

502020MM007307AXXXMB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

est T.A. 3. Request for Warrant
4. Request for Capias

3 Juvenile N

ADMINISTRATIVE	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number (N.T.A.'s only) 06-20097736
	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	Weapon Seized / Type 2 1. Yes 2. No	Multiple Clearance Indicator 1
Location of Arrest (Including Name of Business) 17893 VALENCIA BLVD, LOXAHATCHEE FLORIDA 33470		Location of Offense (Business Name, Address) 17893 VALENCIA BLVD, LOXAHATCHEE FLORIDA 33470	
Date of Arrest	Time of Arrest	Booking Date	Booking Time
Jail Date	Jail Time	Location of Vehicle	

Name (Last, First, Middle) PATTERSON, MARK, ADAM	Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex M	Date of Birth 06/05/1960	Height 6'02	Weight 180	Eye Color BROWN	Hair Color BROWN	Complexion FAIR	Build LARGE

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) UNK	Marital Status Married	Religion NONE	Indication of: Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/> Unk. <input type="checkbox"/>
Local Address (Street, Apt. Number) (City) (State) (Zip) 17893 VALENCIA BLVD, LOXAHATCHEE FLORIDA 33470	Phone () () ()	Residence Type: 1. City 2. County 3. Florida 4. Out of State 2	
Permanent Address (Street, Apt. Number) (City) (State) (Zip)	Phone () () ()	Address Source FL DL	
Business Address (Name, Street) (City) (State) (Zip)	Phone () () ()	Occupation UNK	
D/L Number, State P-362-541-60-205-0	Soc. Sec. Number [REDACTED]	INS Number	Place of Birth (City, State) WEST PALM BEACH FL
Citizenship YES			

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	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 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 (Phone 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. Smuggle D. Deliver E. Use	K. Dispense/ 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. Synthetics	U. Unknown Z. Other
---------------------------------------	---------------------------------	------------------------------------	----------------------------	--	----------	---------------------------------------	---	--	---	------------------------

Charge Description SIMPLE DOMESTIC BATTERY	Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1)(a)(1)	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense # 20097736	Warrant / Capias Number
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number

Location (Court, Room Number, Address) WEST COUNTY JUSTICE COMPLEX 2950 STATE RD 15 BELLE GLADE FL 33430
Court Date and Time Month Day Year Time AM PM

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 _____

HOLD for other Agency Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other	Signature of Arresting Officer T. SAN FILIPPO Name of Arresting Officer (Print) I.D. # 25572	Name Verification (Printed by Arrestee) (PRINT)
Intake Deputy I.D. # Pouch #	Transporting Officer ID # Agency PBSO	Witness here if subject signed with an -X" 1 OF 1

ADMIN	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06-20097736
	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		Special Notes:

DEF	Name (Last, First, Middle) PATTERSON, MARK, ADAM	Alias	Race W	Sex M	Date of Birth 06/05/1960
-----	--	-------	------------------	-----------------	------------------------------------

CHARGES	Charge Description SIMPLE DOMESTIC BATTERY	784.03(1)(a)(1)	Charge Description
	Charge Description		Charge Description

VICTIM	Victim's Name (Last, First, Middle)		
	(State)	(zip)	Address Source
	Business Address (Name, Street)	(City)	(State) (zip) Phone Occupation

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

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the **15TH** day of **AUGUST** 20**20** at **23:36** A.M. P.M. (Specifically include facts constituting cause for arrest.)

On the above date and time. Victim [REDACTED] told me in a sworn verbal and written statement the following. On 08/15/2020 at about 23:27 hours. [REDACTED] [REDACTED] [REDACTED] [REDACTED], got into a verbal altercation over some personal issues within the residence, regarding a vehicle's keys, located at [REDACTED] [REDACTED] [REDACTED] [REDACTED]. She went on stating that the verbal altercation turned physical when Mark Adam Patterson/defendant pushed her multiple times and started punching her and pushing her backward. [REDACTED] [REDACTED] then stated as she was retreating to leave the residence, Mark Adam Patterson/defendant, grabbed her again and placed his hands around her neck, and proceeded to squeeze his hands, which she told me started to constrict her breathing. She told me at this time, he released his hands and she told him numerous times to stop and leave her alone, which he eventually reacted in physical punch towards her left upper arm area. [REDACTED] [REDACTED] stated that Mark Adam Patterson/defendant was extremely enraged during the incident. She then immediately called the police to report the incident. During my investigation, I observed that [REDACTED] [REDACTED] sustained an abrasion upon injury, which was on her left upper arm area, along with a small scrape laceration, that was showing signs of redness. I also viewed numerous bruises upon her lower back area and left the front shin area, which she stated that he previously struck her during his emotional rage. Based on the above facts and findings, I found Mark Adam Patterson/defendant to violate Florida State for F.S.S.784.03(1)(a)(1) Simple Domestic Battery.

STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature] **25572 T.SAN FILIPPO**
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 16 day of AUGUST 2020 by THOMAS SAN FILIPPO
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN DEPUTY

[Signature]
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

PAGE **1** OF **1**

