

OBTS Number

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report1. Arrest 3. Request For Warrant  
2. N.T.A. 4. Request For Capias1 Juvenile  
N

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>		17-026801		
Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <small>as apply</small>			5. Ordinance <input type="checkbox"/> 6. Other			W Warrant Searched Enter Type		Multiple Clearance Indicator		
Location of Arrest (Including Name of Business) <b>13873 Wellington Trace</b>			Location of Offense (Including Name of Business) <b>13873 Wellington Trace</b>			Wellington, FL, 33414		Wellington, FL, 33414		
Date of Arrest <b>Jan 17, 2017</b>	Time of Arrest <b>00:05</b>	Booking Date <b>Jan 17, 2017</b>	Booking Time <b>15</b>	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) <b>Diego Thomas</b>			Name (Last, First, Middle) <b>David</b>			Alias (Name, DOB, Sex, Soc. Sec. #, Etc.) <b>Tommy</b>				
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex <b>M</b>	Date of Birth <b>1992-01-29/2015</b>	Height <b>5-7</b>	Weight <b>180</b>	Eye Color <b>Brown</b>	Hair Color <b>Brown</b>	Complexion <b>Light</b>	Build <b>Medium</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>N/A</b>						Marital Status <b>Single</b>	Religion <b>Other</b>	Indication of Attributed Influence <input checked="" type="checkbox"/> Drug Influence <input type="checkbox"/> Alcohol Influence <input type="checkbox"/> Unk		
Local Address (Street, Apt. Number) <b>1419 Saint Germain Court</b>			City <b>Wellington</b>	State <b>FL</b>	Zip <b>33414</b>	Phone <b>912-659-4598</b>	Residence Type: 1. City 2. County			
Permanent Address (Street, Apt. Number) <b>1419 Saint Germain Court</b>			City <b>Wellington</b>	State <b>FL</b>	Zip <b>33414</b>	Phone <b>912-659-4598</b>	Address Source <b>Arrestee</b>			
Business Address (Street, Apt. Number)			City	State	Zip	Phone	Occupation			
DL Number, State <b>054768647</b>		Social Security Number		INS Number		Place of Birth <b>Pembroke Pines, FL</b>	Citizenship <b>U.S.</b>			
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	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	1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
<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. 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 561 358-2626) informed of any address changes <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No: (Reason)						School Attended				
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. Smuggle D. Deliver E. Use	I. Dispense/ Distribute	M. Manufacture/ Produce Control	2. Other	Drug Type N. N/A A. Amphetamine	I. Marijuana C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana	P. Paint/stain/ Equipment	U. Unknown Z. Other
Charge Description <b>Battery (Simple)</b>			Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>784.03(1)(a)(1)</b>		Violation or ORD. #			
Drug Activity <b>Unk</b>	Drug Type <b>Unk</b>	Amount/Unit <b>Unk</b>	Offense # <b>17-026801</b>	Warrant/Capias Number		Bond				
Charge Description <b>784.03(1)(a)(1)</b>			Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation or ORD. #				
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond				
Charge Description			Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation or ORD. #				
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Charge Description			Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" 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						
HOLD for Other Agency			Signature of Arresting Officer <b>D/S Septien 20750</b>			Name Verification (Printed by Arrestee)				
Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			Name of Arresting Officer <b>D/S Septien</b>			ID # <small>(PRINT)</small>				
Resisted Arrest <input type="checkbox"/> Other										
Intake Deputy		ID #	Pouch #	Transporting Officer	ID #	Agency	Witness <b>JAN 15 2017</b>			
				<b>D/S Septien</b>		<b>PBSO</b>				
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OBTS Number

## PROBABLE CAUSE AFFIDAVIT

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

Juvenile

1

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>	17-026801	
Charge Type: Check as many as apply	<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other _____	Special Notes		
Defendant Name (Last, First, Middle) <b>Diego</b>	<b>Thomas</b>	<b>David</b>	Race <b>W</b>	Sex <b>M</b>
Charge <b>Battery ( Simple )</b>	Charge <b>784.03(1)(a)(1)</b>	Date of Birth <b>01/29/2015</b>		
Charge	Charge			
Victim Name (Last, First, Middle) [REDACTED]	[REDACTED]	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>02/16/1995</b>
Local Address [REDACTED]	[REDACTED]	Phone [REDACTED]	Address Source <b>Victim</b>	
Business Address (Street, Apt. Number) [REDACTED]	City [REDACTED]	State [REDACTED]	Zip [REDACTED]	Phone [REDACTED]
Occupation				
<p>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...</p> <p><input type="checkbox"/> committed the below acts in my presence. <input checked="" type="checkbox"/> was observed by <b>D/S Dickenson 7882</b> who told _____ 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.</p> <p>On the <b>15th</b> day of <b>January</b> <b>20 16</b> at <b>00:05</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</p>				

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).

NOT A CERTIFIED COPY

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

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

DEFENDANT'S 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

SUSPECT/OFFENDER:

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)
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**

**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.)

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

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#.

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  
PBSO 00029A REV. 4199

SCANNED

JAN 15 2017