\_\_ Bond \_\_\_\_\_

Charge Description \_\_\_\_\_ Counts \_\_\_\_\_ Domestic Violence  Y  N Statute Violation Number \_\_\_\_\_ Violation or ORD. # \_\_\_\_\_

Drug Activity \_\_\_\_\_ Drug Type \_\_\_\_\_ Amount/Unit \_\_\_\_\_ Offense # \_\_\_\_\_ Warrant/Capias Number \_\_\_\_\_ Bond \_\_\_\_\_

Charge Description \_\_\_\_\_ Counts \_\_\_\_\_ Domestic Violence  Y  N Statute Violation Number \_\_\_\_\_ Violation or ORD. # \_\_\_\_\_

Drug Activity \_\_\_\_\_ Drug Type \_\_\_\_\_ Amount/Unit \_\_\_\_\_ Offense # \_\_\_\_\_ Warrant/Capias Number \_\_\_\_\_ Bond \_\_\_\_\_

Charge Description \_\_\_\_\_ Counts \_\_\_\_\_ Domestic Violence  Y  N 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  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) \_\_\_\_\_

Name \_\_\_\_\_ Name of Arresting Officer **D/S M. BICKUNAS** ID # **8221** (PRINT) \_\_\_\_\_

Dangerous  Resisted Arrest  Suicidal  Other \_\_\_\_\_ Transporting Officer ID # \_\_\_\_\_ Agency **1282** \_\_\_\_\_

**D/S L. BRYANT #8241** ID # \_\_\_\_\_ Witness here if subject signed with an \_\_\_\_\_

NOT A CERTIFIED COPY

No Bond

VICTIM NOTIFICATION  
REQUIRED

SHARON PALM BEACH COUNTY JUVENILE COURT CLERK  
2017 OCT 30 AM 5:37

SCANNED  
OCT 30 2017

25 PM 5:37



**Palm Beach County Sheriff's Office**  
**DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM**  
 (Submit this form with the original Probable Cause Affidavit)

Defendant: PARKER SPENCER ALLEN DOB: 12/05/1989 Case #: 17145252

Victim: [REDACTED] DOB: 07/20/1962 Race: W Sex: M

Relationship between Victim and Defendant: [REDACTED]

Photographs: Scene  Yes  No Victim  Yes  No Defendant  Yes  No

911 Call:  Yes  No Caller: [REDACTED]

Weapon Used:  Yes  No Type: hand

Witness:  Yes  No Name: \_\_\_\_\_

Victim Pregnant:  Yes  No If yes, \_\_\_\_\_ Weeks \_\_\_\_\_ Months

Injuries:  Yes  No Description: swollen left eye and cheek

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: \_\_\_\_\_

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: N/A

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

First words Victim said when you responded to scene: N/A SEE STATEMENT

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: [REDACTED]

Employer: [REDACTED]

Name of Relative: \_\_\_\_\_ N/A 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 #: 17145252 Agency: Palm Beach County Sheriff's Office  
 Offense: BATTERY DOMESTIC DATING  
 Suspect/Offender: PARKER SPENCER ALLEN  
 DOB: 12/05/1989 Race: W Sex: M

2. Warrant #(s): \_\_\_\_\_

3.a. Victim's Name: \_\_\_\_\_ DOB: 07/20/1962 Race: W Sex: M  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other #: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: N/A  
 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 M.BICKUNAS ID #: 8221 Date: 10/29/2017

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

SCANNED  
 OCT 30 2017

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #