

0225611

17mm/2305899

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number		Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		17-137014			
Charge Type: Check as many as apply		<input checked="" 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 0 1	
Location of Arrest (Including Name of Business) 4596 Suburban Pines Dr Lake Worth, FL, 33463						Location of Offense (Including Name of Business) 4596 Suburban Pines Dr Lake Worth, FL, 33463					
Date of Arrest Oct 8, 2017		Time of Arrest 2215		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) Morris Tracy						Date of Birth 1/13/80					
Race W - White I - American Indian B - Black O - Oriental/Asian						Sex m		Height 6-01		Weight 205	
Eye Color brown						Hair Color brown		Complexion light		Build medium	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) multiple tattoos on body						Marital Status married		Religion Catholic		Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
Local Address (Street, Apt. Number) 4596 Suburban Pines Dr				City Lake Worth		State FL		Zip 33463		Phone 561-222-4986	
Permanent Address (Street, Apt. Number) 4596 Suburban Pines Dr				City Lake Worth		State FL		Zip 33463		Phone 561-222-4986	
Business Address (Street, Apt. Number) n/a				City n/a		State n/a		Zip n/a		Phone n/a	
Occupation Electronics				D/L Number, State M-620-810-80-013-0		Social Security Number		INS Number		Place of Birth Tampa, FL	
Citizenship USA				Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
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 <input type="checkbox"/>				Name (Last, First, Middle)				Phone			
Address (Street, Apt. No.)				City				State			
Zip				Business Phone				Notified By (Name)			
Relationship				Date				Time			
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 and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561 355-2526) informed of any address change				School Attended			
Grade				Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No				Description of Property			
Value of Property				Drug Activity				Drug Type			
S. Sell N. N/A P. Possess				R. Smuggle B. Buy D. Deliver T. Traffic				K. Dispense/ Distribute			
M. Manufacture/ Produce/ Cultivate				Z. Other				B. Barbiturate C. Cocaine E. Heroin			
H. Hallucinogen M. Marijuana				P. Paraphernalia/ Equipment				U. Unknown Z. Other			
Charge Description Domestic Battery				Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03(1)(a)(2)		Violation or ORD. #	
Drug Activity n		Drug Type n		Amount/Unit n/a		Offense # 17-137014		Warrant/Capias Number		Bond	
Charge Description				Counts		Domestic Violence		Statute Violation Number		Violation or ORD. #	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond	
Charge Description				Counts		Domestic Violence		Statute Violation Number		Violation or ORD. #	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond	
Charge Description				Counts		Domestic Violence		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 <input type="checkbox"/> Day <input type="checkbox"/> Year <input type="checkbox"/> Time <input type="checkbox"/> 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					
Signature of Arresting Officer D/S T. Thornton						ID # 16792					
Name Verification (Printed by Arrestee) DCT 9 AM 12:52						(PRINT)					
Name of Arresting Officer D/S T. Thornton						ID # 16792					
Transporting Officer D/S T. Thornton						ID # PBSO					
Agency PBSO						Page 1 of 2					

VICTIM NOTIFICATION
REQUIRED
NO BOND

211 OCT 9 AM 5:27
PALS BEACH COUNTY
SHERIFF'S OFFICE

30

Signature of Defendant (or Juvenile and Parent/Custodian)
OP1 Honora

Signature of Arresting Officer
D/S T. Thornton

Name Verification (Printed by Arrestee)
DCT 9 AM 12:52

OBTS Number		PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A.	3. Request For Warrant 4. Request For Capias	1	Juvenile	n
Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 06		17-137014		
Charge Type Check as many as apply		Special Notes							
<input checked="" 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 _____				
Defendant Name (Last, First, Middle) Morris Tracy Jay					Race w	Sex m	Date of Birth 10/08/17		
Charge Domestic Battery					Charge				
Victim Name (Last, First, Middle) Adams Amanda Michelle					Race w	Sex f	Date of Birth 2/24/1982		
Local Address (Street, Apt. Number) 4596 Suburban Pines Dr		City Lake Worth	State FL	Zip 33463	Phone 561-846-1808		Address Source		
Business Address (Street, Apt. Number)		City	State	Zip	Phone		Occupation		
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>8</u> day of <u>October</u> 20 <u>17</u> at <u>2215</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM									

I then spoke with Amanda's daughter, Savannah Hart. Savannah said that Tracy came home and the couple began arguing. She ran into the bedroom and closed the door. She heard Tracy yelling and screaming at Amanda. He was demanding the car keys. Savannah said that Tracy began calling her mother several bad words. She heard the distinct sound of slapping. A short while later her mother walked into the bedroom crying.

Based on statements provided and the physical injuries present, I found probable cause that Tracy Morris did actually and intentionally touch or strike Amanda Adams against the will of Amanda and did intentionally cause bodily harm to Amanda, contrary to Florida Statute 784.03(1).

The foregoing instrument was sworn to and affirmed before me this <u>8</u> day of <u>October</u> 20 <u>17</u> by:	
<u>D/S C. Morin 20337</u> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>D/S T. Thornton 16792</u> Name of Arresting/Investigating Officer
<u>[Signature] 20337</u> Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>[Signature]</u> Signature of Arresting/Investigating Officer
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Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
(Submit this form with the original Probable Cause Affidavit)

Defendant: Tracy J. Morris DOB: 1/13/1980 Case #: 17-137014
Victim: Amanda M Adams DOB: 2/24/1982 Race: w Sex: f
Relationship between Victim and Defendant: boyfriend/girlfriend

Photographs: Scene Yes No Victim Yes No Defendant Yes No
911 Call: Yes No Caller: Defendant's mother
Weapon Used: Yes No Type: _____
Witness: Yes No Name: _____
Victim Pregnant: Yes No If yes, _____ Weeks _____ Months
Injuries: Yes No Description: redness and swelling
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: Savannah Hart DOB: 1/07/2008
Name: Dominick Adams DOB: 1/14/2013
Name: Matthew Morris DOB: 2/06/2017

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: We had a verbal argument

Victim's statements Yes No If yes, written recorded oral
First words Victim said when you responded to scene: unknown

Did the Victim contact anyone other than the police within an hour of the incident regarding the incident?
 Yes No If yes, name: Loretta Morris phone: 561-641-2781

Observations of Victim (Physical & Emotional):
 Upset Crying Fearful Hysterical Afraid Calm Nervous
 Complained of pain Other _____

Victim contact information:
Local Address: 4596 Suburban Pines Dr
Lake Worth, FL, 33463 FI 33463
Phone: Home: 561-846-1808 Work: _____ Cell: _____
Employer: NA
Name of Relative: Loretta Morris Phone: 561-641-2781