

0374066

21CF6830AMB

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Copies		1 Juvenile N	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 21-096982			
Charge Type: <input checked="" type="checkbox"/> 1. Felony <input 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		If Weapon Seized		Entry Type		Multiple Charge Indicator 0 1	
Location of Arrest (Including Name of Business)		Location of Offense (Including Name of Business)					
Date of Arrest Aug 17, 2021		Time of Arrest 1547		Booking Date		Booking Time	
Jail Date		Jail Time		Location of Vehicle			
Name (Last, First, Middle)		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White 1 - American Indian B - Black 0 - Other/Asian		Sex F		Height 5'4		Weight 130	
Eye Color BROWN		Hair Color BLACK		Complexion LIGHT		Build SMALL	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status DIVORCED		Religion CATHOLIC		Indication of Alcohol Influence Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unit <input type="checkbox"/>	
Local Address (Street, Apt. Number)		City		State FL		Zip	
Permanent Address (Street, Apt. Number)		City		State FL		Zip	
Business Address (Street, Apt. Number)		City		State		Zip	
DL Number/State		Social Security Number		INS Number		Place of Birth WEST PALM BEACH, FL	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Parent Legal Guardian Name (Last, First, Middle)		City		State		Zip	
Address (Street, Apt. No.)		City		State		Zip	
Notified By (Name)		Date		Time		Juvenile Disposition: 1. Handled/Processed within Dept. and Released 2. TOT HHS/OYS 3. Incarcerated	
Released To (Name)		Relationship		Date		Time	
The above address was provided by <input type="checkbox"/> defendant's mother <input type="checkbox"/> defendant's father. The child's mother/father was told to keep the Juvenile Court Clerk's Office (Phone 361-355-2525) informed of any address change. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)		School Attended		Grade			
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property			
Drug Activity N - None P - Possession		K - Sell D - Buy T - Traffic		R - Transport D - Deliver E - Use		K - Dispense/ Distribute	
M - Manufacture/ Production Cultivate		Z - Other		Drug Type N - Marijuana A - Amphetamine		B - Cocaine C - Crack E - Heroin	
R - Heroin M - Marijuana		P - Prescription/ Equipment		U - Unknown Z - Other			
Charge Description BATTERY (ON PERSON 65 YRS OF AGE OR OLDER)		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 784.06 (2c)	
Drug Activity N		Drug Type N		Amount/Unit		Offense # 21-096982	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Location (Court, Address, Room Number)		Court Date and Time		Month		Day	
Year		Time		AM <input type="checkbox"/>		PM <input type="checkbox"/>	
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.							
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed			
Name D/S B. MAGGITT				Name Verification (Printed by Arrestee) SCANNED			
ID # 25026				(PRINT) AUG 18 2021			
Transporting Officer 7/1 0026 8057 B10				Page 1 of 1			

OBIS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Copies		1	Juvenile	N
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 21-096982				
Charge Type: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Special Notes						
Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth
				W		F		
Charge BATTERY (ON PERSON 65 YRS OF AGE OR OLDER)				Charge				
Victim Name (Last, First, Middle)				Race		Sex		Date of Birth
				W		F		
Local Address (Street, Apt. Number)		City		State	Zip	Phone		Address Source
				FL				VERBAL
Business Address (Street, Apt. Number)		City		State	Zip	Phone		Occupation
								RETIRED
The undersigned 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 17 day of AUGUST 20 21 at 1601 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM								

I was dispatched to _____, Palm Beach County Florida reference a Domestic Dispute.

Prior to arrival Deputies were advised that the subject, _____ was no longer at the residence and left the area on foot. Deputies began to BOLO (be on look out) for a white female last seen wearing a black shirt and a short skirt.

Contact was made with complainant _____ at the residence. _____, an 81 year old elderly female is mother to _____. According to _____, she was to drive _____ to a dental appointment on today but declined doing so after she discovered that _____ was under the influence of alcohol. A verbal argument then ensued between both _____ and _____ resulting in _____ grabbing _____ by both arms demanding that she be taken to the appointment. As _____ struggled to escape _____ grip, she could feel _____ trying to pull her out of the residence as she continually demanded to be driven to the dentist. _____ eventually lost her grip on both _____ arms which caused her to fall backward. As _____ laid upon the ground outside, _____ used the opportunity to retreat back inside the residence, lock the door and call 911.

_____ was later located sitting at the rear of the residence. She matched the description previously given and was without shoes. _____ appeared disheveled and had a strong odor of an alcohol like substance permeating from her breath. She denied having a physical altercation with her mother and was unable to explain how she obtained the scratches that I observed on both of her forearms.

Based on the findings of my investigation, _____ is to be charged with Battery (Domestic) with an enhancement as victim _____ is older than 65 years of age. Investigation revealed that _____ did touch/strike her mother _____ against her will contrary to F.S.S 784.08 (2)(c).

The foregoing instrument was sworn to and affirmed before me this 17 day of AUGUST 20 21 , by:	
<i>Carlton Coleman Jr.</i> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	D/S B. MAGGITT 25026 Name of Arresting/Investigating Officer
<i>[Signature]</i> Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<i>[Signature]</i> Signature of Arresting/Investigating Officer
Page 1 of 1	

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 #: 21-098982 Agency: Palm Beach County Sheriff's Office
Offense: BATTERY (ON PERSON 65 YRS OF AGE OR OLDER)
Suspect/Offender: [REDACTED] [REDACTED] [REDACTED]
DOB: [REDACTED] Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's Name: [REDACTED] [REDACTED] [REDACTED] DOB: [REDACTED] Race: W Sex: F
Address: [REDACTED]
City: [REDACTED] State: FL Zip: [REDACTED]
Home #: [REDACTED] 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: _____

Printed name of person waiving notification: _____

Deputy's Name: D/S B. MAGGITT ID #: 25026 Date: AUG 17, 2021

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.	1-4
	<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 checked="" type="checkbox"/>	415.107(1), F.S	Other: ELDERLY ABUSE/VULNERABLE ADULT ABUSE	1-4
	<input checked="" type="checkbox"/>	119.0712(2)	Other: Personal information contained within a motor vehicle record	2

REVIEW COMPLETED BY

Booking Number: 2021020472

Date: 8/18/21

Specialist Name/ID: A. Pinkney/7796