

0438526

20CF5862 MB 2003

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number	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 2010032321 1		
Charge Type: Check as many as apply.	<input checked="" type="checkbox"/> 1. Felony <input checked="" 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	If Weapon Seized Enter Type <u>N/A</u>	Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) <u>4350-155 Union Square Blvd, PBG</u>		Location of Offense (Business Name, Address) <u>4350-155 Union Square Blvd, PBG</u>				
Date of arrest <u>07.15.20</u>	Time of Arrest <u>04:32</u>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <u>N/A</u>

Name (Last, First, Middle) <u>Phillips, Charissa</u>		Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White B - Black	I - American Indian O - Oriental	Sex <u>W/F</u>	Date of Birth <u>01.21.94</u>	Height <u>5'3</u>	Weight <u>160</u>	Eye Color <u>BLU</u>	Hair Color <u>BRN</u>	Complexion <u>Lgt</u>	Build <u>Med.</u>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <u>Tat - Arms both legs Chest lower abs</u>			Marital Status <u>Single</u>	Religion	Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input checked="" type="checkbox"/>				
Local Address (Street, Apt. Number) <u>1002 Sanctuary Cove Dr NFB FL 33410</u>		Phone <u>(561) 402 1132</u>		Residence Type: 1. City 3. Florida 2. County 4. Out of State <u>2</u>					
Permanent Address (Street, Apt. Number) <u>1002 Sanctuary Cove Dr NFB FL 33410</u>		Phone ()		Address Source <u>FL DL</u>					
Business Address (Name, Street) ()		Phone ()		Occupation					

D/L Number, State <u>P412100945210/FL</u>	INS Number	Place of Birth (City, State) <u>West Palm</u>	Citizenship <u>US</u>		
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input checked="" type="checkbox"/> 1. Arrested <input checked="" 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 checked="" type="checkbox"/> 1. Arrested <input checked="" 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)	Residence Phone () () ()	
Address (Street, Apt. Number) (City) (State) (Zip)	Business Phone () () ()	
Notified by: (Name) (Date) (Time)	Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT DCF 3. Incarcerated	
Released To: (Name) (Relationship) (Date) (Time)		
The above address was provided by <input type="checkbox"/> defendant <input type="checkbox"/> or <input type="checkbox"/> defendant 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

Drug Activity N. N/A 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 F. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Charge Description <u>Agg Bat Bodily Harm</u>	Counts <u>1</u>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <u>78.410.45</u>	Warrant / Capias Number	Bond <u>No bond</u>					
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Warrant / Capias Number	Bond					
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Warrant / Capias Number	Bond					
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Warrant / Capias Number	Bond					

<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court	Location (Court, Room Number, Address) <u>To be set</u>
<input type="checkbox"/> 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 SHALL BE ISSUED.	

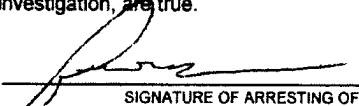
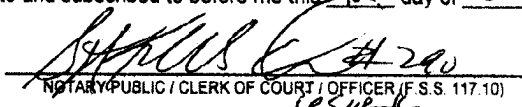
Signature of Defendant (or Juvenile and Parent / Custodian) <u>[Signature]</u>		Date Signed <u>07/16/2020</u>
HOLD for other Agency Name:	Signature of Arresting Officer <u>[Signature]</u>	Name Verification (Printed by Arrestee) <u>[Name]</u>
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	(PRINT) <u>Cody Nelson 516</u>
Intake Deputy <u>D Collins 7620</u>	Pouch #	Transcribing Officer <u>C Nelson 516 PBGED</u>
Witness here if subject signed with an "X"		PAGE <u>1 OF 1</u>

