


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	Agency Name	Agency Report Number						
	FLO 50000	PALM BEACH COUNTY SHERIFF'S OFFICE	06-20-108128						
CHARGES	Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:			
			<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other				
DEF	Name (Last, First, Middle)		Alias	Race	Sex	Date of Birth			
	WININGER, GEORGE, J			W	M	03/10/1983			
VICTIM	Charge Description		Charge Description						
	Simple Battery / intentional harm		784.01(1A)(2)						
VICTIM	Victim's Name (Last, First, Middle)		Race	Sex	Date of Birth				
	Turitto, Bryanna,		W	F	09/18/1996				
	Local Address (Street, Apt. Number)		(City)	(State)	(zip)	Phone	Address Source		
	7839 Woodview Terr #3, Hobe Sound FL 33455					(631) 888-4904			
Business Address (Name, Street)		(City)	(State)	(zip)	Phone	Occupation			
					()				
<p>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</p> <p><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.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>17</u> day of <u>September</u> 20<u>2020</u> at <u>8:17</u> <input type="checkbox"/> A. M. <input checked="" type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)</p>									
<p>On Thursday, September 17, 2020 at 2017 hours I was dispatched to 57 Atwell Drive West Palm Beach FL 33411 located within Palm Beach County in reference to a Domestic Dispute. Dispatch advised that the caller had relocated to the corner of Atwell Drive and Pioneer Rd. Units made contact with the victim identified as Bryanna Turitto. Turitto had visible injuries to her right hand, right arm, left side of her face and the back of head. Turitto was transported to Wellington Regional Medical Center for her injuries.</p> <p>I responded to Wellington Regional Medical Center where I made contact with Turitto who gave a written sworn statement. In the statement Turitto stated that her and George Winger her boyfriend of 3 years (suspect) got into a verbal argument over relationship issues, Turitto and Winger went to Chillis to have dinner and talk about the issues. Turitto decided after dinner that she no longer wanted to be in a relationship with Winger. Turitto and Winger went to Winger's residence so Turitto could retrieve her belongings. Turitto stated that she asked Winger for her FLDL which was located in his truck. Turitto stated that Winger refused to give her back the DL. Turitto stated that a verbal argument began at this time. Winger got into his truck and closed the door, Turitto opened the drivers side door of the vehicle and Winger slammed the door shut on Turitto's right hand and wrist. Turitto stated that Winger got out of his truck, placed both hands on her upper chest/neck and pushed her to the ground. Turitto stated that she hit her head on the concrete, causing her to be rendered unconscious. Turitto stated that she stood up and Winger approached her again, so she hit him in the face with a closed fist. Turitto stated that she was in fear for her life and hit him in an attempt to get away. Turitto stated Winger then hit her in the face and head several times with an open hand. Turitto stated that Winger got into his truck and drove away. At which time she called her brother who told her to call 911.</p>									
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		D/S M. Singer						
	(Signature of Arresting/Investigative Officer)								
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>18</u> day of <u>September</u> 20 <u>20</u> by _____		Personally Known						
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced		V. Ebel #29608						
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)									
								PAGE <u>1</u> OF <u>2</u>	

ADMIN	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06-20-108128
	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input checked="" 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		Special Notes:
DEF	Name (Last, First, Middle) WININGER, GEORGE, J		Alias
CHARGES	Charge Description Simple Battery / intentional harm	784.04(1A)(2)	Charge Description
	Charge Description		Charge Description
VICTIM	Victim's Name (Last, First, Middle) Turitto, Bryanna,		Race W
	Local Address (Street, Apt. Number) 7839 Woodview Terr #3, Hobe Sound FL 33455		Sex F
	Business Address (Name, Street)		Date of Birth 09/18/1996
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 <u>17</u> day of <u>September</u> 20 <u>2020</u> at <u>8:17</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)			
<p>I made contact with Winger via phone and asked him to meet me so I get his side of the story. Winger told me he would not meet with me because he knew he was going to get arrested. Winger hung up the phone.</p> <p>Units responded to Winger's residence and attempted to make contact at the front door with negative results. While leaving the area, Units saw Winger's vehicle entering the neighborhood and stopped the vehicle. Winger was asked to give his side of the story. Winger stated that he was in a verbal altercation with Turitto over relationship issues. Winger stated that they both meet a Chili's to talk about the issues and at the conclusion Turitto decided that she did not want to be in the relationship and wanted her dog from his home. Winger stated that Turitto became angry and punched him in the face. Winger stated that he tried to get into his vehicle and drive away but Turitto pulled his door open. Winger stated that Turitto was hitting him and his vehicle, he grabbed onto her arms to get her to stopped and there was a struggle, her shirt was ripped as he got into the truck. Winger then drove to a friends house.</p> <p>Winger's story was incomplete and not consistent with Turitto's injuries.</p> <p>Turitto's injuries were consistent with her account of the incident. At this time, I was able to establish probable cause for the arrest of Winger for the charge of simple battery with intentional harm pursuant to FSS 784.04(1A)(2). Winger was placed under arrest and transported to county jail where he was turned over to the custody of PBSO booking deputies.</p>			
STATE OF FLORIDA COUNTY OF PALM BEACH  D/S M. Singer (Signature of Arresting/Investigative Officer)			
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>18</u> day of <u>September</u> 20 <u>20</u> by <u>D/S M. Singer</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>Personally Known</u> <u>V. Ebel #29608</u> Notary Public, Clerk of Court, Officer (F.S.S. 117.10)			

PROBABLE CAUSE STATEMENT

ADMINISTRATIVE

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

Suspect: WININGER, GEORGE, J DOB: 03/10/1983 Case #: 20-108128

Victim: Turitto, Bryanna, DOB: 09/18/1996 Race: W Sex: F

Relationship between Victim and Defendant: _____

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: Turitto, Bryanna,

Weapon Used: Yes No Type: _____

Witness: Yes No Name: _____

Victim Pregnant: Yes No If yes, _____ weeks _____ months

Injuries: Yes No Description: See report

Medical Treatment: Yes No

 At Scene: Yes No Paramedics: _____

 At Hospital: Yes No Hospital: Wellington Regional Medical Center 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: 7839 Woodview Terr #3, Hobe Sound FL 33455

Phone: Home (631) 888-4904 Work () _____ - _____ Cell () _____ - _____

Employer: _____

Name of Relative: _____ Phone () _____ - _____

Address: _____

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 #: 20-108128 Agency: _____
Offense: Simple Battery / intentional harm
Suspect/Offender: WININGER, GEORGE, J
D.O.B. 03/10/1983 Race: W Sex: M

2. Warrant # (s): _____

3.a. Victim's name: Turitto, Bryanna, D.O.B. 09/18/1996 Race: W Sex: F
Address: 7839 Woodview Terr #3
City: Hobe Sound FL 33455
Home #- (631) 888-4904 Work #: 0 Other: _____

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____
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: _____

Printed name of person waiving notification: Turitto, Bryanna,

Deputy's Name: _____ I.D.# 36149 Date: 09/17/2020

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records
PBSO 00029A REV. 4199

SUSPECT/OFFENDER:

WININGER, GEORGE, J

(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"/>	(ii) 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: 2020022053	Date: 09/18/2020
	Specialist Name/ID: T Howard/7185