

0438573

20MM 9836

#1447

ARREST / NOTICE TO APPEAR

1. Arrest (No Warrant) 3. Request for Warrant
2. N.T.A. 4. Request for Capias
5. Juvenile Referral

1 JUVENILE

ADMI NIST REAR TIO N	OBTS Number	Agency ORI Number 0500200	Agency Name Boca Raton Police Department	Agency Report Number (N.T.A.'s only) 3 2 2020-014289	1. Arrest (No Warrant) 2. N.T.A.	3. Request for Warrant 4. Request for Capias 5. Juvenile Referral	1	JUVENILE				
DEF END ANT	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	Location of Arrest (Including Name of Business) 600 W YAMATO RD		Location of Offense (Business Name, Address) 600 W YAMATO RD, BOCA RATON, FL 33431		If Weapon Seized Enter Type Hands, Feet, Fist, Teeth		Multiple Clearance Indicators				
	Date of Arrest 12/19/2020	Time of Arrest 18:11	Booking Date 12/19/2020	Booking Time 18:21	Jail Date	Jail Time	Location of Vehicle LEFT AT SCENE					
	Name (Last, First, Middle) MCDONALD, PRESTON C		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)							
J U V E N I L E	Race W - White B - Black O - Oriental/Asian W	Sex M	Date of Birth 02/25/1969	Height 5'05	Weight 360	Eye Color Blue	Hair Color Brown	Complexion W	Build Large			
	Local Address (Street, Apt. Number) 2214 S CYPRESS BEND DR 206, POMPANO BEACH, FL 33069		(City)	(State)	(Zip)	Phone (561) 350-6100		Indication of Alcohol Influence Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>				
	Permanent Address (Street, Apt. Number) 2214 S CYPRESS BEND DR 206, POMPANO BEACH, FL 33069		(City)	(State)	(Zip)	Phone (561) 350-6100		Residence Type: 1. City 3. Florida 2. County 4. Out of State				
	Business Address (Name, Street) 2214 S CYPRESS BEND DR 206, POMPANO BEACH, FL 33069		(City)	(State)	(Zip)	Phone (561) 350-6100		Address Source Occupation				
C O D E D	D/L Number, State M235663690650 / FL		INS Number		Place of Birth (City, State) New Orleans, LA		Citizenship U.S.					
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor					
I N T A K E	Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)		Legal Custodian <input type="checkbox"/>		Address (Street, Apt. Number)		Residence Phone					
	Notified by: (Name)		Date		Time		JUVENTILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated					
	Released To: (Name)		Relationship		Date		Time					
	The above address was provided by <input checked="" 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					
C H A R G E	Drug Activity S. Sell 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		Amount / Unit		Offense #		Counts		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number	
	Charge Description DOMESTIC BATTERY		State Violation Number 784.03(1A1)		Violation of ORD # 74229 JR		Bond					
	Charge Description		State Violation Number		Violation of ORD #		Bond					
I N T I M E	Health / Apparent Physical Condition of Defendant GOOD		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		PROPERTY - Received By 862		Released By 862		Released To TOT CJ		Date Released DEC 19 2020	
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		Date Transported 12/19/2020		Time Transported 18:40		Other	
	Transported By 862		Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time							
	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.									
A D M I N	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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed		No Photo Available					
	HOLD for Other Agency		Signature of Arresting Officer ROSARIO, J. G.		Name Verification (Printed by Arrestee) ROSARIO, J. G.		I.D. # 862		Agency BOCA		PAGE 1 OF 1	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Intake Deputy SPANN 8101		Pouch #		Witness here (if subject signed with an "X") SCANNED		DEC 20 2020	

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2020-014289	
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Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) MCDONALD, PRESTON C	Alias	Race W	Sex M	Date of Birth 02/25/1969
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Charge Description 741.25 DOMESTIC BATTERY 784.03(1A1)	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) MCDONALD, JESSICA L	Race W	Sex F	Date of Birth 12/21/1972
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Local Address (Street, Apt. Number) 2214 S CYPRESS BEND 206, POMPANO BEACH, FL 33069	(City)	(State)	(Zip)	Phone (561) 350-6200	Address Source
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Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
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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 **OFC. ROSARIO** admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
 On the **19** day of **December**, **2020** at **14:55** (Specifically include facts constituting cause for arrest.)

