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ARREST / NOTICE TO APPEAR

1 Arrest (No Warrant) 2 Request for Warrant  
3 Arrest (Warrant) 4 Request for Capias  
5 Juvenile Referral

1 JUVENILE N

Agency ORI Number <b>0500200</b>	Agency Name <b>Boca Raton Police Department</b>	Agency Report Number (N.T.A. # only) <b>3 2 2020-013643</b>
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: <b>Hands, Feet, Fist, Teeth</b>	Multiple Clearance Indicator
Location of Arrest (Including Name of Business) <b>SAME, 525 NW 77TH ST 422, BOCA RATON, FL 33487</b>		Location of Offense (Business Name - Address) <b>525 NW 77TH ST 422, BOCA RATON, FL 33487</b>
Date of Arrest <b>12/05/2020</b>	Time of Arrest <b>01:44</b>	Booking Date <b>12/05/2020</b>
Booking Time <b>01:54</b>	Jail Date <b>// : :</b>	Jail Time <b>// : :</b>
Name (Last, First, Middle) <b>CORRELL CARSON ANDREW</b>		Alias: <b>BRONX NY</b>
Race W - White A - American Indian B - Black O - Oriental/Asian <b>W</b>	Sex <b>M</b>	Date of Birth <b>06/30/1999</b>
Height <b>6'02</b>	Weight <b>190</b>	Eye Color <b>HAZEL</b>
Hair Color <b>BLONDE</b>	Complexion <b>LIGHT</b>	Build <b>Med.</b>
Scars, Marks, Tattoos, Unique Physical Features (Location - Type - Description)		Marital Status <b>S</b>
Local Address (Street, Apt. Number) <b>1717 PARKSIDE PL, LAKE PARK, NY 14485</b>		Phone <b>(585) 953-2972</b>
Permanent Address (Street, Apt. Number) <b>1717 PARKSIDE PL, LAKE PARK, NY 14485</b>		Phone <b>(585) 953-2972</b>
Business Address (Name, Street) <b>NY DL</b>		Occupation
D.I. Number - State <b>321063155 /</b>	See Sec. Number	INS Number
Place of Birth (City, State) <b>Bronx NY</b>		Citizenship <b>US</b>
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
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"/> Parent <input type="checkbox"/> Other	Name (Last, First, Middle)	
<input type="checkbox"/> Legal Custodian	Address (Street, Apt. Number)	
Notified by (Name)	Date	Time
Released To (Name)	Relationship	Date
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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Value of Property
Drug Activity	Drug Type	Amount / Unit
Offense #	Counts	Domestic Violence
Charge Description <b>CRIMINAL MISCHIEF</b>		Statute Violation Number <b>806.13(1)(b)(2) RA</b>
Charge Description <b>BATTERY / DOMESTIC BATTERY</b>		Statute Violation Number <b>784.03(1)(A)(1) FA</b>
Charge Description <b>RESIST OR OBSTRUCT OFFICER WITHOUT VIOLENCE</b>		Statute Violation Number <b>843.02</b>
Health - Apparent Physical Condition of Defendant <b>GOOD</b>		Any knowledge of the following <input checked="" type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Delirium <input type="checkbox"/> Injuries
Check which applies <input type="checkbox"/> Released On <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input checked="" type="checkbox"/> South County Mental Health		PROPERTY - Received By
Transported By		Date Transported
Time Transported		Other <b>DEC 5 AM 3:34</b>
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>
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.		No Photo Available
Signature of Defendant (or Juvenile and Parent/Guardian) <b>FELIX</b>		Date <b>DEC 06 2020</b>
Name Verification (Printed by Arrestee) <b>FELIX, R. A.</b>		ID # <b>835</b>
Name of Issuing Officer (Print) <b>FELIX, R. A.</b>		ID # <b>835</b>
Agency <b>BOCA</b>		Agency <b>BOCA</b>
Witness here if subject signed with an "X"		1 of 1

