0528943 aamm604 MB

	Carolina (Colona (Coper)						N				
y.	gency ORI Number Agency Name Agency Name Agency Name Agency Name Agency Report Number: 06- 22-028113										
LOMINISTRATIVE		ChargeType: 1. Felony 3. Misdemeanor 5. Ordinance Weapon Seized / Type Check as many 5. Ordinance N 1. Yes 2						Multiple Clearance Indicator	• (01	
Z	Location of Arrest (Including Name of Business) 142 ELYSIUM DR	Roval Palm Beach, FI	33411		of Offense (E	Business Nar EST	ne, Address)				
₹	Date of Arrest	Booking Date Booking	Time J	ail Date	Jail	Time	Location of Vehicle	1			
	Mccomb Daniel	(First)	, John	(Middle)	Ali	ias (Name, E	OOB, Soc. Sec. #, E	tc.)			
	Race W - White I - American Indian B - Black 0- Oriental/Asian W M	te of Birth 09/27/1963	Height 5'		Weight 205	Eye C BRO			olexion D	Build MED	
	Scars, Marks, Tatoos, Unique Physical Features (Location NO	n, Type, Description)			Marita S	1 Status	Religion CATHOLIC	Indication of: Alcohol Influer Drug Influence		Z []	Unk.
DANT	Local Address (Street, Apt. Number) 142 ELYSIUM DR	(City) (S ROYAL PALM BCH	iate) I, FL,	(Zip) 33411		hone 415-215-1	1431	Residence Type 1. City 2. County	3. Fland 4. Out of	a State	1
DEFENDANT	Permanent Address (Street, Apt. Number)	(City) (S	itate)	(Žip)	٩	hone Address Source VERBAL			,		
	Business Address (Name, Street) (City) (State) (Zip) Phone Occupation REAL ESTA							FATE			
	D/L Number, State M03099546, NY	oc. Sec. Number		INS N	umber			irth (City, State) ND, CA		Citizenship US)
DEF	Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Bir	יטן	. Arrested . At Large	3. Fe	elony isdemeanor wenile	
ន	Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Bir	10.	. Arrested . At Large	☐ 3. Fe	olony isdemeanor	
Γ	Parent Legal Other:	(L261)			(FBS		(Middle) R	ssidence P		
	Other: Address (Street, Apt. Number) (City) (State) (Zip) Busin							isiness Pho	one		
MILE	Notified by: (Name)		Date	Tim	10	Juvenile Di 1. Handled Dept. an	sposition / processed within d Released.	2. TOT HRS 3. Incarcers	/ DYS		ī
UVEN	Released To: (Name)		Relationship					Date		Time	
	The above address provided bydefendant and / or defendant's parents The child and / or parent was told						Grade				
	Property Crime? Description of Property Yes No	No: (Reason)			····	Value of I	Property			.1	
CODE	Drug Activity S. Sell R. Smuggle K. D. N. N/A B. Buy D. Deliver D. P. Possess T. Traffic E. Use	ispense/ M. Manufacture/ istribute Produce/ Cultivate	2. Other	Drug Type N. N/A A. Amphe	tamine	B. Barbiturat C. Cocaine E. Heroin	e H. Hallucine M. Marijuar O. Opium/D	ma Ed	raphemalia tuipment nttjetics	U. Unkr Z. Othe	
Г	Charge Description	N Decime IV	Jomestic /iolence ∃Y □ N	Statute V	iolation Num		03(1a1)		Viola	tion of ORD	*
CHARGE	Drug Activity Drug Type Amount / Unit	Offense # 22-028113		Warrant I	Capias Nurr	nber			Bond		
, j	Charge Description		Domestic Violence Y N	Statute V	iolation Num	nber	<u>-</u>		Viole	ation of ORD	*
CHARG	Drug Activity Drug Type Amount / Unit	Offense #	<u> </u>	Warrant /	Caples Nun	nber			1993	_ 44.××+	٠,
3	Charge Description	1	Domestic Violence	Statute V	iolation Num	nber		891	Viola	tion of ORD	
CHARGE	Drug Activity Drug Type Amount I Unit	Offense #		Warrant /	Capias Num	nber			Bond		
CHARGE	Charge Description	1	Domestic Violence ☐ Y ☐ N		olation Num			Giga	Viol	stion of QR	3
CHA	Drug Activity Drug Type Amount / Unit	Offense #		Warrant	Capias Nur	mber		31	Bood	िस्सार्थ	Ţ
AR	Location (Court, Room Number, Address)							2141111 	37		
APPEAR	Court Date and Time Month Day	Year		Time			АМ 🗍	P	м		
TICE TO	AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD 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 SHOULD BE ADMINISTRATED FOR MY ARREST FOR MY ARREST SHOULD BE ADMINISTRATED FOR MY ARREST FOR MY ARREST SHOULD BE ADMINISTRATED FOR MY ARREST FOR							JLD I WILLF HALL BE IS	SUED		
Ž	Signature of Defendant (or Juvenile and Parent /Custodian) Date Signed										
r	HOLD for other Agency Name: Signature of Arresting Officer					Name Veri	fication (Printed by	Arrestee)			
ADMIN	Dangerous Resisted Arrest	Arresting Officer (Print)		789.	<u>ر</u>	(PRINT)					
P	Inteke Deputy	Z. CORTEZ Transporting Officer	ID#	7895	Agency PBSO	1001	ve lá autilia a a la com	d with an Y"		PAGE 1 OF 1	
L	Knisht T. 9383 17850	M MUNOZ ML	1874	,	LRZO	vvitness he	ere if subject signe	d with an -X"		L	

