

1911

PBSO #148 REV. 8/97

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OF

		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile
ADMIN	OBTS Number			Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06- 21-122633</b>	
	Charge Type: Check as many as apply.	<input 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		Special Notes:	
CHARGES	Name (Last, First, Middle)	<b>Lingenfelter, Joseph, A</b>		Alias <b>04/04/1986</b>	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>04/04/1986</b>		
	Charge Description	<b>Domestic Battery by Strangulation 784.041(2)(A)</b>		Charge Description <b>Simple Battery</b>		<b>784.03(1)(A)(1)</b>			
VICTIM	Victim's Name (Last, First, Middle)	<b>Peters, Elizabeth, B</b>		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>05/06/1981</b>			
	Local Address (Street, Apt. Number)	(City)	(State)	(zip)	Phone	Address Source			
	<b>213 Holstein Ct.</b>	<b>Bel Air</b>	<b>MD</b>	<b>21015</b>	<b>(443) 946-6010</b>	<b>Verbal</b>			
	Business Address (Name, Street)	(City)	(State)	(zip)	Phone	Occupation			
						<b>Data Analyst</b>			
PROBABLE CAUSE STATEMENT	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. The Person taken into custody <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ <input type="checkbox"/> confessed to _____ 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.								
	On the <b>30th</b> day of <b>October</b> 20 <b>21</b> at <b>03:02</b> <input checked="" type="checkbox"/> A. M. <input type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)								
<p>On 10/30/21 at 02:24 hrs I responded to a report of a domestic battery call at the Home 2 Suites Hotel at 2375 Turnage Blvd, West Palm Beach Florida. The complainant, Elizabeth Peters, states her fiancé, Joseph Lingenfelter, caused the following injuries. A black right eye caused by a blow by a closed fist, red marks and scratches to the right side of her neck caused by manual strangulation, and red scratches to her chest area caused by the grabbing at her neck area. P.B.C.F.R. station 81 arrived on scene and treated Peters for her injuries. She refused medical aid and was not transported. Photos of Peters' injuries were taken and uploaded to the PBSO Domestic Violence System. Peters and Lingenfelter are engaged and have been in a dating relationship for 5 years. They have had intimate relations and currently reside together in Maryland. Based on the visible injuries and the statement of Peters, there is probable cause to arrest Lingenfelter for the charge of Simple Battery and Domestic Battery by Strangulation contrary to F.S.S. 784.041(2)(A) and F.S.S. 784.03(1)(A)(1)</p>									
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH <b>D/S Herbert Koota</b> (Signature of Arresting/Investigative Officer)								
	The foregoing instrument was sworn to or affirmed and subscribed before me this <b>30th</b> day of <b>October</b> 20 <b>21</b> by <b>D/S Herbert Koota 7293</b> (Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced _____)								
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)									PAGE OF <b>1</b>

**PALM BEACH COUNTY SHERIFF'S OFFICE**  
**DOMESTIC VIOLENCE PROBABLE CAUSE SUPPLEMENTAL FORM**  
**(SUBMIT WITH STATE ATTORNEY'S COPY OF PROBABLE CAUSE AFFIDAVIT)**

CASE NUMBER# 21-122633

DEFENDANT'S NAME: Lingenfelter, Joseph, A

DEFENDANTS STATEMENT ☒ YES ☐ NO (IF YES: ☐ WRITTEN ☐ TAPED ☒ ORAL)

SYNOPSIS: We had an argument and she started swinging. I never hit her.

VICTIM'S NAME: Peters, Elizabeth, B

VICTIM'S STATEMENTS: ☒ YES ☐ NO (IF YES) ☒ WRITTEN ☐ TAPED ☐ ORAL)

OBSERVATIONS OF VICTIM: (PHYSICAL & EMOTIONAL) Black right eye, red marks on right side of neck from manual strangulation, scratches on chest and neck

RELATIONSHIP BETWEEN VICTIM AND SUSPECT: Engaged

PHOTOGRAPHS: SCENE: ☒ YES ☐ NO VICTIM(S): ☐ YES ☐ NO

911 CALL: ☒ YES ☐ NO WHO CALLED: Hotel manager

WEAPON USED: ☐ YES ☒ NO TYPE: \_\_\_\_\_

MEDICAL TREATMENT: ☒ YES ☐ NO

AT SCENE: ☒ YES ☐ NO PARAMEDICS: PBCFR Sta. 81

AT HOSPITAL: ☐ YES ☒ NO HOSPITAL: \_\_\_\_\_ PHYSICIAN: \_\_\_\_\_

ARE CHILDREN LIVING IN HOME: ☐ YES ☒ NO

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

WAS ACT(S) COMMITTED IN PRESENCE OF MINOR(S): ☐ YES ☒ NO (IF YES ☐ SAME AS ABOVE OR SPECIFY)

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

DCF NOTIFIED: (IF CHILD ABUSE) ☐ YES ☒ NO

VICTIM PREGNANT- ☐ YES ☒ NO

PRIOR HISTORY OF DOMESTIC VIOLENCE: ☐ YES ☒ NO

ALCOHOL OR DRUGS INVOLVED: ☐ YES ☒ NO

VIOLATION OF RESTRAINING ORDER: ☐ YES ☒ NO CASE #: \_\_\_\_\_

ALTERNATE VICTIM CONTACT INFORMATION: (IF VICTIM DECIDES TO LEAVE RESIDENCE)

RELATIVE/FRIEND NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIVE/FRIEND ADDRESS: \_\_\_\_\_

# 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 #: 21-122633 Agency: PBSO  
Offense: Domestic Battery by Strangulation  
Suspect/Offender: Lingenfelter, Joseph, A  
D.O.B. 04/04/1986 Race: W Sex: M

2. Warrant # (s): \_\_\_\_\_

3.a. Victim's name: Peters, Elizabeth, B D.O.B. 05/06/1981 Race: W Sex: F  
Address: 213 Holstein Ct.  
City: Bel Air State: MD Zip: 21015  
Home #- 443 946-6010 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 Herbert Koota

I.D.# 7293

Date: 10/30/21

White/Corrections or State Attorney (Warrant Application)  
PBSO 00029A REV. 4199

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)
<b>L/E Exemptions</b>	<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.	
<b>Public Info. Exemptions</b>	<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.	
<b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b>	<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"/>			
<b>Other</b>	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

<b>Booking Number:</b> 2021027280	<b>Date:</b> 10/31/2021
	<b>Specialist Name/ID:</b> J. Beck/9007