2 No Bond 3

SCANNED DEC 06 2020

PROBABLE CAUSE AFFIDAVIT

1 Arrest 2 N.T.A. 3 Request for Warrant 4 Request for Capias

1 JUVENILE

OB'S Number	Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2020-013643</b>
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Charge Type: Check as many as apply	<input type="checkbox"/> 1 Felony	<input checked="" type="checkbox"/> 3 Misdemeanor	<input type="checkbox"/> 5 Ordinance	Special Notes
	<input type="checkbox"/> 2 Traffic Felony	<input type="checkbox"/> 4 Traffic Misdemeanor	<input type="checkbox"/> 6 Other	

Name (Last, First, Middle) <b>CORRELL, CARSON ANDREW</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>06/30/1999</b>
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Charge Description <b>784.03(1)(A)(1)DOMESTIC BATTERY</b>	Charge Description <b>806.13 CRIMINAL MISCHIEF</b>
Charge Description <b>843.02 RESIST W/O VIOLENCE</b>	Charge Description

Victim's Name (Last, First, Middle) <b>CORRELL, JOHN</b>	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>09/11/1971</b>
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Local Address (Street, Apt. Number) (City) (State) (Zip) <b>1717 PARKSIDE PL, LIMA, NY 14485</b>	Phone <b>(585) 953-5611</b>	Address Source
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Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation
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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  was observed by \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person commit the below acts  
 confessed to \_\_\_\_\_ admitting to the below facts  was found to have committed the below acts, resulting from my (described) investigation  
 On the 5 day of December, 2020 at 02:06 (Specifically include facts constituting cause for arrest.)

MVR available.

On 12/04/2020 at approximately 2355 hours, I was dispatched to 525 NW 77th St, (The Residence Inn) in reference to a domestic disturbance.

Upon my arrival I made contact with John Correll and Genovieve Correll who were outside room 422 waiting for PD to arrive. John stated that his son, later identified as Carson Correl, came to the hotel drunk yelling at them for no reason. John advised that when he told Carson to lower his voice and to go to bed, Carson became aggressive towards him and started hitting him in the face. I could observe a lump on Johns forehead and bruising to the right cheek of his face consisting with his statements.

Pictures were taken and classified accordingly John stated that at that time him and Genovieve left the room and waited for PD to arrive.

Based on that information we made contact with Carson inside room 422 and placed him under arrest

My investigation determined that Carson did actually and intentionally strike John in the face causing bruising against his will. I determined Carson to be the primary aggressor. I placed Carson Correll under arrest for Florida State Statute 784.03(1)(a)(1), Simple Battery Domestic.

While walking Carson by my patrol vehicle Carson intentionally and willfully kicked the rear left taillight of my patrol vehicle causing it to break. Carson also was resisting to go inside by tensing and falling to the ground.

Carson was also charged with Resisting without violence Fl statue 843.02 and Criminal mischief Fl Statue 806.13.

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
<b>CARUSO, MARK RICHARD</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)	<b>FELIX, REYSON ARIEL (835)</b> NAME OF OFFICER (PLEASE PRINT)
<u>12/05/2020</u> DATE	<u>12/05/2020</u> DATE

SCANNED DEC 06 2020



# VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

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

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

1. Incident Report#: 20-013643 Agency: Boca Raton PD  
Offense: Domestic battery  
Suspect/Offender: Carson Correll  
D.O.B. 06/30/99 Race: W Sex: M
2. Warrant#(s): \_\_\_\_\_
- 3.a. Victim's name: John Correll D.O.B. 11/4/71 Race: W Sex: M  
Address: 9766 Coronado Lake Dr.  
City: Bayton Beach State: FL Zip: 33433  
Home#: 585-953-5611 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: Pursuant to F.S. 119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).  
Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: \_\_\_\_\_

Printed name of person waiving notification: \_\_\_\_\_

Officer's Name: Felix I.D.# 835 Date: 12/05/20

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

SUSPECT/OFFENDER:

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#:

SCANNED  
DEC 06 2020



**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"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020028448	Date: 2/03/2020
	Specialist Name/ID: C. Anastasi/#21908