

05192.53

COMM 8308

2214

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report			1 Arrest 2 NTA.	3. Request for Warrant 4. Request for Capias	1	Juvenile	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 20-119714				
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) 100 North "L" St., Lake Worth Bch., FL 33460				Location of Offense (Business Name, Address) 522 Lucerne Ave., Lake Worth Bch., FL 33460					
Date of arrest 10-23-20	Time of Arrest 2354	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle			
Name (Last, First, Middle) Eller, Betsie R.				Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex F	Date of Birth 12-7-1987	Height 5'08"	Weight 140	Eye Color Blu	Hair Color Blonde	Complexion Light	Build Med
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status S	Religion None	Indication of: Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) 21514 St. Andrews Grand Cr.		(City) Boca Raton	(State) FL	(zip) 33486	Phone (954) 740-9046	Residence Type: 1. City 2. County 3. Florida 4. Out of State 2			
Permanent Address (Street, Apt. Number) SAME		(City)	(State)	(zip)	Phone ()	Address Source Verbal			
Business Address (Name, Street)		(City)	(State)	(zip)	Phone ()	Occupation None			
D/L Number, State E460076879470		Soc. Sec. Number		INS Number NA	Place of Birth (City, State) Lexington, KY	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				
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last) (First) (Middle)		Residence Phone ()					
Address (Street, Apt. Number)		(City)	(State)	(zip)	Business Phone ()				
Notified by: (Name)		Date	Time	<input type="checkbox"/> 1. Time of Arrest <input type="checkbox"/> 2. TOT HRS/DYS <input type="checkbox"/> 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.				School Attended		Grade			
Yes, by: (Name)		No: (Reason)		Value of Property					
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property							
Activity N. NIA P. 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. N/A A. Amphetamine		
						B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/deriv		
						P. Paraphernalia/ U. Unknown Equipment S. Synthetic. Z. Other			
Charge Description Simple Battery		Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1)(a)(1)		Violation of ORD #			
Drug Activity N	Drug Type N	Amount / Unit NA	Offense # 20-119714	Warrant / Capias Number		BOND NONE			
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #			
Drug Activity	Drug Type	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 #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond 2020 OCT 24 AM 5			
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond			
Location (Court, Room Number, Address)									
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 SHALL BE ISSUED									
Signature of Defendant (or Juvenile and Parent/ Custodian)						Date Signed			
HOLD for other Agency Name		Signature of Arresting Officer			Name Verification (Printed by Arrestee)				
<input type="checkbox"/> Dangerous Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) D/S Lonney Moral			I.D. # 9160		PAGE		
Transporting Officer		I.D. #		Agency		Witness here if suspect signed		1 OF 1	

VICTIM NOTIFICATION REQUIRED

SCANNED OCT 24 2020

ESCLAVON 3245

PROBABLE CAUSE AFFIDAVIT

1 Arrest
2 NTA
3 Request for Warrant
4 Request for Capias

1

Juvenile

OBTS Number _____

ADMIN Agency ORI Number: FLO. 5, 0, 0, 0, 0, 0 Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number: 06 20-119714

Charge Type: 1 Felony, 2 Traffic Felony, 3 Misdemeanor, 4 Traffic Misdemeanor, 5 Ordinance, 6 Other. Special Notes: _____

DEF Name (Last, First, Middle): Eller, Betsie R. Alias: _____ Race: W Sex: F Date of Birth: 12-7-1987

CHARGES Charge Description: Simple Battery (Domestic)

VICTIM Victim's Name (Last, First, Middle): Taylor, Joseph Race: W Sex: M Date of Birth: 4-23-1972

Local Address (Street, Apt Number): 852 Broken Sound Pkwy Boca Raton FL 33486 Phone: (954) 448-3879 Address Source: Victim

Business Address (Name, Street): _____ (City) _____ (State) _____ (Zip) _____ (Phone) _____ Occupation: _____

The undersigned certifies and 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: [] committed the below acts in my presence, [] confessed to _____, [] was observed by _____ who told _____ that he/she saw the arrested person commit the below acts, [] was found to have committed the below acts, resulting from my (described) investigation. On the 23rd day of October 20 20 at 11:54 [] A.M [] P.M (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT On 10-23-20, at approximately 2354 hours, Deputies responded to 522 Lucerne Ave. (CWS) in reference to a female being pushed to the ground. I made contact with that female, identified as Bestie Eller (Defendant), in the 100 block of North "L" St.. The defendant was emotionally upset (crying). I also made contact with an Uber driver, Dustin Hitch (witness) who stated that he was there to pick up the defendant at "CWS" when he saw the defendant being pushed down by a white male, identified as Joseph Taylor (victim). The victim walked away after the altercation, but was located at 121 North Federal Hwy.. Based on current information, it was believed that the defendant was a possible victim. The defendant identified the victim as her boyfriend which they have lived together for about three to four years. I asked the defendant what happened and she stated that she was pushed down by the victim. While the victim was in the custody of D/S L. Escaran (ID 32415), the victim stated that he at "CWS" with his girlfriend (defendant) when she became violent after a conversation in which she punched him in the face. The victim began to leave the location, and again was struck by the defendant again in the face. It was at this time, the victim, to defend himself from the defendant, pushed the defendant down which was witnessed by Hitch. D/S G. Solomon (ID 35101) went to the location where he viewed video tape at the location. D/S Solomon advised me that the victim statement was consistent with the video showing the defendant being the primary aggressor by first punching the victim in the face. Note that Deputies did not see any visual signs of injury to the victim upon their contact. Note that the victim became uncooperative when asked to give a sworn statement. Based upon the above information, the defendant is charged with Simple Battery (Domestic) Per FSS 784. 03 (1)(a)(1). The defendant was arrested and transported to the Palm Beach County Jail. --- Victim rights notification and forms were issued to the victim. --- Level 2 domestic call was made. --- Victim Domestic notification for defendant release form was completed. --- The defendant was handcuffed behind the back, double locked, and checked for tightness.

