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OBTS Number		ARREST/NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number : 06- 22-028113							
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		Weapon Seized / Type N 1. Yes 2. No		Multiple Clearance Indicator		01	
Location of Arrest (Including Name of Business) 142 ELYSIUM DR						Location of Offense (Business Name, Address) ROYAL PALM BCH, FL 33411 SAME AS ARREST							
Date of Arrest 01/22/22		Time of Arrest 1639		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle	
Name (Last) McComb , (First) Daniel , (Middle) John Alias (Name, DOB, Soc. Sec. #, Etc.)													
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex M		Date of Birth 09/27/1963		Height 5'11		Weight 205		Eye Color BRO		Hair Color GRAY	
Complexion MED		Build MED		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE		Mental Status S		Religion CATHOLIC		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) 142 ELYSIUM DR				(City) ROYAL PALM BCH, FL		(State) FL		(Zip) 33411		Phone 415-215-1431		Residence Type: 1. City 2. County 3. Florida 4. Out of State	
Permanent Address (Street, Apt. Number)				(City)		(State)		(Zip)		Phone		Address Source VERBAL	
Business Address (Name, Street)				(City)		(State)		(Zip)		Phone		Occupation REAL ESTATE	
D/L Number, State M03099546, NY				Soc. Sec. Number		INS Number		Place of Birth (City, State) OAKLAND, CA		Citizenship US			
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"/> 5. Juvenile	
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"/> 5. Juvenile	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal <input type="checkbox"/> Other				(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 HRS / DYS 3. Incarcerated					
Released To: (Name)				Relationship		Date		Time					
The above address 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 (Phone 355-2526) informed of any change of address. <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 O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other							
Charge Description Simple Battery (domestic)				Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03(1a)		Violation of ORD #			
Drug Activity N		Drug Type N		Amount / Unit 0		Offense # 22-028113		Warrant / Capias Number		Bond			
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
Location (Court, Room Number, Address)													
Court Date and Time Month 01 Day 22 Year 2022 Time AM <input type="checkbox"/> PM <input type="checkbox"/>													
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 01/22/22													
Signature of Defendant (or Juvenile and Parent /Custodian) _____ Date Signed _____													
HOLD for other Agency Name:				Signature of Arresting Officer Z. CORTEZ				Name Verification (Printed by Arrestee) Z. CORTEZ					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				Resisted Arrest Other:				(PRINT) Z. CORTEZ					
Intake Deputy Knight, T. 9383				I.D. # 2850 Pouch # 2850				Transporting Officer Z. CORTEZ ID # 7895 Agency PBSO					
DISTRIBUTION: WHITE - COURT COPY				GREEN - STATE ATTORNEY				YELLOW - AGENCY					
PINK - AGENCY				GOLD - DEFENDANT (N.T.A.'s ONLY)				PAGE 1 OF 1					

VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER:

Mccomb

Daniel

John

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#

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

- Homicide (Ch. 782)
- Attempted Murder
- Stalking (F.S. 784.048)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense

- 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 #: 22-028113 Agency: PBSO
Offense: Simple Battery (domestic)
Suspect/Offender: Name (Last) Mccomb (First) Daniel (Middle) John
D.O.B. 09/27/1963 Race: W Sex: M

2. Warrant # (s): _____

3.a. Victim's name: Name (Last, First) Elston Gail D.O.B. 11/27/1956 Race: W Sex: F
Address: 142 ELYSIUM DR
City: ROYAL PALM BEACH FL 33411
Home #: 646-584-3987

b. Victim's next of kin, friend or neighbor: Name (Last, First) _____
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)

☐ **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: Name (Last, First) Elston Gail

Deputy's Name: Z. CORTEZ I.D.# 7895 Date: 01/22/22

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

Name (Last, First, Middle)
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 Defendant: _____

Photographs: Scene ☒ Yes ☐ No **Victim** ☒ Yes ☐ No **Defendant** ☐ Yes ☒ No

911 Call: ☒ Yes ☐ No **Caller:** GAIL

Weapon Used: ☐ Yes ☒ No **Type:** _____

Witness: ☐ Yes ☒ No **Name:** (Last) _____ (First) _____ (Middle) _____

Victim Pregnant: ☐ Yes ☒ No **If yes,** _____ weeks _____ months

Injuries: ☐ Yes ☐ No **Description:** REDNESS AROUND NECK

Medical Treatment: ☐ Yes ☒ No

At Scene: ☐ Yes ☒ No **Paramedics:** _____

At Hospital: ☐ Yes ☒ No **Hospital:** _____ **Doctor:** _____

Are Children Living in 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: _____

Victim's Statements ☐ Yes ☐ No **If yes, written** ☐ recorded ☐ oral

First words Victim said when you responded to scene: _____

Did the Victim contact anyone other than 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: (Last) Elston (first) Gail

Local Address: 142 ELYSIUM DR, ROYAL PALM BEACH FL 33411

Phone: 646-584-3987

Employer: (Name) _____ (Employer Address) _____

Name of Relative: (Last) _____ (First) _____ **Phone:** _____

Address: _____



**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: 2022002054 WDC	Date: 1/23/2022
	Specialist Name/ID: S.Evans/23872