

COMM009116144
ARREST / NOTICE TO APPEAR

A D M I N I S T R A T I O N	OBTS Number	Agency ORI Number 0502600		Agency Name Palm Beach Gardens Police Department		Agency Report Number (N.T.A.'s only) 7, 8 20-002119		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	3	JUVENILE										
	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		Location of Offense (Business Name, Address) 4741 HOLLY DR, PALM BEACH GARDENS, FL 33418		Multiple Clearance Indicator												
D E F E N D A N T	Date of Arrest		Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle													
	Name (Last, First, Middle) MATSON, MEREDITH																				
	Alias:																				
	Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build												
	W - White B - Black O - Oriental/Asian	W F	02/03/1983	5'09	130	GREEN	BLONDE /	LIGHT	Thin												
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status	Religion	Indication of Alcohol Influence		Drug Influence											
						S		Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input checked="" type="checkbox"/>											
	Local Address (Street, Apt. Number) (City) (State) (Zip)					Phone		Residence Type:		1. Florida											
	4741 HOLLY DR, PALM BEACH GARDENS, FL 33418					(561) 201-9146		2. County 3. Out of State		1											
	Permanent Address (Street, Apt. Number) (City) (State) (Zip)					Phone		Address Source													
4741 HOLLY DR, PALM BEACH GARDENS, FL 33418					(561) 201-9146		FL DL														
Business Address (Name, Street) (City) (State) (Zip)					Phone		Occupation														
D/L Number, State M325540835430 / FL					Soc. Sec. Number		INS Number		Place of Birth (City, State) WEST PALM BEACH, US												
C O D E F	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													
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)																				
	<input type="checkbox"/> Legal Custodian																				
	Address (Street, Apt. Number) (City) (State) (Zip)																				
	Notified by: (Name) Date Time																				
	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.																				
	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																				
	Description of Property Value of Property																				
	School Attended Grade																				
	C H A R G E	Drug Activity							Drug Type		B. Barbiturate		H. Hallucinogen		P. Paraphernalia/ Equipment		U. Unknown				
S. Sell N. N/A P. Possess							M. Manufacture/ Produce/ Cultivate		C. Cocaine E. Heroin		M. Marijuana O. Opium/Deriv.		S. Synthetic		Z. Other						
Charge Description BATTERY-SIMPLE (TOUCH OR STRIKE)							Statute Violation Number 784.03(1)(A)(1)		Violation of ORD #												
Drug Activity							Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number		Bond		
N													1		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N						
Charge Description							Statute Violation Number		Violation of ORD #												
Drug Activity							Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number		Bond		
															<input type="checkbox"/> Y <input type="checkbox"/> N						
Charge Description							Statute Violation Number		Violation of ORD #												
Drug Activity							Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number		Bond		
															<input type="checkbox"/> Y <input type="checkbox"/> N						
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													
	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																				
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)		SCANNED		No Photo Available									
	<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.							Court Date and Time		MAY 12 2020											
	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 CUSTODY FOR COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.																				
Signature of Defendant (or Juvenile and Parent/Custodian)											APR 22 2020										
A D M I N	HOLD for Other Agency				Signature of Arresting Officer				Name Verification (Printed by Arrestee)												
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest				ARTOLA, R.				PALM BEACH GARDENS POLICE DEPT												
	<input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Transferring Officer				Witness here if subject signed with an "X".												
	Intake Deputy				I.D. #				Pouch #												

