

0207694

1621

20MM4312 MB

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile <input checked="" type="checkbox"/>	
Agency ORI Number FL 0502600		Agency Name PALM BEACH GARDENS POLICE DEPT.				Agency Report Number (N.T.A.'s only) 78120100252111					
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		If Weapon Seized Enter Type		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) 11092 LYNWOOD PALM WAY WPB, FL 33412						Location of Offense (Business Name, Address) 11092 LYNWOOD PALM WAY WPB, FL 33412					
Date of arrest 0.5.25.20		Time of Arrest 0.2.3.5		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) MULLIGAN JEREMY J						Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White B - Black O - Oriental		Sex M		Date of Birth 0.3.0.4.7.7		Height 5'7"		Weight 175		Eye Color HAZEL	
Hair Color BRN		Complexion LIGHT		Build MED		Marital Status MARRIED		Religion CATHOLIC		Indication of Alcohol Influence Drug Influence	
Local Address (Street, Apt. Number) 11092 LYNWOOD PALM WAY WPB FL 33412						Phone (561) 629-6744		Residence Type: 1. City 2. County 3. Florida 4. Out of State			
Permanent Address (Street, Apt. Number) 11092 LYNWOOD PALM WAY WPB FL 33412						Phone (561) 629-6744		Address Source FL DL			
Business Address (Name, Street)						Phone ()		Occupation BUSINESS MAN			
DL Number, State M 425 430 77 OF40		Soc. Sec. Number		INS Number		Place of Birth (City, State) LAS VEGAS NV		Citizenship U.S.			
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth	
Parent Legal Custodian Name (Last, First, Middle)						Address (Street, Apt. Number)		City		State	
Parent Legal Custodian Other						Address (Street, Apt. Number)		City		State	
Notified by: (Name)						Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT DCF 3. Incarcerated	
Released To: (Name)						Relationship		Date		Time	
The above address was provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parent. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No. (Reason)						School Attended		Grade			
Property of? <input checked="" 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 F, Heroin		H, Hallucinogen M, Marijuana O, Opium/Deriv.		P, Paraphernalia/Equipment S, Synthetic		U, Unknown Z, Other	
Charge Description STATE BATTERY DOMESTIC						Counts 1		Domestic Violence Y <input type="checkbox"/> N <input type="checkbox"/>		Statute Violation Number 7.7.4.10.3	
Drug Activity N						Drug Type N		Amount / Unit -		Offense #	
Charge Description						Counts		Domestic Violence Y <input type="checkbox"/> N <input type="checkbox"/>		Statute Violation Number	
Drug Activity						Drug Type		Amount / Unit		Offense #	
Charge Description						Counts		Domestic Violence Y <input type="checkbox"/> N <input type="checkbox"/>		Statute Violation Number	
Drug Activity						Drug Type		Amount / Unit		Offense #	
Charge Description						Counts		Domestic Violence Y <input type="checkbox"/> N <input type="checkbox"/>		Statute Violation Number	
Drug Activity						Drug Type		Amount / Unit		Offense #	
Instruction No. 1 Mandatory Appearance in Court						Location (Court, Room Number, Address)					
Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.						Court Date and Time Month Day Year Time A.M. P.M.					
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					
HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:						Signature of Arresting Officer X Romero 502			Name Verification (Printed by Arrestee)		
Intake Deputy D... 096						Name of Arresting Officer (Print) Romero 502			(PRINT)		
I.D. # Pouch #						Transporting Officer Romero 502			I.D. # Agency		
Witness here if subject signed with an "X"						PAGE OF					

PBGPD FORM-023

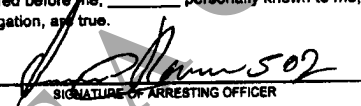
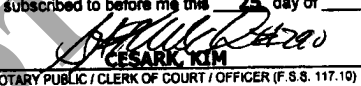
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - JAIL GOLD - DEFENDANT

