

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		17MAY 2003 1812		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile <input checked="" type="checkbox"/>	
Agency ORI Number FLO 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPT.		Agency Report Number (N.T.A.'s only) 7 8 1 1 7 1 0 0 3 4 9 5							
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			
Date of arrest 06.10.17		Time of Arrest 21.19		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) PRICE, WESLEY M.		Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White B - Black		I - American Indian O - Oriental/Asian		Sex M		Date of Birth 09.10.64		Height 6'1"		Weight 180	
Eye Color Green		Hair Color Brown		Complexion Fair		Build Small					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) "Pegasus" left shoulder, moon left back		Marital Status M		Religion None		Indication of: Alcohol Influence Drug Influence		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.			
Local Address (Street, Apt. Number) 192 BENI TREE DR		(City) PBG		(State) FL		(Zip) 33418		Phone (813) 603-9228		Residence Type: 1. City 2. County 3. Florida 4. Out of State	
Permanent Address (Street, Apt. Number) 192 BENI TREE DR		(City) PBG		(State) FL		(Zip) 33418		Phone (813) 603-9228		Address Source FLORIDA DL	
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone ()		Occupation Groom lifeguard	
D/I Number, State PC20893663300		Soc. Sec. Number		INS Number		Place of Birth (City, State) Jacksonville, FL		Citizenship U.S.			
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	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last) NO		(First) BOND		(Middle) BOND		Residence Phone ()		Business Phone ()	
Address (Street, Apt. Number)		(City)		(State)		(Zip)					
Notified by: (Name)		Relationship		Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released. 2. TOT HRS/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 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)		School Attended		Grade							
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property							
Drug Activity N/A Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other	
Drug Type N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other			
Charge Description Simple Battery		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 7841103		Violation of ORD # 111(XA1)		Bond	
Drug Activity N		Drug Type N		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Bond	
Drug Activity N		Drug Type N		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Bond	
Drug Activity N		Drug Type N		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Bond	
Drug Activity N		Drug Type N		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court <input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		Location (Court, Room Number, Address) Court Date and Time Month Day Year Time									
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 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"/> Suicidal CPL D. HAWKINS #8138		Signature of Arresting Officer X Johnston C Name of Arresting Officer (Print) Johnston I.D. # 451		Name Verification (Printed by Arrestee) (PRINT) PBG		WITNESS here if subject signed with an "X"		PAGE OF			

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 06/10/2017 22:16	Agency ORI Number FL 0502600		Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 17-003495	
	Name (Last, First, Middle) PRICE, WESLEY M			Alias PRICE, WESLEY MITCHELL	Race W	Sex M
C H R G	Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)					
	Victim's Name (Last, First, Middle) [REDACTED]			Race	Sex	Date of Birth 03/22/1970
V I C T I M	Business Address (Name, Street) [REDACTED]			(City) [REDACTED]	(State) [REDACTED]	(Zip) [REDACTED]
	Phone [REDACTED]			Occupation [REDACTED]		
D E F	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): SHAKEN, CRYING		
	VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>					
R E L A T I O N S H I P	RELATIONSHIP BETWEEN VICTIM & SUSPECT HUSBAND/WIFE					
	<p>PHOTOGRAPHS: Scene: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>Victim: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>911 CALL: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> CALLER: [REDACTED]</p> <p>WEAPON USED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TYPE: [REDACTED]</p> <p>WITNESSES: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> (If YES, attach witness list)</p> <p>INJURIES: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>MEDICAL TREATMENT: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>AT: Scene: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> PARAMEDICS: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>Hospital: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> PHYSICIAN(S) / HOSPITAL: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>ACT COMMITTED IN PRESENCE OF MINOR(S): YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NAMES/AGES: [REDACTED]</p> <p>H. R. S. NOTIFIED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>VICTIM PREGNANT: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>VIOLATION OF RESTRAINING ORDER: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> CASE #:</p> <p>PRIOR HISTORY OF DOMESTIC VIOLENCE: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>ALCOHOL OR DRUGS INVOLVED: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>					
N A R R	<p>On June 10, 2017 at approximately 8:40 p.m. I was dispatched to [REDACTED] in reference to a domestic disturbance. My body worn camera was utilized for this investigation.</p>					
	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p><i>[Signature]</i> 751 _____ SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>10</u> day of <u>June</u>, <u>2017</u>.</p> <p><i>[Signature]</i> 376 _____ NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>					

SCANNED

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIMINALS 2017

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time	06/10/2017 22:16	
	Agency ORI Number	Agency Name	Agency Report Number
	FL 0502600	PALM BEACH GARDENS POLICE	7 8 17-003495

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Upon arrival, I made contact with Wesley Price who was sitting outside of the residence on the tailgate of his pickup truck. While speaking with Wesley I could smell the strong odor of alcohol emanating from his breath as we spoke. I asked Wesley what happened this evening and he advised the following: Wesley said he was upset because his wife, [REDACTED] daughter was supposed to walk their dogs today. [REDACTED] daughter failed to walk the dogs and they used the restroom inside of the residence. When [REDACTED] got home he said they got into a heated verbal argument but never got physical. Wesley told me he had drank approximately 5 "Mikes hard lemonade" throughout the course of the day while he was watching their child Gavin at home.

I then went inside of the residence and made contact with [REDACTED] who advised the following: [REDACTED] advised she returned home today from out of town. Immediately after walking into the residence she was confronted by Wesley who was intoxicated and extremely upset about the dogs not being walked. [REDACTED] advised they got into a verbal argument and their heads were very close together, approximately 12 inches apart. During the course of the argument he forcefully headbutted her directly in the center of her forehead. [REDACTED] stated he did not "cock back", he headbutted her from the distance in which they were arguing. Initially while speaking with [REDACTED] the redness and swelling was very minimal, but during the course of the investigation it began to swell more in the area in which she stated she was headbutted. [REDACTED] advised that she has been wanting to get a divorce but has not yet filed and that Wesley does not want to comply.

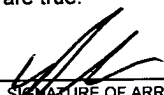
During the argument, [REDACTED] and Wesley's son, [REDACTED] was present and watched the entire altercation. I spoke with [REDACTED] who advised that "daddy hit mommy" and "take daddy away". DCF will be notified regarding this incident due to [REDACTED] presence in the household.

I then went and spoke to Wesley again in front of the residence. Wesley's recollection started to change, he began to say their heads may have touched. Then said the headbutt was mutual and they both met together in the middle.

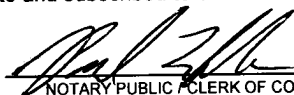
Based on my investigation, I believe that Wesley was the primary aggressor in the altercation and I find probable cause to charge Wesley Price with one count of Simple Battery (domestic) contrary to F.S.S. 784.03(1) (A) (1). All injuries were documented on body worn camera. A victim's notification form was completed and submitted to booking at the Palm Beach County Jail.

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.

 151
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 10 day of June, 2017

 376
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCAN 11
JUN 11 2017

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

VICTIM NOTIFICATION FORM

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

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- 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.)

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

1. Incident Report #: 17003495 Agency: PBG PD
Offense: Simple Battery (Domestic)
Suspect/Offender: Wesley Price
D.O.B. 9/10/66 Race: W Sex: M
2. Warrant #(s): _____
3. Complete one (1) of the following:
 - a. Victim's address:
Address: _____
City: _____
Home: _____
 - b. Victim's address:
Address: _____
City: _____
Home: _____
 - 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: Johnston I.D.: 451 Date: JUN 11 2017
6/10/17

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