Γ	OBTS Number	PROBABLE CAUSE AFFIDAVIT		1. Arrest 3. Request for Warrant Juvenile N				N		
NIMO	Agency ORI Number Agency Name FLO 5 0 0 0 0 0 PALM BE	ACH COUNTY SHERIFF'S OFF		gency Report Number	6- 22	-0281	13			
ľ	Charge Type: 1. Felony X	3. Misdemeanor 5. Ordinanc 5. Traffic Misdemeanor 6. Other	,	Special Notes:		-				
DEF	Name (Lest, First, Middle) Mccomb Daniel	John	Afias		Race W	Sex M	Date o 09/27	/ Birth /1963		
CHARGES	Simple Battery (domestic)	784.03(1a1)								
R										
	Victim's Name (Last, First, Middle) Elston Gail	Patr	ice		Race W	Sex F		Birth /1956	_	
CTIM	Local Address (Street, Apt. Number) 142 ELYSIUM DR	(City) (State) ROYAL PALM BEACH FL	(zip) 33411	Phone 646-584-3987		VER	Source BAL			
Business Address (Name, Street) (City) (State) (zip) Phone						Occupe	ttion			
Γ	The undersigned certifies and swears that he/she has just a The Person taken into custody	and reasonable grounds to believe, and does belie was observed		bove named Defendant	who		wing viola	tion of la	IW.	
١	☐ committed the below acts in my presence. ☐ confessed to	that he/she sa	w the arre	sted person commit to	the belo	w acts.	w (descr	had) is	wastionti	
	admitting to the below facts. On the 22 day of JANUARY	_		Specifically include fa					-	<i>0</i> 11.
	THE FOLLOWING INCIDE									м
	BEACH WITHIN THE CONFI									
	DR.									
	DURING MY INVESTIGAT	ION, IT WAS LEARNED	ГНАТ	THE VICTI	M, G	AIL	ELST	ON	AND	
	THE DEFENDANT, DANIEL N	ACCOMB, HAVE BEEN II	N A RI	ELATIONSH	IP F	OR 2	6 YE	ARS	AND	
	HAVE TWO ADULT KIDS IN GARAGE AND HIT A STORA							1		HE
	UPSET AND WAS ASKING GA	AIL FOR HIS KEYS. GAII	REF	USED TO GI	VE F	IIM '	THE	KEY	S AN	
	THAT IS WHEN DANIEL PUT									R
MENT	TO GIVE HIM THE KEYS. DANIEL THEN RELEASED HIS HANDS FROM HER NECK AND WALKED AWAY. GAIL SAID SHE WAS STILL ABLE TO BREATHE AND HER AIRWAY WAS									
STATEME	NEVER OBSTRUCTED. GAIL	DID HAVE VISIBLE INJ	URIES	S AROUND H	IER I	NEC:	К.			
BASED ON MY INVESTIGATION, SWORN STATEMENT AND PHYSICAL INJURIES, I I				, I F	IND					
LECA	PROBABLE CAUSE EXISTS T	O ARREST DANIEL MC	COME	FOR SIMPI	LE B	ATT	ERY	PUR	SUAN	T
TO FSS 784.03(1)(A)(1).					l					
IE.	Y									
	4									
								l		
	\									
	STATE OF FLORIDA COUNTY OF PALM BEACH Z. CORTEZ	(ID#) 7895						ı		
ΛĒ	(Signature of Arresting/Investigative Officer)			22	7.0	ODTE	7	I	7895	
ADMINISTRATIVE	The foregoing instrument was sworn to or affirmed and subscrib (Print name of Arresting/Investigative Officer), who is personally			20 22 to produced KNOWN	•		EPUTY	SHE		
MINIS		MUNUS 18726	-commutation	- F-444444				[PAGI	
12	Notary Public, Clerk of Court, Officer (F. 975, 117.10)					_			1 _{OF} 1	

