

OBT Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		Juvenile <input checked="" type="checkbox"/> <input type="checkbox"/>	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 17-026801			
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) 13873 Wellington Trace Wellington, FL, 33414		Location of Offense (Including Name of Business) 13873 Wellington Trace Wellington, FL, 33414					
Date of Arrest Jan 17, 2017		Time of Arrest 00:05		Booking Date Jan 17, 2017		Booking Time	
Jail Date		Jail Time		Location of Vehicle			
Name (Last, First, Middle) Diego Thomas David		Alias (Name, DOB, Soc. Sec. #, Etc.) Tommy					
Race W - White 1. American Indian B - Black 0 - Oriental/Asian		Sex M		Date of Birth 01/29/2015		Height 5-7	
Weight 160		Eye Color Brown		Hair Color Brown		Complexion Light	
Build Medium		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) N/A		Marital Status Single		Religion Other	
Local Address (Street, Apt. Number) 1419 Saint Germain Court		City Wellington		State FL		Zip 33414	
Phone 912-659-4598		Residence Type: 1. City 3. Florida 2. County 4. Out of State				2	
Permanent Address (Street, Apt. Number) 1419 Saint Germain Court		City Wellington		State FL		Zip 33414	
Phone 912-659-4598		Address Source Arrestee					
Business Address (Street, Apt. Number)		City		State		Zip	
Phone		Occupation					
D/L Number, State 054768647		Social Security Number		BNS Number		Place of Birth Pembroke Pines, FL	
Citizenship U.S.							
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other		Name (Last, First, Middle)		Phone			
Address (Street, Apt. No.)		City		State		Zip	
Business Phone							
Notified By (Name)		Date		Time		Juvenile Disposition: 1. Handed/Processed within Dept and Released 2. TOT HRSD/YS 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 parent. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561 556-2626) 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 checked="" type="checkbox"/> No		Description of Property		Value of Property			
Drug Activity N. N/A P. Possess		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. Pharmaceutical/ Equipment		U. Unknown Z. Other			
Charge Description Battery (Simple)		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03(1)(a)(1)	
Violation or ORD. #							
Drug Activity Unk		Drug Type Unk		Amount/Unit Unk		Offense # 17-026801	
Warrant/Capias Number				Bond			
Charge Description 784.03(1)(a)(1)		Counts		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Violation or ORD. #							
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 or ORD. #							
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 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 <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					
Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer D/S septien		ID # 20750		Agency PBSO	
Intake Deputy		ID #		Pouch #		Name Verification (Printed by Arrestee) (PRINT) SCANNED	
Witness		Subject signed witness		Page 1 of 1		JAN 15 2017	

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		1 Juvenile 	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		17-026801	
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) Diego Thomas David				Race W	Sex M	Date of Birth 01/29/2015	
Charge Battery (Simple)				Charge 784.03(1)(a)(1)			
Charge				Charge			
Victim Name (Last, First, Middle) [REDACTED]				Race W	Sex F	Date of Birth 02/16/1995	
Local Address [REDACTED]				Phone [REDACTED]		Address Source Victim	
Business Address (Street, Apt. Number) City State Zip				Phone		Occupation	
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 checked="" type="checkbox"/> was observed by <u>D/S Dickenson 7882</u> who told <u>D/S Septien 20750</u> that he/she saw the arrested person commit the below acts. <input type="checkbox"/> confessed to admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.							
On the 15th day of January 20 16 at 00:05 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM							

On 01/15/2017 at approximately 00:00 Hours, I was dispatched to 13873 Wellington, FL, 33414 in reference to an Assault.

Upon my arrival, I met with D/S J. Dickenson #7882, whom advised that on 01/14/2017 at approximately 2345 hours, while working the extra duty permit at the Wellington Market Place, an anonymous patron advised him of a dating couple ([REDACTED] and Thomas) causing a disturbance at this location. As D/S Dickenson approached [REDACTED] in full uniform, he identified himself as a Law Enforcement Officer. D/S Dickenson then witnessed Thomas Diego strike [REDACTED] with a closed hand in the lower back. Thomas was placed under arrest with his hands placed behind his back, while double locked and checked for proper spacing.

Due to the actions of Thomas Diego, observed by D/S Dickenson #7882, probable cause exists to place Thomas Diego under arrest pursuant to F.S.S 784.03(1)(a)(1).

The foregoing instrument was sworn to and affirmed before me this <u>15th</u> day of <u>January</u> 20 <u>17</u> by:	
<u>M. Cimoch 16044</u> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>D/S Septien 20750</u> Name of Arresting/Investigating Officer
<u>[Signature]</u> Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>[Signature] 20750</u> Signature of Arresting/Investigating Officer

SCANNED
JAN 15 2017

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

CASE NUMBER# 17-026801

DEFENDANT'S NAME: DIEGO THOMAS

DEFENDANTS STATEMENT ☐ YES ☒ NO (IF YES: ☐ WRITTEN ☐ TAPED ☐ ORAL)

SYNOPSIS: DIEGO AND [REDACTED] GOT INTO A VERBAL ALTERCATION, WHICH HEATED UP. DURING THE ALTERCATION DIEGO STRUCK [REDACTED] IN THE LOWER BACK WITH A CLOSED FIST

VICTIM'S NAME: [REDACTED]

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

OBSERVATIONS OF VICTIM: (PHYSICAL & EMOTIONAL) SHAKEN UP AND DISTURBED BY THIS INCIDENT.

RELATIONSHIP BETWEEN VICTIM AND SUSPECT [REDACTED]

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

911 CALL: ☐ YES ☒ NO WHO CALLED: PERMIT DEPUTY - D/S J. DICKENSON #7882

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 #: N/A

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

RELATIVE/FRIEND NAME: TOMAS DIEGO PHONE: 9126776707

RELATIVE/FRIEND ADDRESS: 10419 ST. GERMAIN CT., WELLINGTON/FL/33449

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- 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

Upon completion, this form must accompany the booking paperwork.
If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 17-026801 Agency: PBSO
Offense: DOMESTIC BATTERY
Suspect/Offender: DIEGO THOMAS
D.O.B. 01/25/1992 Race: W Sex: M

2. Warrant # (s): _____

3.a. Victim's name: _____
Address: _____
City: _____ State: _____ Zip: _____
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 BE 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: S. SEPTIEN I.D.# 20750 Date: 01/15/17
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER:

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#