

0489190

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report1348  
1  
Juvenile

CBTS Number

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

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</b>	17-094532
Charge Type: Check as many as apply 1. Felony    3. Misdemeanor 2. Traffic Felony    4. Traffic Misdemeanor 5. Ordnance 6. Other _____		Weapon Seized Enter Type _____	
Date of Arrest <b>Jun 25, 2017</b>			
Time of Arrest <b>0249</b>			
Booking Date _____			
Booking Time _____			
Jail Date _____			
Jail Time _____			
Location of Vehicle <b>N/A</b>			
Name (Last, First, Middle) <b>REEVES THOMAS CHRISTOPHER</b>			
Alias (Name, DOB, Soc. Sec. #, Etc.) <b>NONE</b>			
Race W - White    1 - American Indian B - Black    0 - Oriental/Asian	Sex <b>W M</b>	Date of Birth <b>06/30/89</b>	Height <b>5-07</b>
Weight <b>210</b>	Eye Color <b>HAZ</b>	Hair Color <b>BLONDE</b>	Complexion <b>MED</b>
Build <b>LARGE</b>			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>SCAR-NECK RIGHT SIDE</b>			
Local Address (Street, Apt. Number) <b>94 RUBY CIR</b>		City <b>MARYESTHER</b>	State <b>FL</b> Zip <b>32569</b>
Permanent Address (Street, Apt. Number) <b>94 RUBY CIR</b>		City <b>MARYESTHER</b>	State <b>FL</b> Zip <b>32569</b>
Business Address (Street, Apt. Number)		City	State Zip
D/L Number, State <b>R120823892300</b>		Social Security Number [REDACTED]	INS Number _____
Place of Birth <b>ROSWELL, GA</b>		Citizenship <b>US</b>	
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) _____			
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 HR&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 under 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 _____	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property _____	
Drug Activity S. Sell F. Sample K. Disperse/ Distribute M. Manufacture/ Produce Culture		Z. Other N. NPA A. Amphetamine	
Drug Activity S. Sell F. Sample K. Disperse/ Distribute M. Manufacture/ Produce Culture		Drug Type S. Barbiturates H. Hallucinogen P. Psychomotor/ Equipment	
Drug Activity N. NPA F. Sample K. Disperse/ Distribute M. Manufacture/ Produce Culture		C. Cocaine M. Marijuana	
Drug Activity T. Trade E. Use		E. Heroin	
Charge Description <b>SIMPLE BATTERY (DATING VIOLENCE)</b>			
Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Statute Violation Number <b>784.03 (1)(A)</b>		Violation or ORD. #	
Warrant/Capias Number _____		Bond _____	
Charge Description			
Counts		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Statute Violation Number		Violation or ORD. #	
Warrant/Capias Number _____		Bond _____	
Charge Description			
Counts		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Statute Violation Number		Violation or ORD. #	
Warrant/Capias Number _____		Bond _____	
Charge Description			
Counts		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Statute Violation Number		Violation or ORD. #	
Warrant/Capias Number _____		Bond _____	
Location (Court, Address, Room Number)			
TO BE SET			
Court Date and Time Month Day Year Time AM <input type="checkbox"/> PM <input type="checkbox"/> 00			
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 <b>D/S M. Paliato 8421</b>	
Name of Arresting Officer <b>D/S M. PALIANTO</b>		ID # <b>8421</b>	
Name Verification (Printed by Arrestee) <b>20447 hrs</b>		(PRINT)	
Intake Deputy ID # Pouch #		Transporting Officer ID # Agency <b>D/S M. PALIANTO 8421</b>	
Witness here if subject signed with an "X" <b>1 of 1</b>			

2017MM007859 Axxx MB

CBTS Number

## PROBABLE CAUSE AFFIDAVIT

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

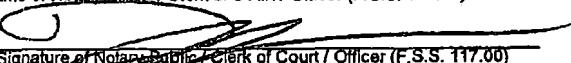
1    Juvenile

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</b>	<b>17-094532</b>		
Charge Type: Check as many as apply 1. Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" 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) <b>REEVES                    THOMAS                    CHRISTOPHER</b>			Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>06/30/89</b>
Charge <b>SIMPLE BATTERY (DATING VIOLENCE)</b>		Charge			
Charge		Charge			
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...					
<input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to admitting to the below facts. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <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> at <u>20 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 A [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> <u>20 17</u> by:					
<b>D/S D. SCHNEIDER #8723</b>			<b>D/S M. PALIANTO 8421</b>		
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)			Name of Arresting/Investigating Officer		
					
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)			Signature of Arresting/Investigating Officer		
Page <b>1</b> of <b>1</b>					

**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: ██████████

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: ██████████

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 *[Signature]* ID #: 8421 Date: Jun 25, 2017

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records