

0518583

999

| OBTS Number | | ARREST/NOTICE TO APPEAR Juvenile Referral Report | | 1. Arrest 2. N.T.A. | | 3. Request for Warrant 4. Request for Capias | | 1 | | Juvenile | | N | |
|---|--|--|--|--|--|---|--|--|--|--|--|---|--|
| Agency ORI Number FLO 500000 | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | | | | Agency Report Number 06- 20107801 | | | | | | | |
| Charge Type Check as many as apply. | | 1. Felony <input type="checkbox"/> | | 2. Traffic Felony <input type="checkbox"/> | | 3. Misdemeanor <input checked="" type="checkbox"/> | | 4. Traffic Misdemeanor <input type="checkbox"/> | | 5. Ordinance <input type="checkbox"/> | | 6. Other <input type="checkbox"/> | |
| Location of Arrest (Including Name of Business) 4748 Avocado Blvd | | Location of Offense (Business Name, Address) 4748 Avocado Blvd | | | | West Palm Beach, FL 33411 | | | | | | | |
| Date of Arrest 09/16/20 | | Time of Arrest 23:36 | | Booking Date | | Booking Time | | Jail Date | | Jail Time | | Location of Vehicle | |
| Last Name (Last) | | First Name (First) | | Middle Name (Middle) | | Alias (Name, DOB, Soc. Sec. #, Etc.) | | | | | | | |
| Rebecca | | Debra | | | | | | | | | | | |
| Race W - White 1 - American Indian B - Black 0 - Oriental/Asian | | Sex F | | Date of Birth 11/21/1988 | | Height 5'02 | | Weight 180 | | Eye Color GREEN | | Hair Color BROWN | |
| Complexion MEDIUM | | Build LARGE | | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) SCARS ON WRIST AND THIGHS FROM CUTTING/SELF HARM | | Martial Status Married | | Religion None | | Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/> | | Indication of Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/> | |
| Local Address (Street, Apt. Number) 4748 Avocado Blvd | | (City) West Palm Beach, FL 33411 | | (State) FL | | (Zip) 33411 | | Phone 201-783-7194 | | Residence Type 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input type="checkbox"/> | | Address Source FL DL | |
| Permanent Address (Street, Apt. Number) 4748 Avocado Blvd | | (City) West Palm Beach, FL 33411 | | (State) FL | | (Zip) 33411 | | Phone | | Occupation MOTHER | | | |
| Business Address (Name, Street) | | (City) | | (State) | | (Zip) | | Phone | | Place of Birth (City, State) CASPER, WYOMING | | Citizenship USA | |
| D/L Number, State L230724889210, FL | | Soc. Sec. Number | | INS Number | | Place of Birth (City, State) | | Citizenship | | | | | |
| 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 <input type="checkbox"/> Other | | (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 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 A. Amphetamine | | 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 Battery (domestic) | | Counts 1 | | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | Statute Violation Number 784.03(1a1) | | Violation of ORD # | | | | | |
| Drug Activity N | | Drug Type N | | Amount / Unit | | Offense # 20107801 | | Warrant / Capias Number | | Bond None | | | |
| 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 | | Bond | | | |
| 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 | | Bond | | | |
| 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 | | Bond | | | |
| Location (Court, Room Number, Address) | | Court Date and Time Month _____ Day _____ Year _____ Time _____ AM <input type="checkbox"/> PM <input type="checkbox"/> | | I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED TO 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 | | 09/16/20 | | SCANNED | | | | | |
| Signature of Defendant (or Juvenile and Parent /Custodian) | | Date Signed | | | | | | | | | | | |
| HOLD for other Agency Name | | Signature of Arresting Officer DEPUTY SHERIFF A. TEJADA | | Name Verification (Printed by Arrestee) SLM | | I.D.# 26703 | | Agency PBSO | | PAGE 1 | | OF 1 | |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal | | <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other | | Intake Deputy A. Tejada | | Pouch # | | Witness here if subject signed with an "X" | | | | | |