**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 04/21/2020 18:58	Agency ORI Number FL 0502600	Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 20-002119
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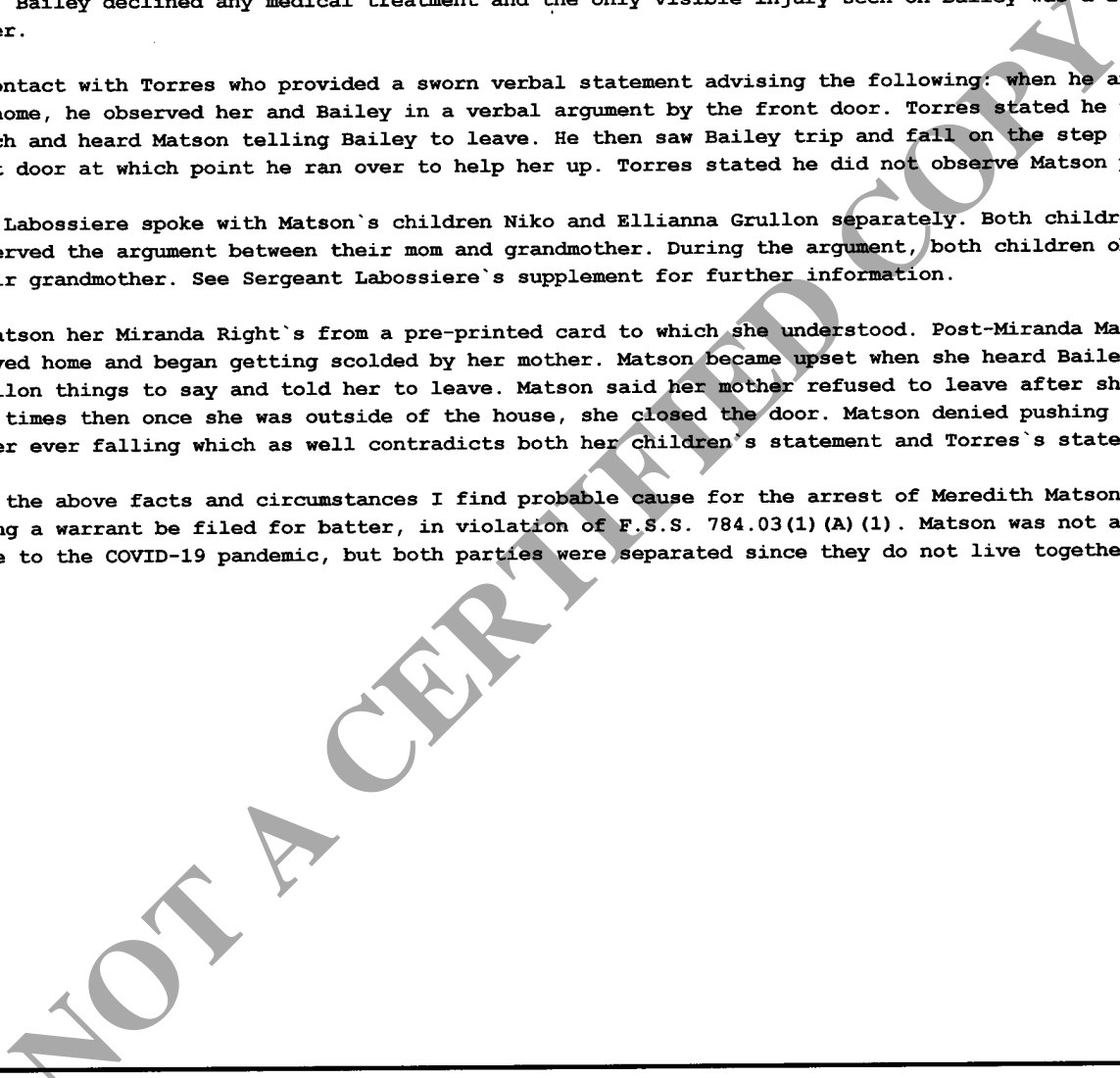
On arrival, I made contact with Susan Bailey who provided me with a sworn verbal statement advising the following: she came to her daughter's residence to watch her children after receiving a call from her ex-husband saying he was feeling sick and could not watch them. Bailey stated her daughter, identified as Meredith Matson, returned home with her friend, Elving Torres at which point an argument ensued. Bailey told Matson that her son did not want to go on the boat because everyone just gets drunk at which point Matson got upset and told her to leave. Bailey said Matson kept screaming at her to "get out" then threw a water bottle at her. After throwing the water, Bailey said Matson pushed her out causing her to fall on the ground and hit her head. Bailey declined any medical treatment and the only visible injury seen on Bailey was a laceration to her finger.

I made contact with Torres who provided a sworn verbal statement advising the following: when he and Matson arrived home, he observed her and Bailey in a verbal argument by the front door. Torres stated he was in the back porch and heard Matson telling Bailey to leave. He then saw Bailey trip and fall on the step outside of the front door at which point he ran over to help her up. Torres stated he did not observe Matson push Bailey.

