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A D M I N I S T R A T I O N	OBTS Number		ARREST / NOTICE TO APPEAR				1. Arrest (No Warrant) 6. Arrest (Warrant) 2. N.T.A.		3. Request for Warrant 4. Request for Capias 5. Juvenile Referral		1	JUVENILE	
	Agency ORI Number 0500200		Agency Name Boca Raton Police Department				Agency Report Number (N.T.A.'s only) 3, 2 2021-011033						
	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 UNARMED		Multiple Clearance Indicator								
	Location of Arrest (Including Name of Business) 100 NW 2ND AVE				Location of Offense (Business Name, Address) 5440 W GLADES RD, BOCA RATON, FL 33431								
D E F E N D A N T	Date of Arrest 09/21/2021	Time of Arrest 16:03	Booking Date 09/21/2021	Booking Time 16:13	Jail Date 09/21/2021	Jail Time 00:00	Location of Vehicle N/A						
	Name (Last, First, Middle) KING, JONATHAN MICHAEL				Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:								
	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 11/08/1979	Height 5'09	Weight 165	Eye Color BROWN	Hair Color BLACK	Complexion MEDIUM	Build Med				
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status S	Religion	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>				
J U V E N I L E	Local Address (Street, Apt. Number) 635 BOCA MARINA CT, BOCA RATON, FL 33487				(City)	(State)	(Zip)	Phone		Residence Type: 1. City 2. County 3. Florida 4. Out of State FL DE			
	Permanent Address (Street, Apt. Number) 635 BOCA MARINA CT, BOCA RATON, FL 33487				(City)	(State)	(Zip)	Phone		Address Source FL DE			
	Business Address (Name, Street) KING'S JEWELERS, ADVENTURA				(City)	(State)	(Zip)	Phone (305) 935-4900		Occupation			
	D/L Number, State K520433794080 / FL		Sec. Number		INS Number		Place of Birth (City, State) Miami, FL		Citizenship US				
C O D E F	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 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 <input type="checkbox"/> Other: _____				Name (Last, First, Middle)				Residence Phone				
	<input type="checkbox"/> Legal Custodian				Address (Street, Apt. Number) (City) (State) (Zip)				Business Phone				
C H A R G E	Notified by: (Name)				Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated						
	Released To: (Name)				Date	Time							
	The above address was 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's Office (Phone 355-2526) informed of any change of address.				School Attended				Grade				
	<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____				Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Description of Property				Value of Property
C H A R G E	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. Synthetic	U. Unknown Z. Other	
	Charge Description BATTERY / DOMESTIC BATTERY				Statute Violation Number 784.03(1) A-1				Violation of ORD #				
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond				
C H A R G E	Charge Description				Statute Violation Number				Violation of ORD #				
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond				
I N T A K E	Health / Apparent Physical Condition of Defendant GOOD				Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain: NONE								
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> Pooled Bond <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> South County Mental Health				PROPERTY - Received By				Released By		Released To		
	Transported By				Date Transported // ::		Time Transported		Other				
N O T I C E	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444				Court Date and Time				
	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								
A D M I N	HOLD for Other Agency				Signature of Arresting Officer [Signature] 637				Name Verification (Printed by Arrestee)				
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Retained Arrest <input type="checkbox"/> Other				Name of Arresting Officer (Print) COHEN, K. L.				I.D. # 637		(PRINT)		
	Inmate Designation 019 [Signature]		I.D. # 849		Fosch # BRID		Transporting Officer Rochetti		I.D. # 849		Arrestee		
Witness here if subject signed with an 'X'.												PAGE 1 of 1	

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SEP 22 2021

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

ADMIN	Date / Time 09/21/2021 15:59		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2021-011033	
	Agency ORI Number FL 0500200					
DEF	Name (Last, First, Middle) KING, JONATHAN MICHAEL				Race W	Sex M
					Date of Birth 11/08/1979	
CHRG	Charge Description 784.03(1) BATTERY / DOMESTIC BATTERY					
VICTIM	Victim's Name (Last, First, Middle) KING, TAYLOR LORI				Race W	Sex F
					Date of Birth 03/06/1977	
	Local Address (Street, Apt. Number) (City) (State) (Zip) 1000 E ATLANTIC AVE, DELRAY BEACH, FL 33483				Phone (702) 525-2468	
	Business Address (Name, Street) (City) (State) (Zip)				Address Source Occupation	
Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/> DEFENDANT'S STATEMENTS: VICTIM'S STATEMENTS:			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): UPSET			
RELATIONSHIP BETWEEN VICTIM & SUSPECT HUSBAND/WIFE						
ADDITIONAL INFORMATION	PHOTOGRAPHS:		Scene: <input checked="" type="checkbox"/>	YES	NO	
			Victim: <input checked="" type="checkbox"/>			
	911 CALL:		<input checked="" type="checkbox"/>			CALLER: VICTIM
	WEAPON USED:		<input checked="" type="checkbox"/>			TYPE: HANDS
	WITNESSES:		<input checked="" type="checkbox"/>			(If YES, attach witness list)
	INJURIES:		<input checked="" type="checkbox"/>			
	MEDICAL TREATMENT:		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	AT: Scene:		<input type="checkbox"/>	<input checked="" type="checkbox"/>		PARAMEDICS:
	Hospital:		<input type="checkbox"/>	<input checked="" type="checkbox"/>		PHYSICIAN(S) / HOSPITAL:
	ACT COMMITTED IN PRESENCE OF MINOR(S):		<input type="checkbox"/>	<input checked="" type="checkbox"/>		NAMES/AGES:
	H. R. S. NOTIFIED:		<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>			
ARR	On 09/21/21 at approximately 1257 hours I was dispatched to 5440 W Glades Rd (Marathon Gas Station) in reference to a possible assault. Upon arrival I met with David Cutler and Taylor L King who advised King's husband, Jonathan King hit and pushed both of them while standing in the parking lot of the Marathon Gas Station.					
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. K. Cohen 637 Jaka SIGNATURE OF ARRESTING OFFICER Sworn to and subscribed to before me this <u>21</u> day of <u>September</u> , <u>2021</u> . PATTERSON, MARC P NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)						

