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2620MM 9699  
2727

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

Juvenile   N

OBTS Number		Agency ORI Number <b>FLO 5 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06</b>		Report Number <b>20-137215</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		H Weapon Seized		Multiple Clearance Indicator <b>0 1</b>			
Location of Arrest (Including Name of Business)					Location of Offense (Including Name of Business)						
Date of Arrest <b>12/15/2020</b>		Time of Arrest <b>2242</b>		Booking Date		Booking Time		Jail Date			
Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date			
Name (Last, First, Middle) <b>MCCULLOUGH CRYSTAL A</b>					Alias (Name, DOB, Soc. Sec #, Etc.)						
Race W <input checked="" type="checkbox"/> White B <input type="checkbox"/> Black O <input type="checkbox"/> Oriental/Asian		Sex <b>F</b>		Date of Birth <b>8/15/1987</b>		Height <b>5-0</b>		Weight <b>95</b>			
Eye Color <b>BROWN</b>		Hair Color <b>BLONDE</b>		Complexion <b>MEDIUM</b>		Build <b>MEDIUM</b>					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>STAYFISH ON LEFT FOOT, HEART ON RIGHT PELVIS, SCAR ON RIGHT KNEE</b>					Marital Status <b>MARRIED</b>		Religion <b>CHRISTIAN</b>		Indication of Alcohol/Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Link <input type="checkbox"/>		
Local Address (Street, Apt. Number)			City		State <b>FL</b>		Zip		Phone <b>561-670-1737</b>		
Permanent Address (Street, Apt. Number)			City		State		Zip		Phone		
Business Address (Street, Apt. Number)			City		State		Zip		Phone		
D/L Number, State <b>M242101877950</b>		Social Security Number		INS Number <b>/</b>		Place of Birth <b>STANFORD, FL</b>		Citizenship <b>USA</b>			
Co-Defendant Name (Last, First, Middle)					Race		Sex		Date of Birth		
Co-Defendant Name (Last, First, Middle)					Race		Sex		Date of Birth		
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other		Name (Last, First, Middle)					City		State		
Address (Street, Apt. No.)		City					State		Zip		
Notified By (Name)		Date		Time		Juvenile Disposition 1. Handed Processed within Dept. and Released 2. TOT HRS/DYS 3. Incarcerated					
Released To (Name)		Relationship		Date		Time		Grade			
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 561-355-2525) informed of any address change. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)					School Attended		Grade		Value of Property		
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property									
Drug Activity S. Sell N. N.A. P. Possess		R. Smuggle B. Buy T. Traffic		K. Dispense D. Distribute E. Use		M. Manufacture P. Produce C. Cultivate		Z. Other		Drug Type N. N.A. A. Amphetamine B. Barbiturate C. Cocaine E. Heroin	
Charge Description <b>DOMESTIC BATTERY</b>		Counts <b>1</b>		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>784.03(1)(a)(1)</b>		Violation or ORD #		Bond <b>NONE</b>	
Drug Activity		Drug Type		Amount/Unit		Offense # <b>20-137215</b>		Warrant/Capias Number		Bond	
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation or ORD #		Bond	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond	
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation or ORD #		Bond	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond	
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation or ORD #		Bond	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond	
Location (Court, Address, Room Number)										9	
Court Date and Time										9:00 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.										000	
Signature of Defendant (or Juvenile and Parent/Custodian)					Date Signed			Name Verification (Printed by Arrestee)			
HOI D for Other Agency					Signature of Arresting Officer			Name Verification (Printed by Arrestee)			
Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal					Name of Arresting Officer <b>D/S ANDERSON</b>			PR NT: <b>24100</b>			
Intake Deputy <b>D/S THOMPSON</b>					Transporting Officer <b>D/S Anderson</b>			Agency <b>PBSO</b>			
Pouch #					ID # <b>24100</b>			Witness here if subject signed with an "X"			
										Page <b>1 of 1</b>	

