

2023CF 3401 AXXX

Clear Form

Marsy's Law CVI R. Const. Art. 1 § 16(b)

Check if Supplement is Attached

**ARREST / NOTICE TO APPEAR
Juvenile Referral Report**

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Copies **3** Juvenile

| | | | | | | | |
|--|---|--|-----------------------------|--|---------------|--|---------------------|
| OSTS Number | | Agency ORI Number R01 51000000 | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | | Agency Report Number 0161-22051964 | |
| Charge Type: Check as many as apply: <input 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 | | # Weapon Seized Enter Type | |
| Location of Arrest (including Name of Business) TBD | | Location of Offense (Business Name, Address) | | | | | |
| Date of Arrest | Time of Arrest | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle | |
| Name (Last, First, Middle) Reeves, John, Dennis | | | | | | | |
| Alias (Name, DOB, Soc. Sec. #, Etc.) | | | | | | | |
| Race W - White O - Black | 1 - American Indian O - Oriental/Asian | Sex W M | Date of Birth 05/13/1948 | Height 5'8" | Weight 145 | Eyes Color Brown | Hair Color Brown |
| Complexion Medium | | Build Medium | | Mental Status Single | | | |
| Religion None | | Indication of: Alcohol Influence Drug Influence | | Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> | | | |
| Local Address (Street, Apt. Number) 404 Landings Boulevard, Greenacres, Florida, 33413 | | | | Mobile Phone () | | Residence Type: 1. City 2. County 3. Florida 4. Out of State | |
| Permanent Address (Street, Apt. Number) | | | | Phone () | | Address Source 2 | |
| Business Address (Name, Street) | | | | Phone () | | Occupation | |
| D/L Number, State R120-464-48-173-0 | | Soc. Sec. Number | | INS Number | | Place of Birth (City, State) United Kingdom | |
| Citizenship UK | | Co-Defendant (Last, First, Middle) | | | | | |
| Co-Defendant (Last, First, Middle) | | Race | | Sex | | Date of Birth | |
| Parent Legal Custodian Other | | 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 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 (561) 385-4511) informed of any change of address. | | | | School Attended | | Grade | |
| <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 | | | | | |
| Drug Activity N. N/A R. Possess | | S. Salt B. Buy T. Traffic | | R. Smuggle 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 O. Opium/Deriv. | | P. Paraphernalia/ Equipment | | S. Synthetic | | U. Unknown Z. Other | |
| Charge Description First Degree Murder | | Counts 1 | | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | Statute Violation Number 782.04 (1A1) | |
| Violation of ORD # | | Drug Activity | | Drug Type | | Amount / Unit | |
| NA | | NA | | NA | | Offense # 22051964 | |
| Warrant / Copies Number | | Bond | | | | | |
| Charge Description | | Counts | | Domestic Violence | | Statute Violation Number | |
| Drug Activity | | Drug Type | | Amount / Unit | | Offense # | |
| Warrant / Copies Number | | Bond | | | | | |
| Charge Description | | Counts | | Domestic Violence | | Statute Violation Number | |
| Drug Activity | | Drug Type | | Amount / Unit | | Offense # | |
| Warrant / Copies Number | | Bond | | | | | |
| Charge Description | | Counts | | Domestic Violence | | Statute Violation Number | |
| Drug Activity | | Drug Type | | Amount / Unit | | Offense # | |
| Warrant / Copies Number | | Bond | | | | | |
| Location (Court, Room Number, Address) | | | | | | | |
| Court Date and Time | | | | | | | |
| Month | | Day | | Year | | Time | |
| A.M. <input type="checkbox"/> | | P.M. <input type="checkbox"/> | | | | | |
| I AGREE TO APPEAR AT THE 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 | |
| I consent to receive text reminders of court date(s) and times for this case by automated technology to the mobile number identified above. I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose. | | | | | | | |
| Signature | | Signature | | | | | |
| HOLD for other agency | | Signature of Arresting Officer | | Name Verification (Printed by Arrestee) | | | |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal | | <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other | | Name of Arresting Officer (Print) Det. Rashtchy | | I.D. # 9650 | |
| Make Deputy | | I.D. # | | Pouch # | | Transporting Officer | |
| I.D. # | | Agency | | Witness here if subject signed with an "X" | | | |