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

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SEP 22 2021

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

Narrative Continuation

A D M I N	Date / Time 09/21/2021 15:59	Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2021-011033
	Agency ORI Number FL 0500200			

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According to Cutler, he met Taylor approximately a month ago and they have gone on approximately 10 dates. Taylor told Cutler she was separated from her husband, Jonathan. Cutler explained that they had just finished lunch at Houstons and he followed her over to the Marathon Gas station to help her fill the front left tire of her 2021 black Land Rover (FL tag QQMA02). Cutler explained they were parked on the west side of the building using the tire pump. Cutler and Taylor began to embrace outside of the vehicle when a male he did not immediately recognize came in between their embrace and aggressively pushed and shoved him causing him to fall back on to the Land Rover. Cutler then attempted to get away from the male. The male again aggressively moved towards him grabbed in the upper shoulder neck area and pushed him, at which time Taylor yelled out "Jonathan stop". Taylor attempted to separate the male she was calling Jonathan by pushing him away. Cutler realized that Taylor knew him and that was her husband, Jonathan King. Cutler explained that Jonathan yelled at him and then walked away possibly getting into a silver Infiniti truck.

Next I met with Taylor who provided the same accounts of the incident. Taylor also stated that when she tried to push Jonathan off of Cutler, Jonathan used an open hand and hit her on her the left side of her neck, causing a red mark which I observed. Taylor stated she and Jonathan have been living in separate residence and are not legally divorced, yet.

Jonathan had left the gas station prior to my arrival. Both Taylor and Cutler, refused medical treatment on scene. I took photos of Taylor and Cutler's injuries. I spoke with the manager of the Marathon Gas station, Cafiene Jerome and asked her if anyone witnessed a physical fight outside near the tire pump. She stated no but there are surveillance cameras in that area and they record. Jerome made contact with the owner of the gas station, Ricky Vogel who provide me with the video footage.

The surveillance footage provided captured the entire incident. Jonathan is seen aggressively walking over to Cutler and Taylor as they were hugging and then pushing and shoving Cutler. Taylor is seen trying to separate the two males by shoving Jonathan away from Cutler. Jonathan is then seen yelling and pointing at both Cutler and Taylor (no audio) and then walking away.

I made contact with Jonathan via landline and explained to him that I review the video footage and Jonathan agree to come to the Boca Raton Police Department to turn himself in. Cutler ultimately did not wish to pursue criminal charges for Simple Battery.

Based on my investigation, I found Jonathan King to be in violation of F.S.S Simple Battery (Domestic) after he intentionally struck Taylor King (wife) on the left side of her neck, against her will causing a red mark.

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.

K. Cohen 637 [Signature]
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 21 day of September, 2021.

PATTERSON, MARC P [Signature]
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS P. I. O.

SCANNED
SEP 22 2021

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#: 2021-11033 Agency: Boca Raton PD
Offense: Domestic Battery
Suspect/Offender: Jonathan King
D.O.B. 11/8/79 Race: White Sex: male
2. Warrant#(s): _____
- 3.a. Victim's name: Taylor King D.O.B. 3/6/77 Race: White Sex: female
Address: 1000 E. Atlantic Ave
City: Delray Bch State: FL Zip: 33483
Home#: 702-525 2468 Work#: _____ Other: _____
- b. Victim's next of kin, friend or neighbor: David Cutler
Address: 1000 S. Ocean Blvd #110
City: Boca Raton State: FL Zip: 33432
Home#: 215-620 7405 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: Pursuant to F.S. 119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).
Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: Det. Cohen I.D.# 637 Date: 9/21/21
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SEP 22 2021

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 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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021023631

Date: 9/22/2021

Specialist Name/ID: M. Took #8557

SCANNED
SEP 22 2021