



50-2021-MM-006339-AMB

1089

0525523

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-21100668					
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		Weapon Seized / Type 0 1. Yes 2. No 2	
Location of Arrest (Including Name of Business) 1791 Juno Rd Apt. #9 Juno Beach FL, 33408		Location of Offense (Business Name, Address) 1791 Juno Rd Juno Apt. # 9 Beach FL, 33408		Multiple Clearance Indicator		1			
Date of Arrest 08/28/2021	Time of Arrest 0138	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle N/A			
Name (Last, First, Middle) Reed, Erin		Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex W F	Date of Birth 05/19/1990	Height 5'03	Weight 205	Eye Color Brown	Hair Color Brown	Complexion Large	Build Large	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Tattoo on right shoulder and right wrist		Marital Status Single		Religion None		Indication of: Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/>			
Local Address (Street, Apt. Number) 1791 Juno Rd Apt. #9 Juno Beach FL, 33408		Phone (561) 4209884		Residence Type: 1. City 2. County 3. Florida 4. Out of State		2			
Permanent Address (Street, Apt. Number) 1791 Juno Rd Apt. #9 Juno Beach FL, 33408		Phone ()		Address Source Verbal					
Business Address (Name, Street) ()		Phone ()		Occupation					
D/L Number, State R300214906790		Soc. Sec. Number ()		INS Number		Place of Birth (City, State) Riviera Beach FL		Citizenship US	
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	1. Arrested <input checked="" type="checkbox"/> 2. At Large <input type="checkbox"/>		3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>		
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	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 Legal Custodian <input type="checkbox"/> Other: <input type="checkbox"/>		Name (Last) (First) (Middle)		Residence Phone ()		Business Phone ()			
Address (Street, Apt. Number) ()		(City) (State) (Zip)		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 S. Sell P. Possess		S. Sell 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 Domestic Battery		Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1)(a)(1)		Violation of ORD #			
Drug Activity N	Drug Type N	Amount / Unit	Offense # 21100668	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 Day Year Time AM PM									
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)		Date Signed 08/28/2021							
HOLD for other Agency Name:		Signature of Arresting Officer D/S Mendez		Name Verification (Printed by Arrestee) (PRINT)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) D/S Mendez		I.D. # 27513					

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N	
ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 21100668						
	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:		
DEF	Name (Last, First, Middle) Reed, Erin				Alias		Race W	Sex F	Date of Birth 05/19/1990		
	Charge Description Domestic Battery				784.03(1)(a)(1)		Charge Description				
CHARGES	Charge Description				Charge Description						
	Charge Description				Charge Description						
VICTIM	Victim's Name (Last, First, Middle) Fenley, Arthur				Race W		Sex M	Date of Birth 03/07/1991			
	Local Address (Street, Apt. Number) 303 RIVERSIDE DR				(City) PALM BEACH GARDENS	(State) FL	(zip) 33410	Phone (561) 6336196		Address Source Verbal	
	Business Address (Name, Street)				(City)	(State)	(zip)	Phone		Occupation	
The undersigned certifies and 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 _____ <input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. On the 28th day of August 20 21 at 0116 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)											
<p>On Saturday August 28th 2021, I was dispatched to 1791 Juno Rd. Juno Beach Florida, 33408 in reference to a domestic.</p> <p>Upon arrival, I met with with Arthur Fenley. Arthur said the following, he was at the residence with his girlfriend named Erin Reed. Arthur said he and Erin have been in a relationship on and off for many years. Today Erin began to argue with Arthur because of jealousy. As Erin began to yell at Arthur, he got close to Erin and told her stop yelling. At that time Erin struck Arthur in the facial area. Arthur said he attempted to create distance between himself and Erin. Erin then struck Arthur again in the facial area again. Arthur then came to the parking lot of the residence to wait for deputies. I checked Arthur for any visible injuries and he had some swelling and redness to his left side of the face and forehead.</p> <p>I then made contact with Erin Reed. Erin said the following, she was hanging out with an old friend today. Later Arthur questioned her about her and the male friend she was hanging out with. Erin said Arthur got jealous and began to argue with her. At that time Erin said Arthur pushed her into the wall and she then hit him in the facial area to created distance. Arthur then pushed Erin again into the wall and she punched Arthur again in the facial area. Erin said Arthur started throwing items in the residence on the floor. I looked inside the residence and there is damage to the wall. I checked Erin for any visible injuries however she did not have any. I checked Erin's back where she said she got pushed into the wall and there was no redness or injuries.</p> <p>I asked Arthur if he would write a PBSO Sworn Written Statement and he refused. Arthur also refused to take pictures of his injuries. A PBSO Victims Brochure was given to Arthur.</p> <p>Due to the above, I find probable cause to arrest Erin Reed W/F DOB05/19/1990 for Battery F.S.S. 784.03 (1)(a)(1)</p>											
ISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH  (Signature of Arresting/Investigative Officer)										
	The foregoing instrument was sworn to or affirmed and subscribed before me this 28th day of August 20 21 by D/S Mendez (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced LEO										
											

VICTIM NOTIFICATION FORM

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

- **Homicide** (Ch. 782)
- **Sexual Offense** (Ch. 794)
- **Attempted Murder**
- **Attempted Sexual Offense**
- **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.**

1. Incident Report #: 21100668 Agency: PBSO
Offense: Domestic Battery
Suspect/Offender: Reed, Erin
D.O.B. 05/19/1990 Race: W Sex: F

2. Warrant # (s): _____

3.a. Victim's name: Fenley, Arthur D.O.B. 03/07/1991 Race: W Sex: M
Address: 303 Riverside Dr.
City: Palm Beach Gardens State: FLORIDA Zip: 33410
Home #- 561 6336196 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 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: _____

SUSPECT/OFFENDER: _____

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT# _____

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

Suspect: Reed, Erin **DOB:** 05 / 19 / 1990 **Case #:** 21100668

Victim: Fenley, Arthur **DOB:** 03 / 07 / 1990 **Race:** W **Sex:** M

Relationship between Victim and Defendant: Boyfriend and Girlfriend

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

911 Call: ☒ Yes ☐ No **Caller:** Erin Reed

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

Witness: ☐ Yes ☒ No **Name:** _____

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

Injuries: ☒ Yes ☐ No **Description:** Swelling and redness to victims face and forehead

Medical Treatment: ☐ Yes ☒ No

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

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

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:

Local Address: 303 RIVERSIDE DR PALM BEACH GARDENS FL 33410

Phone: **Home** (____) ____ - ____ **Work** (____) ____ - ____ **Cell** (____) ____ - ____

Employer: _____

Name of Relative: _____ **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: 2021021447	Date: 8/29/2021
	Specialist Name/ID: M. Tooks #8557