

05/9666 So 2020-CF-009315-AMB

P1792

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		3		Juvenile N	
Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.				Agency Report Number 34-20-056312					
Charge Type: Check as many as Apply.		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		If Weapon Seized Enter Type		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)									
302 GLEN ARBOR TER BOYNTON BEACH, FL 33436											
Date of Arrest 11/16/2020		Time of Arrest 0824		Booking Date		Booking Time		Jail Date		Jail Time	
Location of Vehicle											
Name (Last, First, Middle) HUGHES, PAIGE, CHANEL		Alias (Name, DOB, Soc. Sec. #, Etc)									
W - White B - Black		1 - American Indian O - Oriental / Asian		Race W		Sex F		Date of Birth 04/22/1982		Height 501	
Weight 100		Eye Color BRWN		Hair Color BLOND		Complexion LIGHT		Build SMALL			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status MARRIED		Religion Christian		Indication of: Alcohol Influence Drug Influence		Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Local Address (Street, Apt. Number) 302 GLEN ARBOR TER BOYNTON BEACH		(City) FL		(State) 33426		Phone (561)336-8091		Residence Type 1. City 3. Florida 2. County 4. Out of State		1	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Address Source Victim	
Business Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Occupation	
D/L Number, State H220-663-82-642-0/ FLDL		Soc. Sec. Number		INS Number		Place of Birth Connersville, IN		Citizenship Y			
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested 2. At Large		3. Felony 4. Misdemeanor 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 561-355-2528) informed of any change of address: <input type="checkbox"/> Yes, By (Name) <input type="checkbox"/> No: (Reason)		School Attended		Grade							
Property Crime? Yes <input type="checkbox"/> No <input type="checkbox"/>		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. 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 784.03.1A1		Violation of ORD#			
Drug Activity N		Drug Type N		Amount/Unit		Offense # 20-056312		Warrant/Capias Number		Bond	
Charge Description Child Abuse W/O GREAT HARM		Counts 1		Domestic Violence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number 827.03(2)(d) NOV 16 AM 10:56		Violation of ORD#			
Drug Activity N		Drug Type N		Amount/Unit		Offense # 200056312		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		Day		Year		Time		<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.		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)		Page					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Jennings		I.D. # 1000		BU# 115991		1 OF 1	
I.D. #		Pouch #		Transporting Officer OPC EICHORST 971		I.D. # BBPO		Agency		Witness here is subject Signed with an "X".	



DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT
PALM BEACH COUNTY



On the 14TH day of NOVEMBER 2020 at 21:56
Subject: HUGHES, PAIGE, CHANEL DOB: 04/22/1982 Case #: 20-056312
Charge Description: Simple Battery Domestic Statute #: 784.03.1A1
Victim: [REDACTED] DOB: [REDACTED] Race: W Sex: [REDACTED]
Local Address: [REDACTED]
Personal Contact: [REDACTED]

Narrative:

On 11/14/2020 at approximately 21:56 hours, I responded to [REDACTED] in reference to a delayed domestic battery.

Upon my arrival I met with the caller W/M [REDACTED] (11/18/77), who provided a sworn statement alleging that his [REDACTED] of his child [REDACTED] was intoxicated and battered him and their [REDACTED]

[REDACTED] stated that he had arrived him with [REDACTED] and Paige was intoxicated. [REDACTED] stated that he went outside and while outside he heard [REDACTED] screaming and crying out for him. [REDACTED] stated that he went inside of the residence and observed Paige trying to take a shirt off of [REDACTED]. Due to Paige being unable to get [REDACTED]'s head and arms out of the shirt, Paige threw the shirt with her [REDACTED] in it. Thus causing [REDACTED] to roll off the bed and onto the floor. [REDACTED] stated that he immediately grabbed [REDACTED] and Paige had begun to batter him by punching, scratching and slapping him on the back of his head and on the left side of his upper body while he held [REDACTED] in his right arm. [REDACTED] stated that Paige then started throwing things down in the residence. [REDACTED] informed Paige that he was going to call the Police and she had left in her dark colored Range Rover. [REDACTED] refused medical attention.

While making contact with [REDACTED] I observed scratch marks and slight skin tearing from what appeared to be from the scratches. [REDACTED]'s shirt was also torn. Photographs of [REDACTED] were captured.

I made contact with [REDACTED] who was not willing to talk to me. I attempted to ask her about the incident and [REDACTED] responded by turning her head away from me. With the assistance of [REDACTED] I did not observe injuries to [REDACTED]'s person. Photographs of [REDACTED] were captured. [REDACTED] refused medical attention for [REDACTED].

My attempts to make contact with Paige were unsuccessful. Paige is believed to be staying in Jupiter for the night but resides at the address of the incident

Based on the above mentioned investigation, I have probable cause to charge Paige with Simple Domestic Battery pursuant to FSS 784.03.1A1 due to her battering [REDACTED] as well as Child abuse pursuant to FSS 827.03.1 due to her battering [REDACTED].

Mary's Law form completed. Exempt form public records form completed. Domestic Violence Brochure provided.

I made contact with DCF operator Jean 244 who stated that a report will be generated.

Master Recording Requested. BWC activated.

Defendant's Statement: Taped

Victim's Statement: Taped

Observation Of Victim (Physical and Emotional):

[REDACTED] scratch marks skin tearing from what appeared to be from the scratches. [REDACTED] no injuries

Relationship Between Victim and Suspect:

Paige is the [REDACTED] to [REDACTED] and [REDACTED] to [REDACTED]

Photographs: Scene: ☐ Yes ☒ No
Victim: ☒ Yes ☐ No
911 Call: ☒ Yes ☐ No Caller:
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: 4
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: Work:
Employer: Self Employed
Relative Name: Phone:
Address:
City/State:

State Of Florida
County Of Palm Beach

Appeared before me, Jennings, (print name) 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 me before this 15 day of NOV, 2020


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

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 #: 20-056312 Agency: Boynton Beach Police Department
Offense: Simple Battery Domestic
Suspect/Offender: HUGHES, PAIGE, CHANEL
DOB: 04/22/1982 Race: W Sex: F
2. Warrant # (s): _____
3. Complete one (1) of the following:
 - A. Victim's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ 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: _____

Officer's Name: Jennings I.D.# 1000 Date: 11/15/2020

SUSPECT/OFFENDER:

HUGHES, PAIGE, CHANEL

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



**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: 2020026960

Date: 11/17/2020

Specialist Name/ID: AM/31562