

21UP10337

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

1 Juvenile ☒ N

OBTS Number		Agency Name		Agency Report Number	
FLO 5 0 0 0 0		PALM BEACH COUNTY SHERIFF'S OFFICE		06 21-141611	
Charge Type: Check as many as apply <input checked="" 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		If Weapon Seized Enter Type		Multiple Clearance Indicator 0 1	
Location of Arrest (Including Name of Business) 13175 TANGERINE BLVD LOXAHATCHEE, FL 33470		Location of Offense (Including Name of Business) 13175 TANGERINE BLVD LOXAHATCHEE, FL 33470			
Date of Arrest 12/25/2021	Time of Arrest 0124	Booking Date	Booking Time	Jail Date	Jail Time
Name (Last, First, Middle) COURSON CHASE MITCHELL		Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black O - Oriental/Asian	Sex W M	Date of Birth 10/20/1992	Height 6-00	Weight 270	Eye Color BLUE
Mental Status SINGLE		Religion NONE		Complexion MEDIUM	Build LARGE
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) RIGHT ARM HALF SLEEVE, SCAR UNDER LEFT EYE, SCAR ON RIGHT HAND		Indication of Alcohol Influence Drug Influence		Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Local Address (Street, Apt. Number) 13175 TANGERINE BLVD		City LOXAHATCHEE	State FL	Zip 33470	Phone 561-312-3379
Permanent Address (Street, Apt. Number)		City	State	Zip	Address Source FLORIDA D/L
Business Address (Street, Apt. Number)		City	State	Zip	Occupation CONSTRUCTION
D/L Number, State C625113923800, FL		Social Security Number		INS Number /	Place of Birth PAHOKEE, FL
Citizenship USA					
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large
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"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other		Name (Last, First, Middle)			Phone
Address (Street, Apt. No.)		State			Zip
Notified By (Name)		Date	Time	Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/DAYS 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 561-355-2526) informed of any address change. <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 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 E Heroin	H Hallucinogen M Marijuana
P Paraphernalia/ Equipment		U Unknown Z Other			
Charge Description AGGRAVATED ASSAULT W/ DEADLY WEAPON		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 784.021(1)(A)	
Drug Activity		Drug Type	Amount/Unit	Offense # 21-141611	Warrant/Capias Number
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	
Drug Activity		Drug Type	Amount/Unit	Offense #	Warrant/Capias Number
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	
Drug Activity		Drug Type	Amount/Unit	Offense #	Warrant/Capias Number
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	
Drug Activity		Drug Type	Amount/Unit	Offense #	Warrant/Capias Number
Location (Court, Address, Room Number)					
Court Date and Time Month Day Year Time AM PM					
I AGREE TO APPEAR AT THE ABOVE 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					
HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)	
Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Resisted Arrest <input type="checkbox"/> Other		(PRINT)	
Name of Arresting Officer D/S ANDERSON		ID # 24100		Page	
Transporting Officer 24100		Agency PBSO		Witness here if subject signed with an "X"	
Make Deputy D/S Stewart (41)		ID # Pouch #		1 of 1	

OBT Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest    3. Request For Warrant 2. N.T.A    4. Request For Capias		<input checked="" type="checkbox"/> 1    Juvenile <input type="checkbox"/> N
Agency ORI Number <b>FLO 5 0 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06</b>		<b>21-141611</b>
Charge Type Check as many as apply: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Special Notes				
Defendant Name (Last, First, Middle) <b>COURSON CHASE MITCHELL</b>				Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>10/20/1992</b>
Charge <b>AGGRAVATED ASSAULT W/ DEADLY WEAPON</b>		Charge				
Charge		Charge				
Victim Name (Last, First, Middle) <b>COURSON GARY /</b>				Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>12/2/1969</b>
Local Address (Street, Apt. Number) <b>13174 TANGERINE BLVD</b>		City <b>LOXAHATCHEE</b>	State <b>FL</b>	Zip <b>33470</b>	Phone <b>561-876-4456</b>	Address Source <b>FLORIDA D/L</b>
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation <b>/</b>
The undersign 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...						
<input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> confessed to admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.						
On the <b>25TH</b> day of <b>DECEMBER</b> 20 <b>21</b> at <b>0124</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM						

On 12/25/2021 at approximately 0113 hours I responded to 13175 tangerine blvd for an armed domestic assault.

