

50-2020-MM-007114-AMB
0128316

3075

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	N	
ADMINISTRATION	Agency ORI Number	Agency Name			Agency Report Number						
	FL 0500300	BOYNTON BEACH POLICE DEPT.			34-20-044950						
	Charge Type: Check as many as Apply.	1. Felony <input type="checkbox"/> 2. Traffic Felony		3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type		Multiple Clearance Indicator	
	Location of Arrest (Including Name of Business)					Location of Offense (Business Name, Address)					
600 Horizons W #202, Boynton Beach FL 33435					600 Horizons W #202, Boynton Beach FL 33435						
Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
09/10/2020	0357										
Name (Last, First, Middle)		Alias (Name, DOB, Soc. Sec. #, Etc)									
White, Joseph, Farrell											
W - White B - Black	I - American Indian O - Oriental / Asian	Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build	
		w	m	07/19/1963	600	180	blue	brown	fair	MED	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)							Marital Status	Religion	Indication of: Alcohol Influence <input type="checkbox"/> Y N Unk Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
							SINGLE	CATHOLIC			
Local Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone		Residence Type		2	
5450 Verona Dr apt A, Boynton Beach FL 33437						(914)980-4156		1. City 3. Florida 2. County 4. Out of State			
Permanent Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone		Address Source			
								DL			
Business Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone		Occupation			
								KNL SERVICES			
D/L Number, State		INS Number		Place of Birth		Citizenship					
W300486632590				Newburgh, NY		YES					
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor						
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor						
<input type="checkbox"/> Parent		Name (Last)		(First)	(Middle)	Residence Phone					
<input type="checkbox"/> Legal Custodian											
<input type="checkbox"/> Other											
Address (Street, Apt. Number)			(City)	(State)	(Zip)	Business Phone					
Notified by: (Name)		Date	Time	Juvenile Disposition	1. Held/Released with Dept. and Released		2. Both HRS/DYS		3. Incarcerated		
				VICTIM							
Released To: (Name)		Relationship		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 561-355-2526) informed of any change of address.					School Attended		Grade				
<input type="checkbox"/> Yes, By: (Name)					<input type="checkbox"/> No: (Reason)						
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property			Value of Property						
Drug Activity		S. Sell	R. Smuggle	K. Dispense/Distribute	M. Manufacture/Produce/Cultivate	Z. Other	Drug Type	B. Barbituate	H. Hallucinogen	P. Paraphernalia/Equipment	U. Unknown
N. N/A		B. Buy	D. Deliver				N. N/A	C. Cocaine	M. Marijuana	S. Synthetic	Z. Other
P. Possess		T. Traffic	E. Deliver				A. Amphetamine	O. Opium/Deriv.			
Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD#					
DOMESTIC BATTERY		1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	784.03.1A1.							
Drug Activity		Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond				
NA		NA	NA	20-044950							
Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD#					
			<input type="checkbox"/> Yes <input type="checkbox"/> No								
Drug Activity		Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond				
Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD#					
			<input type="checkbox"/> Yes <input type="checkbox"/> No								
Drug Activity		Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond				
Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD#					
			<input type="checkbox"/> Yes <input type="checkbox"/> No								
Drug Activity		Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond				
Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address)									
<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.		South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444									
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.		Month		Day	Year	Time	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.				
Signature of Defendant (or Juvenile and Parent/Custodian)					Date Signed						
HOLD for other Agency		Name of Arresting Officer			Name Verification (Printed by Arrestee)						
		B. JONES			BU#						
<input type="checkbox"/> Dangerous		<input type="checkbox"/> Resisted Arrest		Name of Arresting Officer (Print)		I.D. #		Witness here is subject Signed with an 'X'.		Page	
<input type="checkbox"/> Suicidal		<input type="checkbox"/> Other:		B. JONES		954				1 OF 1	
Intake Designator		I.D. #		Pouch #		Transporting Officer		I.D. #		Agency	
SSC/...		7622				C. Jones		908		1000	

SEP 10 AM 8:25



**DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT
PALM BEACH COUNTY**



On the 10 day of SEPT 2020 at 0334

Subject: White, Joseph, Farrell DOB: 07/19/1963 Case #: 20-044950

Charge Description: DOMESTIC BATTERY Statute #: 784.03.1A1.

Victim: [REDACTED] DOB: [REDACTED] Race: [REDACTED] Sex: [REDACTED]

Local Address: [REDACTED]

Personal Contact: [REDACTED]

Narrative:
On the above date and time, I responded to 600 Horizons W #202 in reference to a domestic disturbance. Upon arrival, I met W/F [REDACTED], who advised she got into a physical altercation with her sexual partner W/M Joseph White. [REDACTED] advised she and White have ongoing sexual relationship for over a year.

[REDACTED] explained, she and White, were drinking and watching movies at her home. The pair decided to go to bed for the evening, once in bed White got out of bed and started drinking/finishing another beer at the same time he was looking for his clothes to leave. [REDACTED] advised she was concerned of White drinking and driving so she grabbed his pants. [REDACTED] stated the pair were fighting over the pants at which point White was able to take the pants from her. Still concerned that White was too intoxicated to drive; [REDACTED] then ran into the living room and grabbed White's keys and sunglasses. As [REDACTED] was running back into her room she slipped and fell to the floor braking White's sunglasses. Once on the floor White grew angry that his glasses were broken, he then began hitting/ kicking [REDACTED] multiple times. [REDACTED] advised White took his keys and left in a black SUV.

My visual observation [REDACTED], revealed a bloody nose, a bruised/red eye along with a small laceration to the top of her right eye/nose area (photographs taken). BBFD responded. [REDACTED] completed a sworn taped statement captured on my BWC. She also completed a Marsy's Law Form, invoking her rights, and was provided with the accompanying brochure along with a case card.

As officers were responding to the area, they observed a black SUV (FL tag JDVA18) traveling northbound on Federal HWY, the vehicle then made a left turn to travel west on Boynton Beach BLVD. Due to the vehicle being registered to White, officers conducted a traffic stop and made contact with driver and sole occupant Joseph White. White explained, he tried to leave [REDACTED]'s house and she became upset and she threw a beer can at the back of his head. White denied striking [REDACTED]. White had no visible injuries.

Based on the above stated facts, I find probable cause to charge Joseph White, with one count of Battery (Domestic), contrary to Florida Statute 784.03. White was later TOT to PBCJ.

White was handcuffed (D/L and checked for spacing) and transported to BBPD for processing, and later TOT to PBCJ with out incident.

Defendant's Statement: Taped Victim's Statement: Taped

Observation Of Victim (Physical and Emotional):
bloody nose, injury to right eye
Relationship Between Victim and Suspect:
sexual partner

VICTIM NOTIFICATION FORM

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

- **Homicide (Ch. 782)**
- **Attempted Murder**
- **Stalking (S. 784.084)**
- **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 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 #: 20-044950 Agency: Boynton Beach Police Department
Offense: DOMESTIC BATTERY
Suspect/Offender: White, Joseph, Farrell
DOB: 07/19/1963 Race: W Sex: m
2. Warrant # (s): _____
3. Complete one (1) of the following:
 - A. Victim's Name: [REDACTED]
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip: [REDACTED]
Home #: [REDACTED] 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 Victim: _____

Printed Name of Victim: [REDACTED]

Officer's Name: B. JONES I.D.# 954 Date: / /

SUSPECT/OFFENDER: White, Joseph, Farrell

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: 2020021398	Date: 09/10/2020
	Specialist Name/ID: T Howard/7185