MAY 26 AM 6:18

SCANNED
MAY 26 2020

DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT

Palm Beach County



A D M I N	Date / Time 05/25/2020 05:02		Agency Report Number 7 8 20-002521																																																																																																		
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D E F	Name (Last, First, Middle) MULLIGAN, JEREMY J		Race W	Sex M	Date of Birth 03/04/1977																																																																																																
	Charge Description 784.03(1)(A)(1) - SIMPLE BATTERY (DOMESTIC)																																																																																																				
V I C T I M	Victim's Name (Last, First, Middle) FITZGERALD, JAMIE LYNN		Race W	Sex F	Date of Birth 04/09/1981																																																																																																
	Local Address (Street, Apt. Number) (City) (State) (Zip) 11092 LYNWOOD PALM WAY, WEST PALM BEACH, FL 33412		Phone (561) 309-2323		Address Source																																																																																																
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Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/> DEFENDANT'S STATEMENTS:			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): BRUISED CHEEK, CUT LIP, UPSET																																																																																																		
VICTIM'S STATEMENTS: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>																																																																																																					
RELATIONSHIP BETWEEN VICTIM & SUSPECT WIFE/HUSBAND																																																																																																					
<table style="width:100%; border:none;"> <tr> <td style="width:30%;"></td> <td style="width:10%;">YES</td> <td style="width:10%;">NO</td> <td colspan="3"></td> </tr> <tr> <td>PHOTOGRAPHS: Scene:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td colspan="3"></td> </tr> <tr> <td></td> <td>Victim:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="2">CALLER: JEREMY MULLIGAN</td> </tr> <tr> <td>911 CALL:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">TYPE: HANDS</td> </tr> <tr> <td>WEAPON USED:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">(if YES, attach witness list)</td> </tr> <tr> <td>WITNESSES:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td colspan="3"></td> </tr> <tr> <td>INJURIES:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3"></td> </tr> <tr> <td>MEDICAL TREATMENT:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3"></td> </tr> <tr> <td>AT: Scene:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">PARAMEDICS: PBC FIRE RESCUE</td> </tr> <tr> <td>Hospital:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td colspan="3">PHYSICIAN(S) / HOSPITAL:</td> </tr> <tr> <td>ACT COMMITTED IN PRESENCE OF MINOR(S):</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">NAMES/AGES: COLIN, CAILEY AND CALEB MULLIN</td> </tr> <tr> <td>H. R. S. NOTIFIED:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3"></td> </tr> <tr> <td>VICTIM PREGNANT:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td colspan="3"></td> </tr> <tr> <td>VIOLATION OF RESTRAINING ORDER:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td colspan="3">CASE #:</td> </tr> <tr> <td>PRIOR HISTORY OF DOMESTIC VIOLENCE:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td colspan="3"></td> </tr> <tr> <td>ALCOHOL OR DRUGS INVOLVED:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3"></td> </tr> </table>							YES	NO				PHOTOGRAPHS: Scene:	<input type="checkbox"/>	<input checked="" type="checkbox"/>					Victim:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: JEREMY MULLIGAN		911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TYPE: HANDS			WEAPON USED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(if YES, attach witness list)			WITNESSES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>				INJURIES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>				MEDICAL TREATMENT:	<input checked="" type="checkbox"/>	<input type="checkbox"/>				AT: Scene:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PARAMEDICS: PBC FIRE RESCUE			Hospital:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:			ACT COMMITTED IN PRESENCE OF MINOR(S):	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NAMES/AGES: COLIN, CAILEY AND CALEB MULLIN			H. R. S. NOTIFIED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>				VICTIM PREGNANT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>				VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #:			PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>				ALCOHOL OR DRUGS INVOLVED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
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On Monday, May 25, 2020, at approximately 1:47 A.M., I responded to 11092 Lynwood Palm Way. (Bay Hill Estates) Palm Beach Gardens, Palm Beach County, Florida, in reference to a domestic dispute. My body-worn camera was utilized for this incident.																																																																																																					
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.  SIGNATURE OF ARRESTING OFFICER Sworn to and subscribed to before me this <u>25</u> day of <u>May</u> , 2020.  CESARI, KIM NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)																																																																																																					