Prior to my arrival PBSO was informed that a complainant had observed two men in a verbal altercation. The complainant stated that one to the males had fired a shotgun in the direction of the other male. On arrival I made a approach to the residence on foot and observed a male, later identified to me as Chase Courson, holding a shotgun in his hands, and advancing down the driveway towards another male, later identified to me as Gary Courson, Chase's father. The males were in a heated verbal altercation, and I heard and observed Chase operate the pump action of the shotgun, while still advancing towards Gary, who was standing in the driveway by his truck. Chase was ordered to drop the shotgun, which he did, and was detained.

Laying on the driveway by the gate to the property, where both males had been standing, were two handgun casings, and two spent shotgun shells. The shotgun that Chase had been holding, and a second, camo in color shotgun were both found lying in the grass. The camo shotgun had a spent shell casing still in the chamber. I asked Chase about the handgun casings, and he told me they had come from his handgun, which was on the back seat of his truck. The handgun was also located and recovered. Both parties stated that they had been in a heated verbal altercation, but refused to provide any further information. I spoke to a witness, Stefano Frangale, who stated that he had observed Chase fire the shotgun from his hip, in the general direction of Gary and his truck. Stefano was unable to provide further information about which shotgun he had seen Chase fire.

At this time due to my above observations and investigation I find that Chase Courson did commit aggravated assault with a deadly weapon per florida state statute 784.021(1)(A) by actually and intentionally threatening Gary Courson with a firearm by discharging said firearm in Gary's direction while advancing on him.

Chase was placed into handcuffs, which were checked for proper fit and double locked. Chase was placed in the back seat of my marked patrol car and transported, with the in car camera recording, to the west detention center, where he was turned over to correctional deputies without further incident. All three recovered firearms, and the spent shells, were placed into evidence.

The foregoing instrument was sworn to and affirmed before me this <b>25TH</b> day of <b>DECEMBER</b> 20 <b>21</b> , by:	
<b>D/S K. C. [Signature]</b> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<b>D/S ANDERSON</b> <b>24100</b> Name of Arresting/Investigating Officer
<b>[Signature]</b> Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<b>[Signature]</b> Signature of Arresting/Investigating Officer
Page <b>1</b> of <b>1</b>	

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

Defendant: COURSON CHASE MITCHELL DOB: 10/20/1992 Case #: 21-141611  
Victim: COURSON GARY / DOB: 12/2/1969 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: TWO SHOTGUNS, ONE HANDGUN

Witness: ☒ Yes ☐ No Name: STEFANO FRAGALE

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 the 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: I WAS TRYING TO STOP HIM FROM LEAVING

Victim's statements ☒ Yes ☐ No If yes, ☐ written ☐ recorded ☐ oral

First words Victim said when you responded to scene: IM NOT SURE WHY YOUR HERE.

Did the Victim contact anyone other than the 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: 13174 TANGERINE BLVD

LOXAHATCHEE FL 33470

Phone: Home: 561-876-4456 Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_

Name of Relative: \_\_\_\_\_ Phone: \_\_\_\_\_

## VICTIM NOTIFICATION FORM

- 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 #: 21-141611 Agency: Palm Beach County Sheriff's Office  
Offense: AGGRAVATED ASSAULT W/ DEADLY WEAPON  
Suspect/Offender: COURSON CHASE MITCHELL  
DOB: 10/20/1992 Race: W Sex: M

2. Warrant #(s): \_\_\_\_\_

3.a. Victim's Name: COURSON GARY / DOB: 12/2/1969 Race: W Sex: M  
Address: 13174 TANGERINE BLVD  
City: LOXAHATCHEE State: FL Zip: 33470  
Home #: 561-876-4456 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 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 ANDERSON ID #: 24100 Date: 12/25/2021

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**  
Florida State Statute Exemption Sheet

**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
I/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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2021032502 WDC

Date: 12/25/2021

Specialist Name/ID: VARGO/6665