FILED
APR 20 2023
P.M.
PALM BEACH COUNTY
CIRCUIT CRIMINAL

| | | | | | | |
|---|--|---|---------|--|-------------|-----------------------------|
| OBTS Number | | PROBABLE CAUSE AFFIDAVIT | | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias | 3 | Juvenile |
| Agency ORI Number FLO 5 0 0 0 0 0 | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | | Agency Report Number 06 - 22-051964 | | |
| Charge Type: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other as apply. | | | | Special Notes: | | |
| Defendant's Name (Last, First, Middle) Reeves, John, Dennis | | | | Race White | Sex Male | Date of Birth 05/13/1948 |
| Charge Description First Degree Murder | | Charge Description | | | | |
| Charge Description | | Charge Description | | | | |
| Victim's Name (Last, First, Middle) | | | | Race Black | Sex Male | Date of Birth 11/15/1954 |
| [REDACTED] | | | | Phone | | Address Source ID |
| | | | | Phone | | Occupation |
| Victim's Business Address (Name, Street) | | (City) | (State) | (Zip) | Phone | Occupation |
| <p><i>The undersigned certifies and swears that I 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...</i></p> <input type="checkbox"/> Committed the below acts in my presence. <input type="checkbox"/> Confessed to _____ admitting to the below facts. <input type="checkbox"/> Was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation. | | | | | | |
| On the 31 day of March, 2022 at 13:08 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest). | | | | | | |

Morsy's Law CVI FL. Const. Art.1 § 16(b)

NARRATIVE:

On Thursday, March 31, 2022, at approximately 13:08 hours, the Palm Beach County Sheriff's Office received a call from [REDACTED] requesting a welfare check on [REDACTED] of [REDACTED]

Prior to this call, the dispatch center had also received a call for a welfare check at the residence earlier in the week, on Monday, March 28, 2022.

[REDACTED] informed the call taker that he had not been able to make contact with [REDACTED] or [REDACTED] John Reeves. [REDACTED] Deputies arrived at the residence to conduct the welfare check and discovered the front entry door to the residence unlocked. Deputies made entry into the residence through the unlocked door. Once inside, deputies' located [REDACTED] deceased in the downstairs bedroom.

The Violent Crimes Division was notified and adopted the investigation. Your affiant was assigned as the lead investigator.

On November 14, 2022, the medical examiner's office ruled [REDACTED] manner of death homicide and the cause of death mixed drug toxicity. On or about March 8, 2023, your affiant received and reviewed the final report from the medical examiner's office.

During the preliminary investigation at the residence, deputies located the decedent's [REDACTED] John Reeves sleeping on the bed, in the same bedroom where the decedent was found. Reeves was described to be disoriented and intoxicated. When Reeves was located, he made a spontaneous utterance regarding the decedent being in the location where he was found deceased since Sunday. Additionally, Reeves made comments alluding to providing pills to the decedent. Reeves was transported by Palm Beach County Fire Rescue Paramedics to JFK hospital, for a medical evaluation.

Your affiant travelled to JFK Hospital and conducted a voluntary fact finding interview with Reeves. Your affiant observed that Reeves displayed signs of intoxication to include bloodshot eyes and slurred speech. During the interview with Reeves, he described himself and [REDACTED] as heavy drinkers, citing they each drink approximately one bottle of Vodka daily. Reeves recalled [REDACTED] last being alive on Saturday. This

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Defendant's Name (Last, First, Middle)
Reeves, John, Dennis

NARRATIVE CONTINUATION

statement further corroborates Reeves remarks at the residence, alluding to [REDACTED] being in the location he was found since Sunday.

Reeves explained [REDACTED] was drunk, making noises and would not shut up, therefore he gave [REDACTED] pills to make him quiet. More specifically, Reeves recalled giving [REDACTED] pills at about 9:00 PM and 11:30 PM so that he would stop growling and making noises. The aforementioned pills were described to consist of both [REDACTED] and Reeves' medication. Reeves described putting the pills in [REDACTED] mouth and giving him a glass of vodka to ingest the aforementioned pill(s). Reeves described [REDACTED] to be drunk during this time and not resisting the pills he was providing. When asked about his alcohol consumption, Reeves explained he had been drinking twenty four hours a day since Saturday.

Furthermore, Reeves made multiple spontaneous utterances while at the hospital, to include statements such as "I killed him" and "I poisoned him and I poisoned the dogs".

As the investigation continued, your affiant was notified that the Atlantis Police Department was dispatched to JFK Hospital, where Reeves was located, due to statements Reeves made to medical staff regarding his role in [REDACTED] death. Your affiant learned Reeves had told the nurse attending to him at the hospital that he was suicidal because he killed [REDACTED] by poisoning him. The statement was described to have been voluntarily made by Reeves before he was medicated.

During the course of the investigation, your affiant made contact with John Reeve's sister, Suzette, who resides in the United Kingdom. According to Suzette, on Monday (March 28, 2022), she spoke with her brother John Reeves who informed her that [REDACTED] was not breathing. Suzette informed Reeves to put [REDACTED] in a recovery position and call an ambulance.