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 05/25/2020 05:02	Agency ORI Number FL 0502600	Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 20-002521
	<p>Upon my arrival, I observed a white male standing outside of the house. The subject was later identified as Jeremy J. Mulligan (D.O.B.: 03/04/1977) via his Florida Driver's license. Mulligan stated that after hours of arguing with his wife, he had enough and decided to go to a separate room to sleep to avoid further issues. Mulligan stated that his wife is an alcoholic and that she had been drinking all day. Mulligan further stated that his wife came into the room and woke him up by beating him and elbowing him in the face. Mulligan showed me a video that he captured with his cellphone. In the video, I observed a white female later identified as Jamie Lynn Fitzgerald (D.O.B.: 04/09/1981), yelling and screaming at Mulligan as he was laying in bed, however, the video does not show Fitzgerald hitting Mulligan. Mulligan stated that he started recording after his wife hit him.</p> <p>I asked Mulligan if he hit Fitzgerald to which he answered that after Fitzgerald hit him, he defended himself by blocking his face with his elbows and possibly hit Fitzgerald in the face. I then asked Mulligan to slow down the video and paused it so I can see Fitzgerald's face. In the video, I did not observe any sign of physical contact nor any marks on Fitzgerald's face at the moment, contradicting Mulligan's statement that Fitzgerald was hit while he was defending himself. I also checked Mulligan's face, and I observed no injuries consistent with an elbow strike. Mulligan's left knuckle was bruised as it appeared he had hit something, and his shirt was stained with blood.</p> <p>I then spoke with Fitzgerald inside the residence. Fitzgerald stated that after hours of arguing with her husband about their finances and their business, she had enough and decided to confront him about it. Fitzgerald came into Mulligan's room, at which time they began arguing with each other. The situation escalated with Mulligan becoming aggressive after Fitzgerald demanded him to leave the house. Fitzgerald stated that the argument escalated to physical contact and that Mulligan hit her in the face. Fitzgerald was unable to call 911 since she had left her phone in her room. Fitzgerald admitted to having an alcohol problem, but that the issue was mainly because she had a disagreement with Mulligan about him giving money to his family from their business.</p> <p>I observed injuries on Fitzgerald's face consistent with her statement. Fitzgerald's lips were bleeding, a circular area around her right cheek approximately 1.5 inches in diameter was bruised, she had several scratches on her right temple and scratches on the right side of her face. Fitzgerald's injuries were documented on body-worn camera. I provided Fitzgerald with a Domestic Rights and Remedies Packet, and a business card with the case number. Palm Beach Gardens Fire Rescue responded to the scene and evaluated Fitzgerald.</p> <p>As a result of my investigation and physical evidence of a battery, I find probable cause to charge Jeremy J. Mulligan with battery per F.S.S. 784.03 (1) (A) (1).</p> <p>It should be noted that Mulligan and Fitzgerald have three children, Colin James Mulligan 8/20/09, Cailey Lynn Mulligan 5/16/13, and Caleb John Mulligan 5/29/14. All kids were present during the argument. I observed no physical injuries on them. All three children were picked up by Fitzgerald's sister Colleen M. Fitzgerald (DOB: 06/21/1978).</p> <p>Following my investigation, I contacted the Department of Children and Families Law Enforcement Hotline to notify them about the incident and how children were present during such.</p> <p>Mulligan was transported to the Palm Beach County Jail without incident.</p>			
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p> SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>25</u> day of <u>May</u>, <u>2020</u>.</p> <p> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>				

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

SCANNED
MAY 26 2020

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (S. 784.048)
- Domestic Violence - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. 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.

