

0394194 50 2022-MM-001264-AMB

3571

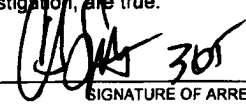

ADMINISTRATOR	OBTS Number		ARREST / NOTICE TO APPEAR				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE	<input checked="" type="checkbox"/>									
	Agency ORI Number 0501700		Agency Name Jupiter Police Department				Agency Report Number (N.T.A.'s only) 5 4 22-000618															
	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 S																	
	Location of Arrest (Including Name of Business) 1501 FREDERICK SMALL RD. JUPITER, FL 338						Location of Offense (Business Name, Address) 4427 MAIN ST 1078, JUPITER, FL 33458															
DEFENDANT	Date of Arrest 02/13/2022		Time of Arrest 16:35		Booking Date 02/13/2022		Booking Time 16:45		Jail Date		Jail Time		Location of Vehicle 1501 W FREDERICK SML									
	Name (Last, First, Middle) ANGELL, JOSHUA BARRON												Alias (Name, DOB, Soc. Sec. #, Etc.) Alias: ANGELL, JOSHUA BARRON									
	Race W - White B - Black O - Oriental/Asian W		Sex M		Date of Birth 01/26/1987		Height 5'07		Weight 182		Eye Color HAZEL		Hair Color BROWN		Complexion LIGHT		Build Medium					
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status S		Religion JEWISH		Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>							
JUVENILE	Local Address (Street, Apt. Number) (City) (State) (Zip) 4924 POINTE MIDTOWN 21, PALM BEACH GARDENS, FL 33418						Phone (561) 777-6802		Residence Type: 1. City 3. Florida 2. County 4. Out of State 2													
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 4924 POINTE MIDTOWN 21, PALM BEACH GARDENS, FL 33418						Phone (561) 777-6802		Address Source VERB													
	Business Address (Name, Street) (City) (State) (Zip)						Phone		Occupation Cpa													
	D/L Number, State A524422870260 / FL		Sec. Sec. Number		INS Number		Place of Birth (City, State) PALO ALTO, CA,		Citizenship US													
CODE	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 <input type="checkbox"/> Other: _____		Name (Last, First, Middle)						Residence Phone													
	<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number) (City) (State) (Zip)						Residence Phone													
CHARGE	Notified by: (Name)		Date		Relationship		Date		Time		JUVENILE DISPOSITION 1. Held in Custody 2. TOT IAC 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 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													
CHARGE	Drug Activity N. N/A R. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Disperse/ 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 - CAUSE BODILY HARM										Statute Violation Number 784.03(1)(A)(2)		Violation of ORD #									
	Drug Activity		Drug Type N		Amount / Unit /		Offense #		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond							
	Charge Description										Statute Violation Number		Violation of ORD #									
CHARGE	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond							
	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							
	Charge Description										Statute Violation Number		Violation of ORD #									
INTAKE	Health / Apparent Physical Condition of Defendant										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											
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail										PROPERTY - Received By		Released By		Released To							
	<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health										Date Transported		Time Transported		Other							
	Transported By																					
NOTICE TO APPEAR	<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)											
											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				No Photo Available							
ADMIN	HOLD for Other Agency										Signature of Agency Officer		Name Verification (Printed by Arrestee)									
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other										Name of Arresting Officer (Print) SMITH, CHAD		I.D. # 1129									
	Intake Date										Pouch #		Transporting Officer A. Schladterbeck		I.D. # 310							
											Agency JUPITER		Witness here if subject signed with an "X".		PAGE 1 OF 1							

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS MAIL CRIME ANALYSIS P.O. DEFENDANT

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 02/13/2022 16:35		Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 22-000618	
	Name (Last, First, Middle) ANGELL, JOSHUA BARRON		Alias ANGELL, JOSHUA BARRON		Race W		Sex M	
D E F E N D A N T	Charge Description 784.03(1)(A)(2) BATTERY - CAUSE BODILY HARM							
	Victim's Name (Last, First, Middle) WEEKS, BEVERLY ROXANNE		Local Address (Street, Apt. Number) 4427 MAIN STREET, JUPITER, FL 33458		Phone (772) 812-8261		Date of Birth 12/02/1989	
V I C T I M	Business Address (Name, Street) 		Address Source 		Occupation 			
	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): CRYING/BRUISED					
A D D I T I O N A L I N F O R M A T I O N	VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>		RELATIONSHIP BETWEEN VICTIM & SUSPECT BOY/GIRLFRIEND					
	PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO CALLER: VICTIM					
N A R R A T I O N	WEAPON USED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TYPE: PERSONAL					
	WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If YES, attach witness list)		INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
S T A T E O F F I C E R	MEDICAL TREATMENT: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PARAMEDICS: PBG FR 61					
	AT: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PHYSICIAN(S) / HOSPITAL: DR. VIRKLIR					
S T A T E O F F I C E R	Hospital: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NAMES/AGES: 					
	H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
S T A T E O F F I C E R	VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CASE #: 					
	PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
On Sunday, February 13, 2022 at 1540 hours I responded to 4427 Main St. #1078 in Jupiter, FL 33458 in reference to a report of a domestic battery. The caller/victim, identified as W/F Beverly R. Weeks 12-2-89, was on 911 with dispatch. I was advised the victim was crying and would only say her boyfriend attacked her.								
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>13</u> day of <u>February</u> , 2022.  A. Schnaderbeck NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 111.10)								

