

0515329

20MM2156MB

3688

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			
Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.			Agency Report Number 34-20-012802								
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 N/A		Multiple Clearance Indicator 01			
Location of Arrest (Including Name of Business) 101 S Federal Hwy 439 Boynton Beach, FL 33435					Location of Offense (Business Name, Address) 101 S Federal Hwy #439, Boynton Beach, FL 33435								
Date of Arrest 03/06/2020		Time of Arrest 0054		Booking Date		Booking Time		Jail Date		Jail Time			
Name (Last, First, Middle) Ashton, Justin, Lee													
Alias (Name, DOB, Soc. Sec. #, Etc)													
W - White B - Black		I - American Indian O - Oriental / Asian		Race W	Sex M	Date of Birth 02-22-1975		Height 5-05	Weight 135	Eye Color brn	Hair Color gray	Complexion Part light	Build thin
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) tattoo on left ankle						Marital Status Married		Religion Unk		Indication of: Alcohol Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Local Address (Street, Apt. Number) 101 S Federal Hwy #439,		(City) Boynton Beach,		(State) FL		(Zip) 33435		Phone () -		Residence Type 1. City 3. Florida 2. County 4. Out of State		1	
Permanent Address (Street, Apt. Number) 101 S Federal Hwy #439,		(City) Boynton Beach,		(State) FL		(Zip) 33435		Phone (214)274-7233		Address Source Verbal			
Business Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Occupation exc director			
D/L Number, State A235432750620 FL		Soc. Sec. Number		INS Number		Place of Birth Tyler, TX		Citizenship USA					
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"/> Legal Custodian <input type="checkbox"/> Other		Name (Last)		(First)		(Middle)		Residence Phone					
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone					
Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS 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 561-355-2526) informed of any change of address: <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)		School Attended		Grade									
Property Crime? <input 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. Smuggla D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture Produce/ Cultivate		Z. Other			
Drug Type N. N/A A. Amphetamine		B. Barbituate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment		S. Synthetic		U. Unknown Z. Other			
Charge Description Simple Battery Domestic		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number 784.03(1)(a)(1)		Violation of ORD#					
Drug Activity N		Drug Type N		Amount/Unit NA		Offense # 20-012802		Warrant/Capias Number		NONE			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#					
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#					
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#					
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond			
<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court <input type="checkbox"/> Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.		Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444		Court Date and Time Month April Day 01 Year 2020 Time 0930		<input type="checkbox"/> A.M. <input type="checkbox"/> 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.		02/17/2020			
Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed											
HOLD for other Agency Name:		Signature of Arresting Officer		Name Verification (Printed by Arrestee) (PRINT)									
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) OFC Kromrey		I.D. # 994		BU# 114978		Page 1 OF 1			
Intake #		Pouch #		Transporting Officer Kromrey		I.D. # 994		Agency BBPD		Witness here is subject Signed with an 'X'.			

MAR 06 2020

NOTICE TO APPEAR

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

On the 16 day of February 2020 at 2218 hrs
Subject: Ashton, Justin, Lee DOB: 02-22-1975 Case #: 20-012802
Charge Description: Simple Battery Domestic Statute #: 784.03(1)(a)(1)
Victim: Lascell, Terry DOB: 09-04-1973 Race: W Sex: M
Local Address: 101 S Federal Hwy #439, Boynton Beach, FL, 33435

Personal Contact: _____

Narrative:

On the above date and time, I responded to the above address in reference to a call advising that his husband was assaulting him. He stated that the caller was standing in the door way of the residence. I arrived at the residence and located two W/M in the kitchen. The males were identified as W/M Terry Lascell and W/M Justin Ashton. I spoke with Lascell in his bedroom, who advised he has been living there since November of 2019 and that he and Ashton were married in October of 2018. He had a cut and redness over his left eye, he stated that Ashton threw the phone at him and struck him in the face causing the injury. Lascell stated that he did not need medical treatment.

The Lascell stated that he return to the residence from work at approx 1400 hrs, and when Ashton arrived home at approx 1700 hrs, they began to argue because Ashton thought Lascell was drinking to much. Lascell stated that he went into his room to try to go to sleep at about 1800 hrs, and placed his phone on the bed next to him. Lascell advised that Ashton then came into the room and continued to argue with him, picking up the phone and throwing it at him, which stuck him above his left eye.

I then spoke with Ashton who did state that he threw the phone but was unsure if it struck Lascell. I then advised Ashton that he was being placed under arrest for domestic violence. I find probable cause to charge Justin Ashton with one count of Simple Battery (domestic) pursuant to FSS 784.03.1A1.

Ashton was transported to BBPD for processing.

I then transported Ashton to PBCJ without further incident.

Defendant's Statement: Oral Victim's Statement: Oral

Observation Of Victim (Physical and Emotional):

Upset and cut over left eye

Relationship Between Victim and Suspect:

Married

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MAR 06 2020

Photographs: Scene: Yes No
 Victim: Yes No
 911 Call: Yes No Caller: Terry Lascell
 Tape Requested: Yes No
 Weapon Used: Yes No Type: _____
 Witnesses: Yes No
 Injuries: Yes No
 Medical Treatment: Yes No
 At Scene Yes No Paramedics: _____
 At Hospital Yes No Physician(s): _____
 Hospital: _____

Act Committed In Presence Of Minor(s): Yes No

Name: _____ Age: _____

Name: _____ Age: _____

F.D.C.F. Notified: Yes No Victim Pregnant: Yes No

Violation Of Restraining Order: Yes No Case #: _____

Prior History Of Domestic Violence: Yes No

Alcohol Or Drugs Involved: Yes No Unknown

Victim Contact Information:

Phone Home: 772-284-5324 Work: _____

Employer: La Posada

Relative Name: _____ Phone: _____

Address: _____

City/State: _____

State Of Florida
County Of Palm Beach

Appeared before me, OFC Kromrey, (print name) personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

[Signature]
Signature Of Arresting Officer 994

Sworn to and subscribed to me before this 06 day of March, 2020

[Signature]
Notary/Clerk Of Court/Officer (F.S.S. 117 10)

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MAR 06 2020

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 #: 20-012802 Agency: Boynton Beach Police Department
Offense: Simple Battery Domestic
Suspect/Offender: Ashton, Justin, Lee
DOB: 02-22-1975 Race: W Sex: M
2. Warrant # (s): _____
3. Complete one (1) of the following:
 - A. Victim's Name: Lascell, Terry
Address: 101 S Federal Hwy #439
City: Boynton Beach State: FL Zip: 33435
Home #: 772-284-5324 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: Lascell, Terry

Officer's Name: OFC Kromrey I.D.# 994 Date: 03/06/2020

SUSPECT/OFFENDER: Ashton, Justin, Lee

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

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MAR 06 2020



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

REVIEW COMPLETED BY

Booking Number: 2020007476	Date: 3/6/2020
	Specialist Name/ID: B Evans / 23649

SCANNED
 MAR 06 2020