

0358675

684

OBTS Number 18009936		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1 Arrest 2 NTA		3 Request for Warrant 4 Request for Capias		2		Juvenile <input checked="" type="checkbox"/> N																																		
Agency ORI Number FLO 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPT.		Agency Report Number (NTA's only) 7 8 11 8 10 0 3 3 3 6 () ()																																								
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) 4925 PGM BLD, PBG, FL, 33418						Location of Offense (Business Name, Address) 354 Brackenwood Cir. PBG, FL																																						
Date of Arrest 0.8.21.18		Time of Arrest 10.4.1		Booking Date		Booking Time		Jail Date		Jail Time																																		
Name (Last, First, Middle) Rhyné, Valerie, Nicolette																																												
Race W - White B - Black		Sex F		Date of Birth 0.3.04.86		Height 5'5"		Weight 100		Eye Color BLD																																		
Complexion Fair		Build Thin		Mental Status S		Religion Christian		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		Multiple Clearance Indicator																																		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) 354 Brackenwood Cir. PBG FL 33418																																												
Local Address (Street, Apt. Number) 354 Brackenwood Cir. PBG FL 33418		Phone (561) 268-8252		Residence Type 1 City 2 County 3 Florida 4 Out of State		Address Source		Occupation																																				
Permanent Address (Street, Apt. Number)		City		State		Zip		Phone		Address Source																																		
Business Address (Name, Street)		City		State		Zip		Phone		Occupation																																		
D/L Number, State R300874865840.FL		Soc Sec Number		INS Number		Place of Birth (City, State) Columbia, MD		Citizenship US																																				
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 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		<input type="checkbox"/> 1 Arrested <input type="checkbox"/> 2 At Large		<input type="checkbox"/> 3 Felony <input type="checkbox"/> 4 Misdemeanor <input type="checkbox"/> 5 Juvenile																																		
Parent Legal Custodian Name (Last, First, Middle) Address (Street, Apt. Number)		City		State		Zip		Residence Phone		Business Phone																																		
Notified by (Name)		Date		Time		Juvenile Disposition 1 Handled/Processed within Dept. and Released		2 TOT DCF 3 Incarcerated		Grade																																		
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 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)																																				
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property																																								
<table border="0"> <tr> <td>Drug Activity</td> <td>S Sell</td> <td>R Smuggle</td> <td>K Dispense/Distribute</td> <td>M Manufacture/Produce/Cultivate</td> <td>Z Other</td> <td>Drug Type</td> <td>B Barbiturate</td> <td>H Hallucinogen</td> <td>P Paraphernalia/Equipment</td> <td>U Unknown</td> </tr> <tr> <td>N N/A</td> <td>B Buy</td> <td>D Deliver</td> <td>E Use</td> <td></td> <td></td> <td>N N/A</td> <td>C Cocaine</td> <td>M Marijuana</td> <td>S Synthetic</td> <td>Z Other</td> </tr> <tr> <td>P Possess</td> <td>T Traffic</td> <td></td> <td></td> <td></td> <td></td> <td>A Amphetamine</td> <td>F Heroin</td> <td>O Opium/Deriv</td> <td></td> <td></td> </tr> </table>												Drug Activity	S Sell	R Smuggle	K Dispense/Distribute	M Manufacture/Produce/Cultivate	Z Other	Drug Type	B Barbiturate	H Hallucinogen	P Paraphernalia/Equipment	U Unknown	N N/A	B Buy	D Deliver	E Use			N N/A	C Cocaine	M Marijuana	S Synthetic	Z Other	P Possess	T Traffic					A Amphetamine	F Heroin	O Opium/Deriv		
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P Possess	T Traffic					A Amphetamine	F Heroin	O Opium/Deriv																																				
Charge Description (Domestic) Battery: Simple		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 7.8.4.10.3		Violation of ORD # (1.1.1)		Warrant / Capias Number																																		
Drug Activity N		Drug Type N/A		Amount / Unit N/A		Offense # 1		Bond																																				
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Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address)																																										
Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side		Court Date and Time Month Day Year Time A.M. - P.M.																																										
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I 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 SHOULD BE ISSUED.																																												
Signature of Defendant (or Juvenile and Parent / Custodian)						Date Signed																																						
HOLD for other Agency Name		Signature of Arresting Officer X <i>N. Demer</i>				Name Verification (Printed by Arrestee) 45																																						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) N. Demer		ID # 495		(PRINT)		PAGE																																		
Initials		ID #		Pouch #		Transporting Officer N. Demer		ID # 495		Agency																																		
Witness here if subject signed with an "X"										1 OF 1																																		

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N N A R R A T I V E	Date / Time 05/31/2018 13:03	Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 18-003336
	Agency ORI Number FL 0502600		

the following: His daughter Valeria has an extensive history of substance abuse and has become disruptive and aggressive before in the past and is very manipulative if she doesn't get her way. He further stated that this type of behavior is not uncommon for his daughter.

It was then discovered that Rhyne was discharged from the hospital, against medical advice and was coming to the Residence at Hickory drive to see Hesson and her parents. She approached an off-duty officer who was working a detail at Midtown at the Gardens and advised the officer that her fiancé had thrown her out of a moving vehicle. I advised the off-duty officer that there was probable cause for Rhyne's arrest and she was subsequently detained. A female officer arrived and conducted a thorough search of Rhyne.

Based on my investigation and the physical evidence available to me, along with the statements of Hesson, and Charles Rhyne I have determined that Valerie Rhyne was the primary aggressor in this incident based on the bite mark on Hesson's finger. Rhyne did have abrasions on her body, but these injuries were consistent with road rash and Hesson's narrative regarding the incident. Based on my investigation there is probable cause for Hesson's arrest for Domestic Batter, consistent with F.S.S. 784.03(1) (A) (1).

NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true

Anton Franks 495
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 31 day of May, 2018.

FRANKS, ANTON *Anton Franks*
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 17.10)

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- Homicide (Ch. 782)
- Attempted Murder
- Stalking (S. 784.048)
- Domestic Violence - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. 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 #: 18-003336 Agency: Palm Beach Gardens
 Offense: Domestic
 Suspect/Offender: Valerie Rhynne
 D.O.B. 3/4/86 Race: W Sex: F
2. Warrant #(s): _____
3. Complete one (1) of the following:
 - a. Victim's name: Blake Hesson
 Address: 354 Brackenwood Cir
 City: PB State: FL Zip: 33411
 Home #: (561) 346-3738 Work #: _____ Other: _____
 - b. Victim's next of kin:
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Other: _____
 - c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Other: _____
4. Relevant identification or case numbers assigned to the case (please specify):

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: _____
Printed name of person waiving notification: _____

Officer's Name : N. Demer I.D.: 495 Date: 5-31-18

SUSPECT/OFFENDER: Valerie Rhynne
COURT CASE/WARRANT #: _____
(FOR WARRANTS USE ONLY)



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(vii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018018204	Date: 6/1/2018
	Specialist Name/ID: M. Tooks #8557