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

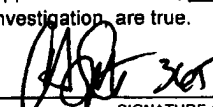
AFFIDAVIT

Palm Beach County
Narrative Continuation

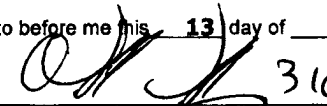
A D M I N	Date / Time 02/13/2022 16:35	Agency ORI Number FL 0501700	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 22-000618
	<p>N A R R A T I V E</p> <p>Upon arrival Officer Juric and I entered the apartment, our body worn cameras were activated. I observed the victim on the phone with 911 and she soon hung-up. I could see the right side of her face below and above her eye was red and appeared swollen. When I asked the victim if she needed emergency medical attention she broke down crying. Officer Juric was able to calm the victim after a few minutes. We began to ask what had happened and learned her boyfriend of two years, who the two lived together in November and December of 2021, had reported to have choked her I requested through dispatch that Palm Beach County Fire Rescue be contacted to check the victims injuries.</p> <p>Once the victim was able to calm herself I was able to obtain her statement. The victim reported that she and her boyfriend, W/M Joshua B. Angell 1-26-87, came over to her apartment this date around 1400 hours. The victim stated that she was coloring her hair when he arrived. She reported the two began to argue and while she was in the bathroom she told Angell to leave. The victim reported she told Angell several times to leave the apartment however he didn't. The victim stated Angell was blocking the exit to the bathroom and she could not exit, Angell still refused to leave. The victim said she grabbed her cell phone and was going to call police and Angell grabbed the phone from her not allowing her to call police. The victim stated Angell then grabbed her by the neck and threw her to the ground. I asked the victim if she ever felt like she could not breathe or saw stars when she was grabbed, she said no. Once on the ground the victim said Angell struck her several times. When the victim went to the ground she believes her knee and ankle were injured from striking the tile floor. The victim said she struck Angell several times while being held to the ground. The reported assault lasted only a few minutes and Angell left the apartment. The victim reported she immediately called 911.</p> <p>Palm Beach gardens F/R Station 61 responded (Run #PBG22001736) and transported the victim to Jupiter Medical Center. The victim was seen by ER Doctor Virkler. The victim's injuries and complaints to the doctor were her left ankle, right knee, lower back, left hand and her head hurt. Bruising on the right side of her face, possible bruising on her neck, scratch on left knee and right interior ankle, and two scratches on the right side of her forehead.</p> <p>I was able to call Angell, I said I was calling about an argument he and the victim had. I asked if he could meet with me to turn over the keys to me for the victim's apartment since the relationship appears to be over and to prevent any further problems. Angell agreed to meet me at a park near the victims address.</p> <p>At approximately 1625 hours Angell arrived at the skate park. I asked a few questions to Angell while he removed the victim's keys from his key ring. I confirmed he and the victim were in a domestic relationship over the past 2 years and that he resided with the victim. I asked if during the incident he had struck the victim or grabbed her by the neck, Angell said no. Angell said he was struck by the victim and left. At 1635 hours I advised Angell I was placing him under arrest for domestic battery and placed him into handcuffs per department policy. Since Angell drove to the park I asked if he would allow me to properly park his vehicle and secure it. Once I did so I confirmed again that Angell was okay with where his park would be left, he said it would be. Angell began to ask several questions and I informed him we could talk again once we get to the Jupiter Police Station.</p> <p>Once at the Jupiter Police Station I read to Angell his Miranda warning from a prepared text. Angell said he understood. I asked Angell to tell me more of what happened. Angell said he received a text from the victim to come over after 1300 hours today. He did not hear anything else until around 1400 hours asking him where he was. Angell said he then came over. Upon arrival he found the victim in the shower as she was dying her</p>			

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 13 day of February, 2022.

A. Schnaderbeck  310
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL


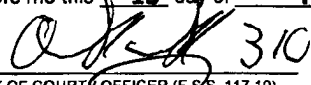
CRIME ANALYSIS

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N N A R R A T I V E	Date / Time 02/13/2022 16:35		
	Agency ORI Number FL 0501700	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 22-000618
	<p>hair. Angell said he was trying to talk to the victim while she was in the shower but she was ignoring him. Once she exited the shower wrapped in a towel the argument escalated and she struck him to his head. Angell said he grabbed the victim and held her to the ground to stop her from hitting him. I asked if he ever took her phone away from her, he said he did at some point. I asked if he ever struck her, he said no, and that he just held her to the ground and she was punching him. After a minute or two he said he just stood up and walked out of the apartment and left driving away.</p> <p>The victim was provided a copy of domestic violence victim's rights, her apartment keys and garage door were also turned over to her. Angell was processed at the Jupiter Police Station and later turned over to the Palm Beach County Jail charged with Battery - Domestic.</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> 365 SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>13</u> day of <u>February</u>, <u>2022</u>.</p> <p> 310 A. Schnaderbeck NOTARY PUBLIC / CLERK OF COURT OFFICER (F.S. 117.10)</p>			

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER:

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)
- **Dating Violence**
- **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.

COURT CASE/WARRANT #:
(FOR WARRANT USE ONLY)

1. Incident Report #: 22000618 Agency: Jupiter Police Department
Offense: Domestic Battery
Suspect/Offender: Angell, Joshua B.
D.O.B. 1/26/87 Race: White Sex: Male
2. Warrant #(s): _____
- 3a. Victim's Name: Weeks, Beverly Roxanne D.O.B. 12-2-89 Race: W Sex: F
Address: 4427 Main St. 1078
City: Jupiter State: FL ZIP: 33458
Home #: 772-812-8261 Work #: _____ Other: 772-812-8261
- 3b. 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: _____

Officer's Name: C. Smith I.D. # 365 Date: 2-13-22



**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: 2022004142

Date: 2/14/2022

Specialist Name/ID: S.Evans/23872