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>			1. Arrest	3. Request For Warrant	<input type="checkbox"/>	Juvenile	<input type="checkbox"/>
Agency ORI Number <b>FLO 5 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERRIF'S OFFICE</b>			Agency Report Number <b>06</b>		<b>20-137215</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		Special Notes					
Defendant Name (Last, First, Middle) <b>MCCULLOUGH CRYSTAL</b>				Race <b>A</b>	Sex <b>W</b>	Date of Birth <b>F 8/15/1987</b>			
Charge <b>DOMESTIC BATTERY</b>				Charge					
Victim Name (Last, First, Middle) <b>MCCULLOUGH BRANDON</b>				Race <b>L</b>	Sex <b>W</b>	Date of Birth <b>M 1/12/1987</b>			
Local Address (Street, Apt. Number)		City	State <b>FL</b>	Zip	Phone	Address Source			
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation			
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 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>15TH</b> day of <b>DECEMBER</b> 20 <b>20</b> at <b>2242</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM									

On 12/15/2020 at approximately 2211 hours I responded to [REDACTED] for a domestic battery.

On arrival I made contact with the victim, Brandon McCullough, who stated that his wife, Crystal McCullough, had shoved him and scratched his back. He explained that Crystal had been at a work party and returned home. He explained that when she arrived she appeared to be intoxicated and was upset and began to scream at him. He explained that he attempted to defuse the situation by leaving the room. He stated that when he turned around to walk away she charged at him and pushed him into the fireplace, scratching his back in the process. Brandon showed me his back, which had two large scratch marks on his back.

I then spoke to Crystal, who stated that she came home from a company holiday party, due to Brandon accusing her of cheating on him. Crystal stated that she went into a different room to get away from Brandon, who continued to yell at her through the door. She explained that Brandon then stated the was calling Law Enforcement.

At this time due to my above investigation I find that Crystal McCullough committed domestic battery per FSS 784.03(1)(a)(1) by actually and intentionally pushing and scratching Bandon McCullough against his will.

The foregoing instrument was sworn to and affirmed before me this <u>15th</u> day of <u>DECEMBER</u> 20 <u>20</u> , by:	
<u>Kellerman 18331</u> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>D/S ANDERSON 24100</u> Name of Arresting/Investigating Officer
<u>[Signature]</u> Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>[Signature]</u> Signature of Arresting/Investigating Officer
Page <u>1</u> of <u>1</u>	

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

Defendant: MCCULLOUGH CRYSTAL A DOB: 8/15/1987 Case #: 20-137215  
 Victim: MCCULLOUGH BRANDON L DOB: 1/12/1987 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: \_\_\_\_\_

Victim Pregnant:  Yes  No If yes, \_\_\_\_\_ Weeks \_\_\_\_\_ Months

Injuries:  Yes  No Description: SCRATCHES ON BACK

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: GAVIN TURNER DOB 9/12/2007

Name: ARIELLA MCCULLOUGH DOB 9/4/2013

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 WENT INTO THE OTHER ROOM, I DIDNT DO ANYTHING.

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

First words Victim said when you responded to scene: MY WIFE PUSHED ME INTO THE FIRE PLACE.

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

Yes  No If yes, name: DIANE REYNOLDS phone 561-722-4425

Observations of Victim (Physical & Emotional): \_\_\_\_\_

Upset  Crying  Fearful  Hysterical  Afraid  Calm  Nervous

Complained of pain  Other \_\_\_\_\_

Victim contact information:

Local Address: \_\_\_\_\_ FL \_\_\_\_\_

Phone: Home: \_\_\_\_\_ 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 #: 20-137215 Agency: Palm Beach County Sheriff's Office  
Offense: DOMESTIC BATTERY  
Suspect/Offender: MCCULLOUGH CRYSTAL A  
DOB: 8/15/1987 Race: W Sex: F

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

3.a. Victim's Name: MCCULLOUGH BRANDON L DOB: 1/12/1987 Race: W Sex: M  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: FL Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ 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: 12/15/2020

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**  
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 checked="" type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	1-5
	<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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2020029346	Date: 12/16/2020
	Specialist Name/ID: T Howard/7185