

J# 0509485 20MM2316

P# 1018

ARREST / NOTICE TO APPEAR

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias

1

JUVENILE

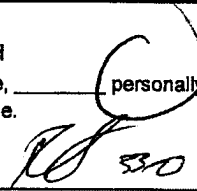
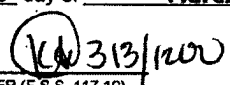
A D M I N I S T R A T I O N	OBTS Number		Agency ORI Number <b>0501700</b>		Agency Name <b>Jupiter Police Department</b>		Agency Report Number (N.T.A.'s only) <b>5, 4 20-001095</b>	
	Charge Type: Check as many as apply: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic 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 <b>Hands, Feet, Fist, Teeth</b>	
	Location of Arrest (Including Name of Business) <b>S AIA/OCEANWAY, JUPITER, FL 33477</b>		Location of Offense (Business Name, Address) <b>1605 S US HIGHWAY 1 V-4106, JUPITER, FL 33477</b>		Date of Arrest <b>03/10/2020</b>		Time of Arrest <b>19:24</b>	
D E F E N D A N T	Name (Last, First, Middle) <b>SMITH, MADISON HOLIDAY</b>		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)		Race W - White 1 - American Indian B - Black 0 - Oriental/Asian <b>W F</b>	
	Sex <b>F</b>		Date of Birth <b>09/21/1997</b>		Height <b>5'08</b>		Weight <b>85</b>	
	Eye Color <b>BLUE</b>		Hair Color <b>BLONDE /</b>		Complexion <b>LIGHT</b>		Build <b>Thin</b>	
C O D E F	Local Address (Street, Apt. Number) <b>1605 US HIGHWAY 1 V-4106, ROUND ROCK, TX 78664</b>		City <b>ROUND ROCK, TX</b>		State <b>TX</b>		Zip <b>78664</b>	
	Permanent Address (Street, Apt. Number) <b>1605 US HIGHWAY 1 V-4106, ROUND ROCK, TX 78664</b>		City <b>ROUND ROCK, TX</b>		State <b>TX</b>		Zip <b>78664</b>	
	Business Address (Name, Street) <b>NONE,</b>		City <b></b>		State <b></b>		Zip <b></b>	
J U V E N I L E	D/L Number, State <b>40981679 / TX</b>		INS Number		Place of Birth (City, State) <b>SEATTLE, WA, United</b>		Citizenship <b>US</b>	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
C H A R G E	Charge Description <b>BATTERY-SIMPLE (TOUCH OR STRIKE)</b>		Statute Violation Number <b>784.03(1)(A)(1)</b>		Violation of ORD #		Bond	
	Charge Description <b>VIOLATION OF PROBATION OUT OF COUNTY (MONROE)</b>		Statute Violation Number <b>944.06 904.15</b>		Violation of ORD #		Bond <b>\$10,000</b>	
	Charge Description		Statute Violation Number		Violation of ORD #		Bond	
I N T A K E	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		Explain:		Released To	
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		Released To	
	Transported By		Date Transported		Time Transported		Other	
N O T I C E T O A P P E A R	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		Location (Court, Room)		Court Date and Time		No Photo Available	
	<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.							
	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.							
S I G N A T U R E	Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed		Name Verification (Printed by Arrestee)		PAGE 1 OF 1	
	Signature of Arresting Officer <b>SCHNEIDER, RILEY</b>		Name of Arresting Officer (Print) <b>SCHNEIDER, RILEY</b>		ID.# <b>1196</b>		Witness here if subject signed with an "X".	
	Intake Deputy <b>SCHNEIDER</b>		Transporting Officer <b>SCHNEIDER</b>		ID.# <b>330</b>		Agency <b>JUP PD</b>	

MAR 11 2020

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>03/10/2020 19:25</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>		Agency Report Number <b>5   4   20-001095</b>	
	Agency ORI Number <b>FL 0501700</b>		Name (Last, First, Middle) <b>SMITH, MADISON HOLIDAY</b>		Race <b>W</b>	Sex <b>F</b>
D E P T	Charge Description <b>784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)</b>		Victim's Name (Last, First, Middle) <b>SMITH, SALLIE DENISE</b>		Race <b>W</b>	Date of Birth <b>11/13/1963</b>
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>1605 S US HIGHWAY 1 V4-106, JUPITER, FL 33477</b>		Business Address (Name, Street) (City) (State) (Zip) <b>NONE</b>		Phone <b>(484) 680-3192</b>	Address Source
C H A R G E S	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>CALM</b>			
	VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>					
V I C T I M	RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>MOTHER/DAUGHTER</b>					
	PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		911 CALL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> CALLER: <b>VICTIM</b>			
A D D I T I O N A L	WEAPON USED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		TYPE: <b>HANDS, FEET, TEETH, ETC</b>			
	WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		(If YES, attach witness list)			
I N F O R M A T I O N	INJURIES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		PARAMEDICS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>			
	MEDICAL TREATMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		PHYSICIAN(S) / HOSPITAL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>			
N A R R	ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		NAMES/AGES:			
	H. R. S. NOTIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>			
VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		CASE #:				
PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>				
I utilized my body worn camera during the below incident: On Tuesday, 03/10/2020, at approximately 1852 hours, I was dispatched to 1605 S US Highway 1 Apt V4-106, Jupiter, FL 33477 in reference to a domestic related incident. While enroute Northcom advised the daughter						
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>10</u> day of <u>March</u> , <u>2020</u> . <u>ANDERSON, KELLY</u>  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)						

