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NH

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

1

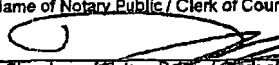
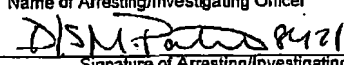
Juvenile

OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 17-094532	
Charge Type: Check as many as apply		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other	
If Weapon Seized		Enter Type		Multiple Charge Indicator			
Date of Arrest Jun 25, 2017		Time of Arrest 0249		Booking Date		Booking Time	
Jail Date		Jail Time		Location of Vehicle N/A			
Name (Last, First, Middle) REEVES THOMAS CHRISTOPHER				Alias (Name, DOB, Sec. Sec. #, Etc.) NONE			
Race W - White B - Black O - Oriental/Asian		Sex M		Date of Birth 06/30/89		Height 5-07	
Weight 210		Eye Color HAZ		Hair Color BLONDE		Complexion MED	
Build LARGE		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) SCAR-NECK RIGHT SIDE		Marital Status MARRIED		Religion CHRISTIAN	
Local Address (Street, Apt. Number) 94 RUBY CIR		City MARYESTHER		State FL		Zip 32569	
Phone 850-368-2526		Release Type: 1. City 2. County 3. Florida 4. Out of State		Address Source VERBAL		Occupation WHOLESALE	
Permanent Address (Street, Apt. Number) 94 RUBY CIR		City MARYESTHER		State FL		Zip 32569	
Business Address (Street, Apt. Number)		City		State		Zip	
D/I, Number, State R120823892300		Social Security Number		INS Number		Place of Birth ROSWELL, GA	
Citizenship US		Co-Defendant Name (Last, First, Middle)		Race		Sex	
Date of Birth		1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile			
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
1. Arrested 2. At Large		3. Felony 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	
Juvenile Disposition: 1. Handled/Processed within Dept. and Released 2. TOT HRSDYS 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's parent was told to keep the Juvenile Court Clerk's Office (Phone 561 255-2528) 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		Victim Notification Required	
Drug Activity N. N/A P. Possession		S. Sell B. Buy T. Traffic		R. Sample 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 Other			
Charge Description SIMPLE BATTERY (DATING VIOLENCE)		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03 (1)(A)	
Drug Activity N		Drug Type N		Amount/Unit N/A		Offense # 17-094532	
Warrant/Capias Number		Bond		Violation or ORD. #			
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		Violation or ORD. #			
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		Violation or ORD. #			
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		Violation or ORD. #			
Location (Court, Address, Room Number) TO BE SET							
Court Date and Time Month Day Year Time AM <input type="checkbox"/> PM <input type="checkbox"/>							
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"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Signature of Arresting Officer D/S M. PALIANTO ID # 8421			
Intake Deputy ID # Pouch #				Name Verification (Printed by Arrestee) e0447hms			
Transporting Officer D/S M. PALIANTO ID # 8421 Agency				(FRONT)			
Witness here if subject signed with an "X"				Page 1 of 1			

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CBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		1	Juvenile <input type="checkbox"/>
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		17-094532	
Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input checked="" 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) REEVES THOMAS CHRISTOPHER				Race W		Sex M	
				Date of Birth 06/30/89			
Charge SIMPLE BATTERY (DATING VIOLENCE)				Charge			
Charge				Charge			
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 <u>25</u> day of <u>06</u> 20 <u>17</u> at <u>2:36</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM							

I WAS ON FOOT PATROL OF THE HAMPTON INN LOCATED AT [REDACTED] WHEN I WAS APPROACHED BY THE VICTIM OF A DATING VIOLENCE BATTERY [REDACTED] WHO STATED THE FOLLOWING: SHE AND HER BOYFRIEND OF ABOUT A YEAR, THOMAS C. REEVES, WENT OUT FOR DINNER. AT DINNER, THEY HAD SEVERAL DRINKS. ON THE WAY BACK TO THE HOTEL, REEVES BEGAN DRIVING ERRATICALLY AND SHE TRIED TO GET HIM TO PULL OVER SO THAT THEY COULD TAKE A TAXI. AT THIS TIME, REEVES GRABBED HER BY BOTH ARMS AND BEGAN SHAKING HER IN A RAGE. HE THEN GRABBED HER BY THE THROAT AND PUSHED HER AWAY FROM HER. THEY THEN PROCEEDED BACK TO THE HOTEL AND LATER FLAGGED ME DOWN. AT THIS TIME, I OBSERVED SEVERAL BRUISES ON [REDACTED] THERE WERE BRUISES ON BOTH OF HER UPPER ARMS AND A HAND PRINT BRUISE ON HER NECK. I THEN MADE CONTACT WITH THOMAS C. REEVES WHO WAS IN THE HOTEL LOBBY. REEVES STATED THAT HE AND HIS GIRLFRIEND OF ABOUT A YEAR, [REDACTED], WENT OUT FOR DINNER AND DRINKS. HE STATED THAT SHE BECAME INTOXICATED AT DINNER AND WHEN THEY WERE DRIVING HOME SHE KEPT PUTTING THE VEHICLE IN PARK WHILE HE WAS DRIVING. HE STATED THAT SHE ATTEMPTED TO HOLD [REDACTED] BACK FROM PUTTING THE VEHICLE IN PARK WHILE ATTEMPTING TO UTILIZE HER CELL PHONE MAPPING PROGRAM TO GET BACK TO THE HOTEL. REEVES STATED THAT WHEN [REDACTED] BEGINS DRINKING SHE DOES NOT KNOW WHEN TO STOP AND THAT THIS IS NOT THE FIRST TIME THAT THIS HAS HAPPENED. AT THIS TIME, REEVES WAS ARRESTED WITHOUT INCIDENT AND CHARGED WITH SIMPLE BATTERY (DATING VIOLENCE). HE WAS HANDCUFFED (DOUBLE LOCKED AND CHECKED FOR FIT) AND PROCESSED. HE WAS LATER TRANSPORTED TO THE PALM BEACH COUNTY JAIL. [REDACTED] WAS GIVEN CASE INFORMATION SHEET AND A DOMESTIC VICTIMS RIGHTS BROCHURE. D/S J. WILLIAMS #5795 TOOK PICTURES OF [REDACTED] INJURIES AND I PLACED THEM ON THE PBSO DOMESTIC WEBSITE. A LEVEL TWO MESSAGE WAS LEFT ON THE PBSO DOMESTIC ABUSE RESPONSE HOTLINE. DCF WAS NOT NOTIFIED DUE TO NO CHILDREN LIVING IN THE RESIDENCE. BOTH [REDACTED] AND REEVES PROVIDED ME WITH VERBAL STATEMENTS OF THE INCIDENT. NOTHING FURTHER.