AT 2

NOT A CRIMINAL RECORD

WEST PALM BEACH COUNTY SHERIFF'S OFFICE

2020 SEP 17 AM 7:59

38021

2020MM007297AXX MB

| | | PROBABLE CAUSE AFFIDAVIT | | 1. Arrest 2. N.T.A. | | 3. Request for Warrant 4. Request for Capias | | 1 | Juvenile | N |
|--|---|--------------------------------------|---|---|---|--|-----------------------------------|---|----------|---|
| ADMIN | OBTS Number | | | Agency ORI Number FLO 500000 | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | | Agency Report Number 06- 20107801 | | |
| | Charge Type: Check as many as apply. | <input type="checkbox"/> 1. Felony | <input checked="" type="checkbox"/> 2. Traffic Felony | <input 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) Last Rebecca Debra | Alias | | Race W | Sex F | Date of Birth 11/21/1988 | | | | |
| CHARGES | Battery (domestic) | 784.03(1a1) | | | | | | | | |
| VICTIM | Victim's Name (Last, First, Middle) Mc Elhone John | C Thomas | | Race W | Sex M | Date of Birth 06/15/1980 | | | | |
| | Local Address (Street, Apt. Number) 4748 Avocado Blvd | (City) West Palm Beach, FL | (State) 33411 | (zip) | Phone 786-422-4082 | Address Source FL DL | | | | |
| | Business Address (Name, Street) | (City) | (State) | (zip) | Phone | Occupation | | | | |
| <p>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</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 16TH day of SEPTEMBER 2020 at 11:36 <input type="checkbox"/> A. M. <input checked="" type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)</p> <p>On the above date and time I arrived at the above mentioned location and came into contact with the male half, identified as; JOHN,C THOMAS,MC ELHONE, who advised me that he was in a verbal argument, turned physical with the mother of his 2 year old son; REBECCA,DEBRA,LAST. According to John they began arguing over their dog that passed away today, they both started to drinking alcohol (wine and bourbon) prior to their argument. During their argument Rebecca asked John to leave the room and when he refused she began to push John out. In her attempt to physically get John out she grabbed John by the neck and caused him minor laceration/scratched and bruising on the on the left side of his neck.</p> <p>Due to the evidence and the above facts I find probable cause to arrest, REBECCA,DEBRA,LAST for Domestic Battery, contrary to FSS 784.03(1a1).</p> | | | | | | | | | | |
| ADMINISTRATIVE | <p>STATE OF FLORIDA COUNTY OF PALM BEACH DEPUTY SHERIFF A. TEJADA (ID#) 26703 (Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this 16th day of SEPTEMBER 2020 by DEPUTY SHERIFF A. TEJADA 26703</p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN DEPUTY SHERIFF</p> <p>DEPUTY SHERIFF G. IOZZO 21070</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 107.10)</p> | | | | | | | | | |
| | | | | | | | | PAGE 1 OF 1 | | |

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)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense

- 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 #: 20107801 Agency: PBSO
Offense: Battery (domestic)
Suspect/Offender: Name (Last) Last (First) Rebecca (Middle) Debra
D.O.B. 11/21/1988 Race: W Sex: F

2. Warrant # (s): _____

3.a. Victim's name: Mc Elhone John D.O.B. 06/15/1980 Race: W Sex: M
Address: 4748 Avocado Blvd
City: West Palm Beach, FL 33411
Home #: 786-422-4082

b. Victim's next of kin, friend or neighbor: (Last) LAST (First) JOSHUA
Address: UNK
City: MIAMI FL
Home #: UNK

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: Mc Elhone John

Deputy's Name: DEPUTY SHERIFF A. TEJADA I.D.# 26703 Date: 09/16/20

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records
PBSO 00029A REV. 4199

SUSPECT/OFFENDER: Last

Rebecca

Debra

COURT CASE/WARRANT#

(FOR WARRANTS USE ONLY)

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
 (Submit this form with the original Probable Cause affidavit)

Name (Last, First, Middle)

Suspect: Last Rebecca Debra DOB: 11/21/1988 Case #: 20107801

Name (Last, First)

Victim: Mc Elhone John DOB: 06/15/1980 Race: W Sex: M

Relationship between Victim and Defendant: MARRIED- WIFE

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: REBECCA DEBRA LAST

Weapon Used: Yes No Type: HANDS

Witness: Yes No Name: (Last) _____ (First) _____ (Middle) _____

Victim Pregnant: Yes No If yes, _____ weeks _____ months

Injuries: Yes No Description: BRUISING/LACERATIONS ON LEFT SIDE OF NECK

Medical Treatment: Yes No

At Scene: Yes No Paramedics: _____

At Hospital: Yes No Hospital: _____ Doctor: _____

Are Children Living in Home? Yes No DCF Notified? Yes No

Name: JACKSON LEYSOR MCELHONE DOB: 10-27-2017

Name: _____ DOB: _____

Name: _____ DOB: _____

Injunction Yes No Case #: _____

No Contact Order Yes No Case #: _____

Alcohol or Drugs Yes No Unknown

Prior History of Domestic/Dating Violence Yes No

Defendant's Statements Yes No If yes, written recorded oral

First words Defendant said when you responded to scene: REBECCA IS EXTREAMLY EMOTIONAL OVER OUR DOG PASSING AWAY. TODAY AFTER 3 WEEKS SHE BEGAN TO DRINK AND BEGAN TO ARGUE TURNING PHYSICAL.

Victim's Statements Yes No If yes, written recorded oral

First words Victim said when you responded to scene: I NEVER TOUCHED HIM. TODAY WAS A VERY EMOTIONAL DAY. MY DOG PASSED AWAY.

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

Yes No If yes, name: _____ phone: _____

Observations of Victim (Physical & Emotional) _____

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other _____

Victim Contact Information: (Last) Mc Elhone (first) John

Local Address: 4748 Avocado Blvd, West Palm Beach, FL 33411

Phone: 786-422-4082

Employer: (Name) LANDSTAR TRUCKING (Employer Address) _____

Name of Relative: (Last) LAST (First) JOSHUA Phone: UNK

Address: UNK MIAMI FL



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"/> | 119.0712 (2) | Other: Personal information contained in a motor vehicle record | |
| | <input type="checkbox"/> | 119.071(2)(j) | Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S). | |

REVIEW COMPLETED BY

| | |
|--------------------------------|------------------------------------|
| Booking Number: 2020021936 WDC | Date: 9/17/2020 |
| | Specialist Name/ID: M. Tooks #8557 |