

0523482

777

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	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number : 06- 21-068278					
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 2 1. Yes 2. No		Multiple Clearance Indicator 1	
Location of Arrest (Including Name of Business) 2085 Vinings Circle Wellington FL 33414						Location of Offense (Business Name, Address) 2085 Vinings Circle Wellington FL 33414					
Date of Arrest 05/23/21		Time of Arrest 0221		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last)		(First)		(Middle)		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Gordon		Jeanie									
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex W		Date of Birth 07/27/1976		Height 5'03		Weight 140		Eye Color Blue	
		F				5'03		140		Blue	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status Single		Religion None		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) 2085 Vinings Circle		(City) Wellington		(State) FL		(Zip) 33414		Phone 757-696-0664		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2	
Permanent Address (Street, Apt. Number) 2085 Vinings Circle		(City) Wellington		(State) FL		(Zip) 33414		Phone 757-696-0664		Address Source FL DL	
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		Occupation UK	
DL Number, State G635421767670		Soc. Sec. Number		INS Number		Place of Birth (City, State) Richmond, Virginia		Citizenship U.S.			
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony		<input type="checkbox"/> 4. Misdemeanor	
								<input type="checkbox"/> 2. At Large <input type="checkbox"/> 5. Juvenile			
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony		<input type="checkbox"/> 4. Misdemeanor	
								<input type="checkbox"/> 2. At Large <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 checked="" type="checkbox"/> defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2528) 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 Battery (domestic)		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03(1a1)		Violation of ORD #			
Drug Activity N		Drug Type N		Amount / Unit /		Offense # 21-068278		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 <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. 05/23/21											
Signature of Defendant (or Juvenile and Parent /Custodian) _____ Date Signed _____											
HOLD for other Agency Name:		Signature of Arresting Officer D/S N. Bitner				Name Verification (Printed by Arrestee) D/S N. Bitner		I.D. # 36800		Agency PBSO	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Arresting Officer (Print) D/S N. Bitner		I.D. # 36800		(PRINT)		PAGE 1		OF 1	
Initials		I.D. #		Pouch #		Witness here if subject signed with an "X"					

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile
ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 21-068278				
	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) Gordon		Alias		Race W	Sex F	Date of Birth 07/27/1976		
	Charges Battery (domestic)		784.03(1a1)						
VICTIM	Victim's Name (Last, First, Middle) Brewer		Sean		Race W	Sex M	Date of Birth 09/27/1974		
	Local Address (Street, Apt. Number) 2085 Vinings Circle Unit 1101		(City) Wellington FL 33414		(State)	(zip)	Phone 5613830503		Address Source
	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.</p> <p>The Person taken into custody</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. </div> <div> <input type="checkbox"/> was observed by _____ who told that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. </div> </div> <p>On the <u>23</u> day of <u>May</u>, 20<u>21</u> at <u>0221</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>									
<p>On May 23, 2021 at 0014 hours I responded to 2085 Vinings Circle, located in the Village of Wellington, Palm Beach County, FL 33414 to investigate a domestic dispute.</p> <p>Upon arrival, I met with the complainant identified as Jeanie Gordon. Gordon stated she got into a fight with her fiancé named Sean Brewer. Gordon advised they were fighting about finances. Gordon stated Brewer slammed the door making her jewelry fall on the ground. Gordon got upset and went into his room and starting throwing all of his belongings around. Gordon stated when she did this Brewer went into the room and threw her stuff on the ground as well. Gordon advised Brewer came up to her and was pushing her which is when she slapped the glasses that were on his face. Gordon advised she was then flipped over and hurt her neck. Gordon stated she does not know how she was flipped over.</p> <p>After speaking with Gordon I met with her fiancé named Sean Brewer. Brewer stated he had an argument with Gordon regarding finances. Brewer advised he went outside on the patio in an attempt to deescalate the argument. While Brewer was outside, Gordon went into their bedroom and began throwing Brewer's belongings on the ground. Brewer went back inside the bedroom to find his belongings all around the room. At this time he advised Gordon was in the spare bedroom which is when he began to throw Gordon's belongings on the ground. Brewer stated Gordon heard him throwing her belongings around and came back into the bedroom from the spare bedroom. Brewer advised Gordon became irate when she saw her stuff on the floor. Brewer stated Gordon then slapped him in the face, crushing the glassing he was wearing in the process. Gordon started scratching and struck him in the face area with a closed fist. Brewer advised she went to strike him a second time which is when he pushed her in an attempt to avoid the hit. Brewer stated Gordon then stumbled back into the chair then fell out of the chair and hit the back of the wall.</p> <p>Brewer sustained several lacerations to his face area. Gordon sustained a small laceration to both hands. The back of Gordon's neck area was slightly red. Both parties stated they had been drinking alcohol.</p> <p>This case is cleared by arrest.</p>									
ADMINISTRATIVE	<p>STATE OF FLORIDA COUNTY OF PALM BEACH D/S N. Bitner (ID #) <u>36800</u></p> <p>(Signature of Arresting/Investigative Officer) </p>								
	<p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>23</u> day of <u>May</u>, 20<u>21</u> by <u>D/S N. Bitner</u> <u>36800</u></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN</u> <u>Known LEO</u></p>								
	<p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>								

VICTIM NOTIFICATION FORM

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)
- 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

**Upon completion, this form must accompany the booking paperwork.
If applying for a warrant, attach this form to the filing packet.**

1. Incident Report #: 21-068278 Agency: PBSO
Offense: Battery (domestic)
Suspect/Offender: Name (Last) Gordon (First) Jeanie (Middle) _____
D.O.B. 07/27/1976 Race: W Sex: F

2. Warrant # (s): _____
Name (Last, First) _____

3.a. Victim's name: Brewer Sean D.O.B. 09/27/1974 Race: W Sex: M
Address: 2085 Vinings Circle Unit 1101
City: Wellington FL 33414
Home #: 5613830503

b. Victim's next of kin, friend or neighbor: (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: Brewer Sean

Deputy's Name: D/S N. Bitner I.D.# 36800 Date: 05/23/21

White/Corrections or State Attorney (Warrant Application)
PBSO 00020A REV. 4100

Yellow/Warrants Section

Pink/Central Records

SUSPECT/OFFENDER: Gordon Jeanie

(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)

Name (Last, First, Middle)

Suspect: Gordon Jeanie **DOB:** 07/27/1976 **Case #:** 21-068278

Name (Last, First)

Victim: Brewer Sean **DOB:** 09/27/1974 **Race:** W **Sex:** M

Relationship between Victim and Defendant: _____

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

911 Call: ☒ Yes ☐ No **Caller:** Jeanie Gordon

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

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

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

Injuries: ☒ Yes ☐ No **Description:** Minor Lacerations to face/ Minor lacerations to hands/neck pain

Medical Treatment: ☒ Yes ☐ No

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

At Hospital: ☒ Yes ☐ No **Hospital:** Wellington Regional **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: See Report

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

First words Victim said when you responded to scene: See Report

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) Brewer (First) Sean

Local Address: 2085 Vinings Circle Unit 1101,

Phone: 5613830503

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: 2021012486 WDC	Date: 5/23/2021
	Specialist Name/ID: M. Tooks #8557