Sergeant Labossiere spoke with Matson's children Niko and Ellianna Gullon separately. Both children advised they observed the argument between their mom and grandmother. During the argument, both children observed mom push their grandmother. See Sergeant Labossiere's supplement for further information.

I read Matson her Miranda Right's from a pre-printed card to which she understood. Post-Miranda Matson stated she arrived home and began getting scolded by her mother. Matson became upset when she heard Bailey telling Niko Gullon things to say and told her to leave. Matson said her mother refused to leave after she asked her multiple times then once she was outside of the house, she closed the door. Matson denied pushing Bailey and denied her ever falling which as well contradicts both her children's statement and Torres's statement.

Based on the above facts and circumstances I find probable cause for the arrest of Meredith Matson and am requesting a warrant be filed for batter, in violation of F.S.S. 784.03(1) (A) (1). Matson was not arrested on scene due to the COVID-19 pandemic, but both parties were separated since they do not live together.



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

RECEIVED
APR 22 2020

Sworn to and subscribed to before me this 21 day of April, 2020

RECORDS DIVISION
PALM BEACH GARDENS POLICE DEPT

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

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 04/21/2020 18:58		Agency Name PALM BEACH GARDENS POLICE		Agency Report Number 7 8 20-002119	
	Agency ORI Number FL 0502600		Name (Last, First, Middle) MATSON, MEREDITH		Race W	Sex F
D E F	Alias		Date of Birth 02/03/1983			
	Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)					
C H R G V I C T I M	Victim's Name (Last, First, Middle) BAILEY, SUSAN ROBSON				Race W	Sex F
	Date of Birth 11/09/1955					
	Local Address (Street, Apt. Number) (City) (State) (Zip) 2416 EDGEWATER DR, PBSO, FL 33410			Phone (561) 255-8298		Address Source
	Business Address (Name, Street) (City) (State) (Zip)			Phone (561) 301-3662		Occupation
DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/> VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): SHAKEN UP			
RELATIONSHIP BETWEEN VICTIM & SUSPECT MOTHER/DAUGHTER						
A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS: Scene: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Victim: <input checked="" type="checkbox"/> <input type="checkbox"/>		CALLER: VICTIM	
	911 CALL: <input checked="" type="checkbox"/> <input type="checkbox"/>		WEAPON USED: <input type="checkbox"/> <input checked="" type="checkbox"/>		TYPE:	
	WITNESSES: <input checked="" type="checkbox"/> <input type="checkbox"/>		(If YES, attach witness list)			
	INJURIES: <input checked="" type="checkbox"/> <input type="checkbox"/>		MEDICAL TREATMENT: <input type="checkbox"/> <input checked="" type="checkbox"/>			
	AT: Scene: <input type="checkbox"/> <input checked="" type="checkbox"/>		PARAMEDICS: <input checked="" type="checkbox"/>		PHYSICIAN(S) / HOSPITAL: <input checked="" type="checkbox"/>	
	Hospital: <input type="checkbox"/> <input checked="" type="checkbox"/>					
	ACT COMMITTED IN PRESENCE OF MINOR(S): <input checked="" type="checkbox"/> <input type="checkbox"/>		NAMES/AGES: ELLIANNA AND NIKO GRULLON			
	H. R. S. NOTIFIED: <input checked="" type="checkbox"/> <input type="checkbox"/>		VICTIM PREGNANT: <input type="checkbox"/> <input checked="" type="checkbox"/>			
	VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> <input checked="" type="checkbox"/>		CASE #:			
	PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> <input checked="" type="checkbox"/>					
	ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> <input checked="" type="checkbox"/>					
	On April 21, 2020 at approximately 6:58 p.m. I was dispatched to 4741 Holly Drive, Palm Beach Gardens, Palm Beach County, Florida; in reference to a domestic disturbance. This incident was recorded on my body worn camera.					
	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				RECEIVED APR 22 2020 RECORDS DIVISION PALM BEACH GARDENS POLICE DEPT	
	Sworn to and subscribed to before me this <u>21</u> day of <u>April</u> , 2020.					
_____ NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)						

NOT A CERTIFIED COPY