SCANNED

MAR 11 2020

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	03/10/2020 19:25	
	Agency ORI Number	Agency Name	Agency Report Number
	FL 0501700	JUPITER POLICE DEPARTMENT	5   4   20-001095

involved in the incident left the residence in a black Toyota Tacoma after possibly pushing the complainant to the ground.

Upon my arrival, Ofc Kolenich #314 and I made contact with complainant Sallie D Smith (wf; 11/13/1963) outside the above address. Sallie did not appear injured and was calm during my investigation. Sallie advised she was not injured and did not request medical treatment. Sallie appeared to be under the influence of an unknown alcoholic beverage. No photos were taken of Sallie, due to the lack of visible injuries.

Sallie stated she and her daughter, later identified as Madison H Smith (wf; 09/21/1997), were in a heated verbal argument over Madison's drug abuse problems. Sallie advised Madison often abuses "whip-its" to get high. Sallie stated the argument turned physical when Madison pushed her to the ground inside the front door. Sallie could not elaborate anything further on how Madison pushed her to the ground. Sallie stated after Madison pushed her she left the residence in her black Toyota Tacoma.

Sallie provided Madison's phone number to Ofc Kolenich and he was able to make contact with her while I was speaking with Sallie. Madison stated to Ofc Kolenich that she just parked her truck near the Jupiter Reef Club along S A1A and was walking back to the residence.

While Ofc Kolenich and I were enroute to Madison's location, Northcom conducted F/NCIC records check on Madison and it showed that she had an active warrant from Monroe County Sheriffs for Violation of Probation.

Ofc Kolenich and I made contact with Madison as she was walking near S A1A and Oceanway. Madison did not appear to be under the influence of drugs or alcohol. Madison advised she was not injured in any way.

Madison's statements of the incident were very similar to Sallie's. Madison stated she and Sallie were in a "physical" argument started because her mother was upset about her drug abuse. Madison advised Sallie was drunk during the argument. Madison stated she either grabbed or pushed Sallie and she "fell" to the ground. Madison advised she left after Sallie fell to the ground.

I arrested Madison for domestic battery and placed her in handcuffs. While I was waiting for Ofc Anderson #313 to arrive to conduct a search of Madison the warrant from Monroe County Sheriffs was confirmed and they would extradite.

I later transported Madison to the Jupiter Police Department for processing and later to the Palm Beach County Jail without incident. Sallie received a domestic violence brochure and signed the document.

Based on above investigation and statements provided I found probable cause that Madison H Smith did actually and intentionally touch or strike Sallie D Smith against the will of Sallie D Smith (or) did intentionally cause bodily harm to Sallie D Smith contrary to FSS 784.03(1) (A) (1).

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.

 330  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 10 day of March, 2020.

ANDERSON, KELLY  313/1200  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED  
MAR 11

# VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch.782)
- Attempted Murder
- 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)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense
- Dating Violence

Upon completion, this form must accompany the booking paperwork.  
If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 20-001095 Agency: Jupiter Police Department  
Offense: Domestic Battery  
Suspect/Offender: Madison H Smith  
D.O.B. 09/21/1997 Race: W Sex: F

2. Warrant #(s): 16MM1054AK

3a. Victim's Name: Sallie D Smith D.O.B. 11/13/63 Race: W Sex: F  
Address: 1605 S US Highway 1 Apt V4-106  
City: Jupiter State: FL ZIP: 33477  
Home #: (484)680-3192 Work #: N/A Other: N/A

3b. Victim's Next of Kin, Friend or Neighbor: N/A  
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: \_\_\_\_\_ I.D. # \_\_\_\_\_ Date: \_\_\_\_\_

1 copy = Corrections or State Attorney (Warrant Application)

1 Copy = Warrants Section

1 copy = **SCANNED**  
MAR 14 2020

SUSPECT/OFFENDER:

(FOR WARRANT USE ONLY)

COURT CASE/WARRANT #:



**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: 2020007946	Date: 03/11/2020
	Specialist Name/ID: T Howard/7185

**SCANNED**  
**MAR 11 2020**