Based on the information learned during the investigation, your affiant procured a residential search warrant for [REDACTED]. During the initial examination of the residence and upon execution of the search warrant, your affiant noted the following.

Multiple prescription pill bottles were located in the decedent's bedroom. Two large empty glass bottles of Vodka were located on the ground, near the decedent. Two full and two empty bottles of Vodka were located on the ground on the north side of the room, near where Reeves was sleeping. A Publix receipt for two bottles of vodka along with U.S currency were located on the bed. Four prescription bottles were located on the kitchen counter, next to an empty twelve pack box of Coors Light Beer.

On Friday, April 1, 2022, at approximately 15:40 hours, your affiant arrived at JFK Hospital (room 5232), to speak with Reeves. Reeves was read Miranda warnings from a PBSO issued Miranda warnings card and acknowledged understanding his rights. Reeves was asked questions to establish his state of mind and understanding, such as where he was located.

Post Miranda, Reeves stated he poisoned [REDACTED] by forcing him to take pills, to make him sleep. According to Reeves, at about 9:00 PM on Saturday evening he gave [REDACTED] about four to five pills and four more pills at about midnight (Saturday into Sunday). According to Reeves, he forced [REDACTED] to take the pills so that he would be quiet. Reeves demonstrated and explained how he forced [REDACTED] to take said pills. Reeves also recalled giving [REDACTED] anxiety medication. Reeves explained that [REDACTED] tried to resist him, when Reeves was giving him pills at midnight. Reeves agreed that he took advantage of [REDACTED] intoxication level.


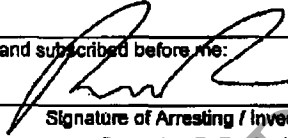
During the interview, Reeves explained that he (Reeves) accidentally poisoned their dogs contributing to a decline in the dog's health. Reeves explained that he attempted to kill [REDACTED] so he didn't find out about the aforementioned situation involving their dogs. Reeves recalled [REDACTED] last being alive on Saturday evening. Reeves explained he checked on [REDACTED] and knew he was dead but did not contact first responders because he wanted to pretend [REDACTED] was alive for a few days longer. Reeves explained from Sunday until Thursday, he drank and smoked all day, pretending "it never happened". According to Reeves, for the last couple weeks, both Reeves and [REDACTED] drank about one bottle of vodka per day.

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Defendant's Name (Last, First, Middle)
Reeves, John, Dennis

NARRATIVE CONTINUATION

Based on the above investigation, probable cause exists to charge John Reeves with one count of First Degree Murder, in violation of Florida State Statute, 782.04.

| | |
|---|---|
| State of Florida, County of Palm Beach. The foregoing instrument was sworn to or affirmed and subscribed before me: | |
|  |  # 9650 |
| Signature of Notary Public / Clerk of Court / Officer (F.S.S 117.10) Detective R. Rohman #8059 | Signature of Arresting / Investigating Officer Detective R. Rashtchy #9650 |
| Name of Notary Public / Clerk of Court / Officer (F.S.S 117.10) 04/19/2023 | Name of Arresting / Investigating Officer (Please Print) 4/19/2023 |
| Date | Date |

NOT A CERTIFIED COPY

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
 (Submit this form with the original Probable Cause affidavit)

Suspect: John Reeves DOB: 05 / 13 / 1948 Case #: 22-051964

Victim: [REDACTED] DOB: 11 / 15 / 1954 Race: White Sex: Male

Relationship between Victim and Defendant: [REDACTED]

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: [REDACTED]

Weapon Used: Yes No Type: _____

Witness: Yes No Name: _____

Victim Pregnant: Yes No If yes, _____ weeks _____ months

Injuries: Yes No Description: _____

Medical Treatment: Yes No

 At Scene: Yes No Paramedics: _____

 At Hospital: Yes No Hospital: _____ Physician: _____

Are Children Living in Home? Yes No DCF Notified? Yes No

Name: _____ DOB: / /

Name: _____ DOB: / /

Name: _____ DOB: / /

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: Review report(s) from responding deputies.

Victim's Statements Yes No If yes, written recorded oral

First words Victim said when you responded to scene: Deceased

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

Yes No If yes, name: _____ phone () _____ - _____

Observations of Victim (Physical & Emotional): Deceased

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other _____

Victim Contact Information:

Local Address: [REDACTED]

Phone: Home () _____ - _____ Work () _____ - _____ Cell () _____ - _____

Employer: _____

Name of Relative: [REDACTED] Phone [REDACTED]

Address: [REDACTED]