ADMINISTRATIVE STATE OF FLORIDA COUNTY OF PALM BEACH (Signature of Arresting Investigative Officer) _____ The foregoing instrument was sworn to or affirmed and subscribed before me this 23rd day of October 20 20 by D/S L. Moral Personally Known Notary Public, Clerk of Court, Officer (F.S.S.) 117.1(0) 32415

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

Suspect: Eller, Betsie R DOB: 12/7/1987 Case #: 20-11974

Victim: Taylor, Joseph C. DOB: 4/23/1972 Race: W Sex: M

Relationship between Victim and Defendant: _____

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: _____

Weapon Used: Yes No Type: _____

Witness: Yes No Name: Hatch, Dustin

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

Injuries: Yes No Description: _____

Medical Treatment: Yes No

At Scene: Yes No Paramedics: Refused

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: _____

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

First words Victim said when you responded to scene: _____

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): _____

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other _____

Victim Contact Information:

Local Address: 760 Hansana Dr. Boca Raton FL 33487

Phone: Home (954) 448 3879 Work () - _____ Cell () - _____

Employer: _____

Name of Relative: _____ Phone () - _____

Address: _____

SCANNED
OCT 24 2020

VICTIM NOTIFICATION FORM

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)
- 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.
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense
- Dating Violence

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

1. Incident Report #: 20-119714 Agency: PBSO
Offense: Simple Battery - Domestic Related
Suspect/Offender: Eller, Betsie Betsie R
D.O.B. 12/7/1987 Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's name: Taylor, Joseph C. D.O.B. 4/23/72 Race: W Sex: M
Address: 760 Havana Dr
City: Dora Ratin State: FL Zip: 33487
Home #: 954-448 3879 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: D/S Morra I.D. # 9160 Date: 10/24/2020

White = Corrections or State Attorney (Warrant Application) Yellow = Warrants Section Pink = Central Records

SUSPECT/OFFENDER

FOR WARRANTS USE ONLY

COURT CASE/WARRANT #:

PALM BEACH COUNTY SHERIFF'S OFFICE – SWORN STATEMENT

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS VICTIM OTHER

CASE #: 20119714	ZONE: 52	SUSPECT: Ellev, Bestie	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 10/24/20 0000
EVENT TYPE: Domestic Battery - Simple		DEPUTY: M. Magalo	ID#: 34265

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: Dustin Hatch	FIRST NAME: Dustin	MIDDLE INITIAL:	RACE: W	SEX: M
DATE OF BIRTH: 9-2-88 (MM/DD/YYYY)	YOUR HEIGHT: 5'6"	YOUR WEIGHT: 160	YOUR HAIR COLOR: Brown	YOUR EYE COLOR: Brown
YOUR HOME ADDRESS: 225 S L St	<input type="checkbox"/> CHECK IF HOMELESS	CITY: Lake Worth	STATE: FL	ZIP: 33460
YOUR WORK NAME & ADDRESS:	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:
WORK PHONE: <input type="checkbox"/> CHECK IF NONE	CELL PHONE: <input type="checkbox"/> CHECK IF NONE (561) 246-8927	HOME PHONE: <input type="checkbox"/> CHECK IF NONE	EMAIL:	<input type="checkbox"/> CHECK IF NONE

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME: 1 Dustin Hatch	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
---------------------------	--

I pulled up to CWS to pick up Bestie. she was then grabbed from behind then a body checked into a table then fell into the light pole she was on the ground and he started walking down North L street.

PAGE 1 OF 1

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: X *Dustin Hatch*

<input checked="" type="checkbox"/> DEPUTY SHERIFF	<input type="checkbox"/> NOTARY PUBLIC	FSS: 117.10
SWORN TO AND SUBSCRIBED BEFORE ME TODAY:		
DATE: 0-24-2020	TIME: 0030	
SIGNATURE: <i>[Signature]</i>	ID: 34265	

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW. I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. DO NOT WISH TO PROSECUTE (INITIAL _____)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY



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"/>	(viii) 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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	119.0712(2)	Other: Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	119.071(2)(j)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

REVIEW COMPLETED BY

Booking Number: 2020025079

Date: 10/24/2020

Specialist Name/ID: M. Tooks #8557