COURT CASE/WARRANT#

Pink/Central Records

Yellow/Warrants Section

VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER: Mccomb This form must be completed when one of the following crime(s) has been committed: - Sexual Offense (Ch. 794) . **Homicide** (Ch. 782) - Attempted Sexual Offense - 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.) Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet. PBSO Incident Report #: 22-028113 Agency: 1. Offense: Simple Battery (domestic) (Middle) John Suspect/Offender: Name (Last) Mccomb (First) Daniel (FOR WARRANTS USE ONLY) 09/27/1963 Sex: Race: D.O.B. __ 2. Warrant # (s): \bot Name (Last, First) D.O.B. 11/27/1956 Race: W Sex: F 3.a. Victim's name: Elston Gail Address: 142 ELYSIUM DR ROYAL PALM BEACH FL 33411 City: Home #: _646-584-3987 b. Victim's next of kin, friend or neighbor: (Last) Address: City: Home #: 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) I choose not to be notified when the arrestee is released from custody. Waiver: 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: Name (Last, First) Printed name of person waiving notification: Elston Gail Date: 01/22/22 Deputy's Name: Z. CORTEZ I.D.# 7895

White/Corrections or State Attorney (Warrant Application)

PBSO 00029A REV. 4199

Palm Beach County Sheriff's Office DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Name (Last, First, Midd					
Suspect: Mccomb	Daniel	John	DOB: 09/27/1963	Case #: 22.	-028113
Name (Last, First) Victim: Elston	Gail	DOB:	11/27/1956	Race: W	Sex: F
Relationship between	Victim and Defenda	int:			4
Photographs: Scene 911 Call:	× Yes No × Yes No Caller	Victim × Yes	No Def	endant Yes >	No
Weapon Used:	Yes × No Type:				
Witness:	Yes × No Name:	(Last)	(First)	(Mide	le)
Victim Pregnant:	Yes × No If yes,	weeks	months		
_	Yes No Descri				÷
Medical Treatment:					
	Yes × No Param	edics:			
	Yes × No Hospit		Doc	tor:	
Are Children Living	in Home? Yes		DCF Notif		×No
Name:				DOB:	
Name:				DOB: DOB:	
Name:	*/ N	0 4	<u> </u>	ров.	
	Yes × No	Case #:			
No Contact Order		Case #:			
Alcohol or Drugs		nown			
•	nestic/Dating Violenc				
Defendant's Stateme		•	ten recorded	≚oral	
First words Defendar	nt said when you resp	onded to scer	ne:		
Victim's Statements	Yes No	If yes, write	ten recorded	oral	
First words Victim s	aid when you respond	ded to scene:_			
Did the Victim conta		police within	an hour of the inci		the incident?
Yes × NoIf yes, nan Observations of Vict		tional)		phone:	
	•		A fraid	Calm	Nervous
≚ Upset × Cryi	O .	Hysterical	Afraid	Caim	Mervous
Complained of pair			(C-1)		
Victim Contact Infor Local Address:		VSIIIM DD DOV	(first) Gail /AL PALM BEACH FL	33411	· · ·
Phone: 646-584-3987	142 EI	JISIUM DK, KOI	AL TALM BEACH TE	33411	
Employer: (Name)	<u>, i , i , i , i , i , i , i , i , i , i</u>		(Employer Address)		
		······································		-	
Name of Relative: (Las	n)	(First)	Pho	one:	
Address:					



Palm Beach County Sheriff's Office - Arrests Only

	х	Florida State Statute	Description	Page Number(s)
tions		119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
		943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
L/E Exemptions		119.071(4)(c)	Undercover personnel.	
L/E E		119.071(2)(f)	Confidential informants (CIs).	
		119.071(2)(e)	Confession.	
suc		985.04(1)	Juvenile offender records.	
Public Info. Exemptions		119.071(h)(i)	Assets of a crime victim.	
fo. Exe		395.3025(7)(a), 456.057(7)(a)	Medical information.	
blic In		394.4615(7)	Mental health information.	
Ьu		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.	
	×	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
		(viii) 394.4615(7)	Clinical records under the Baker Act.	
of 23)		(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
Rule		(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)				
l Administi				
es of Judicia				
Florida Rule				
je.			Other:	
Other		>	Other:	

REVIEW COMPLETED BY

Booking Number: 2022002054 WDC	Date: 1/23/2022		
BOOKING Number: 2022002034 WDC	Specialist Name/ID: S.Evans/23872		