The foregoing instrument was sworn to and affirmed before me this <u>25</u> day of <u>06</u> 20 <u>17</u> , by:	
D/S D. SCHNEIDER #8723 Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)  Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	D/S M. PALIANTO 8421 Name of Arresting/Investigating Officer  Signature of Arresting/Investigating Officer
Page <u>1</u> of <u>1</u>	

PALM BEACH COUNTY SHERIFF'S OFFICE
DOMESTIC VIOLENCE PROBABLE CAUSE SUPPLEMENTAL FORM
(SUBMIT WITH STATE ATTORNEY'S COPY OF PROBABLE CAUSE AFFIDAVIT)

CASE NUMBER: 17-094532

DEFENDANT'S NAME: REEVES, THOMAS CHRISTOPHER

DEFENDANT'S STATEMENT: ☒ YES ☐ NO (IF YES: ☐ WRITTEN ☐ TAPED ☒ ORAL)

SYNOPSIS: REEVES STATED THAT HE AND HIS GIRLFRIEND OF ABOUT A YEAR, CHERIE B. CRAIGO, WENT OUT FOR DINNER AND DRINKS. HE STATED THAT SHE BECAME INTOXICATED AT DINNER AND WHEN THEY WERE DRIVING HOME SHE KEPT PUTTING THE VEHICLE IN PARK WHILE HE WAS DRIVING. HE STATED THAT SHE ATTEMPTED TO HOLD CRAIGO BACK FROM PUTTING THE VEHICLE IN PARK WHILE ATTEMPTING TO UTILIZE HER CELL PHONE MAPPING PROGRAM TO GET BACK TO THE HOTEL.

VICTIM'S NAME: [REDACTED]

VICTIM'S STATEMENTS: ☒ YES ☐ NO (IF YES: ☐ WRITTEN ☐ TAPED ☒ ORAL)

OBSERVATIONS OF VICTIM: (PHYSICAL & EMOTIONAL) CRAIGO WAS VISIBLE UPSET AND CRYING. I OBSERVED SEVERAL BRUISES ON CRAIGO. THERE WERE BRUISES ON BOTH OF HER UPPER ARMS AND A HAND-PRINT BRUISE ON HER NECK.

RELATIONSHIP BETWEEN VICTIM AND SUSPECT: [REDACTED]

PHOTOGRAPHS: SCENE: ☐ YES ☒ NO VICTIM(S): ☒ YES ☐ NO

911 CALL: ☐ YES ☒ NO WHO CALLED: _____

WEAPON USED: ☒ YES ☐ NO TYPE: HANDS

MEDICAL TREATMENT: ☐ YES ☒ NO

AT SCENE: ☐ YES ☒ NO PARAMEDICS: _____

AT HOSPITAL: ☐ YES ☒ NO HOSPITAL: _____

PHYSICIAN: _____

ARE CHILDREN LIVING IN HOME: ☐ YES ☒ NO

NAME: _____

DOB: _____

NAME: _____

DOB: _____

NAME: _____

DOB: _____

WAS ACT(S) COMMITTED IN PRESENCE OF MINOR(S): ☐ YES ☒ NO (IF YES ☐ SAME AS ABOVE OR SPECIFY)

NAME: _____

DOB: _____

NAME: _____

DOB: _____

NAME: _____

DOB: _____

DCF NOTIFIED: (IF CHILD ABUSE) ☐ YES ☒ NO

VICTIM PREGNANT: ☐ YES ☒ NO

PRIOR HISTORY OF DOMESTIC VIOLENCE: ☐ YES ☒ NO

ALCOHOL OR DRUGS INVOLVED: ☒ YES ☐ NO

VIOLATION OF RESTRAINING ORDER: ☐ YES ☒ NO CASE #: _____

ALTERNATE VICTIM CONTACT INFORMATION: (IF VICTIM DECIDES TO LEAVE RESIDENCE)

RELATIVE/FRIEND NAME: _____

PHONE: _____

RELATIVE/FRIEND ADDRESS: _____

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 #: 17-094532 Agency: Palm Beach County Sheriff's Office
Offense: SIMPLE BATTERY (DATING VIOLENCE)
Suspect/Offender: REEVES THOMAS CHRISTOPHER
DOB: 06/30/89 Race: W Sex: M

2. Warrant #(s): _____

3.a. _____

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 M. PALIANTO ID #: 8421 Date: Jun 25, 2017

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

SUSPECT/OFFENDER

REEVES

THOMAS

CHRISTOPHER COURT CASE/WARRANT #

(FOR WARRANTS USE ONLY)