*** MVR Available***

On 12-19-2020 at approximately 1500 hours we responded to the area of Yamato and i95 in reference to a white male hitting a white female in the east bound lanes of traffic.

We were advised that the suspect was a heavier set white male wearing a black t-shirt that had exited the vehicle and was still in the area. The female had left in the vehicle to a nearby shopping plaza. Upon arrival we saw the suspect sitting on the South East side of the road leaning against an electrical box. We stopped and approached the suspect who identified himself as Preston McDonald. McDonald advised that he and his wife were at Whistle Stop (395 NE Spanish River Blvd) where they had been at the bar drinking. He stated that she became irate and started hitting him, so he hit her with the back of his hand. He then advised that they left but due to his level of intoxication could not advise further details. McDonald had bruising on the backs of both of his hands and no apparent injury. He stated multiple times "I hit the bitch".

We then responded to the area of 162 NW 51st to meet with the victim identified by her FL DL as Jessica McDonald. Mrs. McDonald was being treated by BRFD Medic 4 Lieutenant Joshua Hecker (FD Run# 2020-15282). Mrs. McDonald had an apparent laceration over her right eye that had become extremely swollen and was still bleeding. She refused further treatment. She explained that her and her husband had been drinking and while on their way home he became angry. She stated he struck her in the face, pulled on the right side of her shirt, and bit her right arm. Mrs. McDonald had a bite mark on her right forearm, the right shoulder of her shirt was torn, she had a bruise on her right shoulder, and the injury above her right eye continued to swell almost causing her eye to become closed. She had clumps of hair on the right side of her shirt and was missing the earring from her left ear. She advised that she did not hit her husband, nor did she

SWORN AND SUBSCRIBED BEFORE ME WOLLSCHLAGER, ANTHONY J NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 12/19/2020 DATE	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER ROSARIO, JONATHAN GLENN (862) NAME OF OFFICER (PLEASE PRINT) 12/19/2020 DATE	PAGE 1 OF 2
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PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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 V E	OBTS Number		Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2020-014289		
	Charge Type: Check as many as apply.		Special Notes:						
	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance						
		<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other					
Name (Last, First, Middle) MCDONALD, PRESTON C							Race W	Sex M	Date of Birth 02/25/1969

become violent at any point. It should be noted that Mrs. McDonald advised that her husband has been violent in the past. Due to her level of intoxication she was unable to provide any further details of the event that occurred. Photos were taken of her injuries and placed into evidence. She was given a Domestic Violence packet but refused to sign the receipt. Due to the circumstances of her having had alcohol, being injured, and heavily distraught she was advised to park her car. A cab was called to take her home.

We then returned to the area of Yamato and 195 where the Preston McDonald was located and placed him under arrest for Domestic Battery. He was transported to the Boca Raton Police Department and then transported to Palm Beach County Jail.

We attempted to contact the witness but were unable to.

NOT A CERTIFIED COPY

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
	WOLLSCHLAGER, ANTHONY J		ROSARIO, JONATHAN GLENN (862)	
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		NAME OF OFFICER (PLEASE PRINT)	
	12/19/2020		12/19/2020	
DATE		DATE		

VICTIM NOTIFICATION FORM

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

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

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

1. Incident Report#: 2020-014289 Agency: Boca Raton Police Department
Offense: Domestic Battery
Suspect/Offender: Preston McDonald
D.O.B. 02-25-1969 Race: W Sex: M

2. Warrant#(s): _____

3.a. Victim's name: Jessica McDonald D.O.B. _____ Race: W Sex: F
Address: 2214 S Cypress Bend Dr Apt 206
City: Pompano Beach State: FL Zip: 33069
Home#: 561 350 6200 Work#: _____ Other: _____

b. Victim's next of kin, friend or neighbor: _____
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:** Pursuant to F.S.119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).
Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: Rosario I.D.# 862 Date: 12-19-2020
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER:

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

COURT CASE/WARRANT#:

RECEIVED
DEC 20 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"/>	(vii) 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: 2020029750	Date: 12/20/2020
	Specialist Name/ID: AM/31562

SCANNED
DEC 20 2020