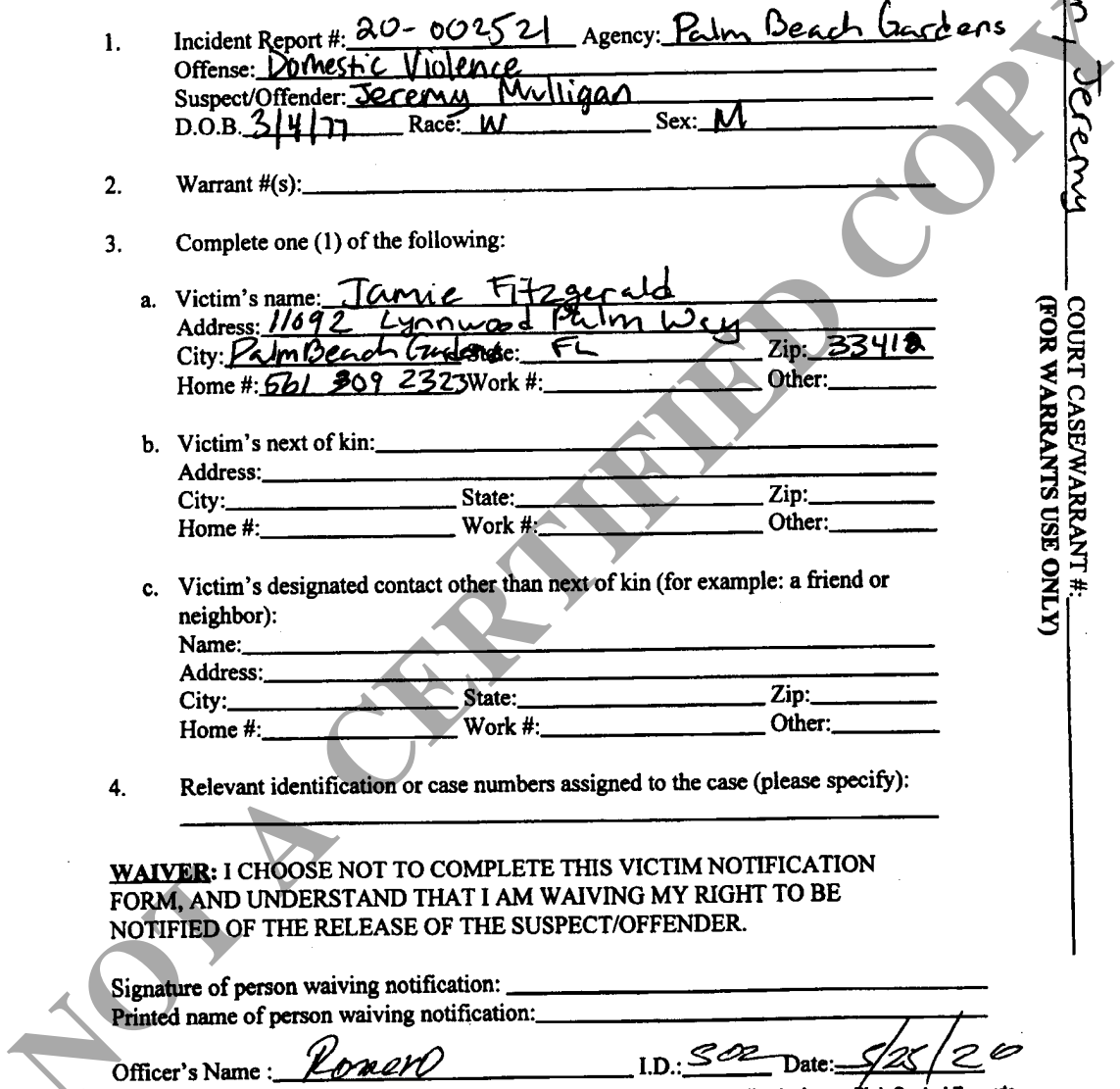
1. Incident Report #: 20-002521 Agency: Palm Beach Gardens
 Offense: Domestic Violence
 Suspect/Offender: Jeremy Mulligan
 D.O.B. 3/4/77 Race: W Sex: M
2. Warrant #(s): _____
3. Complete one (1) of the following:
 - a. Victim's name: Jamie Fitzgerald
 Address: 11692 Lynnwood Palm Way
 City: Palm Beach Gardens State: FL Zip: 33418
 Home #: 561 309 2323 Work #: _____ Other: _____
 - b. Victim's next of kin: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Other: _____
 - c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Other: _____
4. Relevant identification or case numbers assigned to the case (please specify):

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: _____
Printed name of person waiving notification: _____

Officer's Name: Ronero I.D.: 502 Date: 5/25/20

SUSPECT/OFFENDER: Mulligan Jeremy
COURT CASE/WARRANT #: _____
(FOR WARRANTS USE ONLY)





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: 2020013434	Date: 05/26/2020
	Specialist Name/ID: AM/31562