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - JAIL GOLD - DEFENDANT

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 07/15/2020 03:56		Agency Name PALM BEACH GARDENS POLICE			Agency Report Number 7 8 20-003232										
	Name (Last, First, Middle) PHILLIPS, CHARISSA		Alias PHILLIPS, CHARISSA			Race W	Sex F	Date of Birth 01/21/1994								
C H R G	Charge Description 784.045(1)(A)(1) BATTERY-AGGRAVATED CAUSE BODILY HARM OR DISABILITY															
	Victim's Name (Last, First, Middle) MACARTHUR, ANDREW PHILIP					Race W	Sex M	Date of Birth 11/25/1992								
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) 4350 UNION SQUARE BLVD 155, PALM BEACH GARDENS, FL 33410			Phone (561) 797-0143		Address Source DAVID										
	Business Address (Name, Street) (City) (State) (Zip) FRENCHMANS CREEK			Phone		Occupation SECURITY										
	<table border="0"> <tr> <td>DEFENDANT'S STATEMENTS:</td> <td>Written <input type="checkbox"/></td> <td>Taped <input checked="" type="checkbox"/></td> <td>Oral <input type="checkbox"/></td> <td rowspan="2">OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): BLOODY, ERRATIC</td> </tr> <tr> <td>VICTIM'S STATEMENTS:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>								DEFENDANT'S STATEMENTS:	Written <input type="checkbox"/>	Taped <input checked="" type="checkbox"/>	Oral <input type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): BLOODY, ERRATIC	VICTIM'S STATEMENTS:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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VICTIM'S STATEMENTS:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>													
RELATIONSHIP BETWEEN VICTIM & SUSPECT BOYFRD/GIRLFRD																
A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS:		Scene: <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>											
			Victim: <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
	911 CALL:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: TIANO, KRISTA										
	WEAPON USED:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TYPE: FISTS										
	WITNESSES:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(If YES, attach witness list)										
	INJURIES:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
	MEDICAL TREATMENT:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
	AT: Scene:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PARAMEDICS:										
	Hospital:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PHYSICIAN(S) / HOSPITAL: GARDENS ER										
	ACT COMMITTED IN PRESENCE OF MINOR(S):		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES/AGES:										
H. R. S. NOTIFIED:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>												
VICTIM PREGNANT:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>												
VIOLATION OF RESTRAINING ORDER:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #:											
PRIOR HISTORY OF DOMESTIC VIOLENCE:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>												
ALCOHOL OR DRUGS INVOLVED:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
N A R R	On July 15, 2020 at approximately 3:58 a.m., I was dispatched to 4350 Union Square Blvd., apt 155, Palm Beach Gardens, FL., 33410 in reference to a physical altercation. Upon my arrival I activated my body worn camera.															
	I made contact with a w/m who was later identified by his Florida driver's license as Andrew Macarthur (VI)															
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, <u>316</u> personally known to me who, being first duly sworn, says that the facts above, based upon my investigation, are true.																
 SIGNATURE OF ARRESTING OFFICER																
Sworn to and subscribed to before me this <u>15</u> day of <u>July</u> , <u>2020</u> .																
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10) los we k																

CERTIFIED COPY

SCANNED
JUL 16 2020

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 07/15/2020 03:56	Agency ORI Number FL 0502600	Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 20-003232
	N A R R A T I V E E			

who provided the following statement. Macarthur stated that he was at home at his residence with his friend Krista Tiano (WI), when his girlfriend Charissa Phillips (SU) came into the residence through the rear entrance. Macarthur said that he told Phillips to leave the apartment to which Phillips did not comply with his request. Macarthur stated that is when things between Phillips and him became physical. Macarthur said that Phillips punched him in the nose and in the mouth, chipping his bottom tooth. I observed Macarthur who had an obvious injury to his mouth, and to his nose. Macarthur stated that he touched Phillips but only in defense of himself. Macarthur was checked by Palm Beach Gardens Fire Rescue and cleared on scene.

I then made contact with Charissa Phillips who stated that she has been dating Macarthur for over a month and has been staying at the apartment. Phillips said that she saw Macarthur with another female and that is when she entered the apartment through the rear entrance. Phillips stated that she entered the residence because she saw Macarthur with another woman, and that is when she confronted him. Phillips said that she punched Macarthur in the face because he was cheating on her and using drugs. I observed Phillips for injury who had a small laceration on her chin. Phillip's stated that she received the laceration from the altercation with Macarthur.

I then spoke with Krista Tiano who stated she met Macarthur at the Snuggery earlier that evening and returned to his residence. Tiano said that Macarthur entered the residence and the altercation between Phillips and Macarthur ensued. Tiano stated that is when she saw Phillips punch Macarthur in the face. Tiano stated that Macarthur only tried to defend himself, and the laceration on Phillips chin was self-inflicted.

Due to the nature of the call a search of the apartment was conducted. During a safety check of the residence, two clear plastic baggies with a white powdery substance were discovered on the kitchen counter in plain view. Neither involved parties claimed ownership of the two baggies containing the white powdery substance. The two plastic baggies containing the white powdery substance were taken as found property and placed into evidence at the Palm Beach Gardens Police Department.

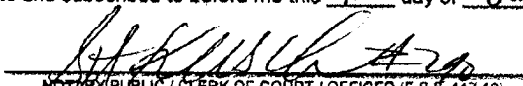
Based on the facts and circumstances stated above this officer has probable cause to charge Charissa Phillips for Aggravated Battery Causing Bodily Harm in violation of F.S.S 784.045(1)(A)(1). Phillips was taken into custody without incident and transporter to Gardens Emergency where she was cleared by medical staff. Phillips was processed at the Palm Beach Gardens Police Department, and then booked in the Palm Beach County Jail.

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, 516 personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.


SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 15 day of July, 2020.


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

SCANNED
JUL 16 2020

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 #: 20003232 Agency: Palu Beach Gardens
 Offense: 9-38 531
 Suspect/Offender: Charissa Phillips
 D.O.B. 1-21-94 Race: white Sex: Female
2. Warrant #(s): _____
3. Complete one (1) of the following:
 - a. Victim's name: Andrew Phillip MacArthur
 Address: 4350 Union Sq APT. 155
 City: PBC State: FL Zip: 33410
 Home #: 5617970162 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: [Signature]
Printed name of person waiving notification: _____

Officer's Name : Cody Nelson I.D.: 516 Date: 7/15/2020
White-Warrants Division Yellow-Corrections or State Attorney (Warrant Application) Pink-Central Records

SUSPECT/OFFENDER: Charissa A Phillips

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

SCANNED
JUL 18 2020



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

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: 2020016978	Date: 07/15/20
	Specialist Name/ID: J. Beck/9007

SCANNED
JUL 15 2020