

J0515955

2020CF003185 AMB
NIR

P2112

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1 Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		1	Juvenile	N	
Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 06		20-058051			
Charge Type Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input 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		If Weapon Seized		Enter Type		Multiple Clearance Indicator		0		1	
Location of Arrest (Including Name of Business)				Location of Offense (Including Name of Business)							
Date of Arrest Apr 12, 2020		Time of Arrest 1848		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) Cook Stephanie donna						Alias (Name, DOB, Soc. Sec. # Etc.)					
Race W: White 1. American Indian B: Black 0. Oriental/Asian		Sex F	Date of Birth 11-27-1983		Height 5'5"	Weight 135	Eye Color Green		Hair Color Brown	Complexion light	Build small
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status S	Religion Np		Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N	Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N	Unk <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Local Address (Street, Apt. Number)		City		State		Zip		Phone 561-510-3231		Residence Type 1 City 2 County 3 Florida 4 Out of State	1
Permanent Address (Street, Apt. Number)		City		State		Zip		Phone		Address Source Verbal	
Business Address (Street, Apt. Number)		City		State		Zip		Phone		Occupation Unemployed	
DOL Number, State C200784839270		Social Security Number		INS Number		Place of Birth Buffalo NY		Citizenship US			
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 Guardian <input type="checkbox"/> Other	Name (Last, First, Middle)						Phone				
Address (Street, Apt. No.)		City		State		Zip		Business Phone			
Notified By (Name)		Date		Time		Juvenile Disposition 1. Handled/Processed within 2. Delin and Released 3. In Custody 4. In Residential 5. In Probation 6. In Detention 7. In Other					
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(s) hold to keep the Juvenile Court Clerk's Office (Phone 561-365-2233) informed of any address change. <input type="checkbox"/> Yes by (Parent) <input type="checkbox"/> No (Reason)						School Attended		Grade			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Property Crime?						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: Disposal C: Distribute	M: Manufacture P: Produce C: Cultivate	Z: Other	Drug Type N: N/A A: Amphetamine	B: Barbiturate C: Cocaine E: Heroin	H: Hallucinogen M: Marijuana	P: Paraphernalia Equipment	U: Unknown Z: Other	
Charge Description Battery(65 or older)		Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.08(2)(c)		Violation or ORD. #					
Drug Activity N	Drug Type nN	Amount/Unit na	Offense # 20-058051		Warrant/Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation or ORD. #					
Drug Activity	Drug Type	Amount/Unit	Offense #		Warrant/Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation or ORD. #					
Drug Activity	Drug Type	Amount/Unit	Offense #		Warrant/Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation or ORD. #					
Drug Activity	Drug Type	Amount/Unit	Offense #		Warrant/Capias Number		Bond				
Location (Court, Address, Room Number)											
Court Date and Time											
Month		Day		Year		Time		AM <input type="checkbox"/>		PM <input checked="" type="checkbox"/>	
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY 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				Signature of Arresting Officer			Name Verification (Printed by Arrestee)				
Name				Name of Arresting Officer D/S J. Dixon			ID # 22100				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other			(PRINT)				
Intake Agency White 0140				Transporting Officer D/S J. Dixon			Agency PBSO				
Witness here if subject signed with an "X"						Page 1 of 1					

APR 12 PM 9:50
APR 13 2020
SCANNED

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request For Warrant 4. Request For Copies	1	Juvenile	N
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERRIF'S OFFICE		Agency Report Number 06 20-058051				
Charge Type Check as many as apply		Special Notes						
<input checked="" type="checkbox"/> 1. Felony		<input type="checkbox"/> 3. Misdemeanor						
<input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 4. Traffic Misdemeanor						
<input type="checkbox"/> 5. Ordinance		<input type="checkbox"/> 6. Other						
Defendant Name (Last, First, Middle) Cook Stephanie donna				Race W	Sex F	Date of Birth 11-27-1983		
Charge Battery(65 or older)								
Charge								
Victim Name (Last, First, Middle) Cook Doona Vaughan				Race W	Sex F	Date of Birth 06-10-1950		
Local Address (Street, Apt. Number)		City	State	Zip	Phone	Address Source Verbal		
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation		
The undersign 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...								
<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.						
<input type="checkbox"/> confessed to admitting to the below facts.		<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.						
On the <u>12</u> day of <u>April</u> 20 <u>20</u> at <u>1845</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM								

On 4-12-2020 I responded to [REDACTED] in reference to Domestic dispute.

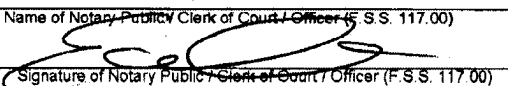
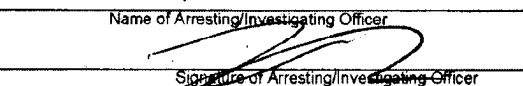
Upon arrival I made contact with Donna Cook the mother of Stephanie Cook. Donna explained to me that Stephanie was out of control tonight and she hit her several times in the upper body then pushed her to the ground. Donna said Stephanie had a metal rod in her hand and thought that she was going to hit her with it but Stephanie never hit her or made any threats with the pole. Donna explained that earlier she confronted Stephanie about missing money and that's what started the whole incident. Donna said after she accused Stephanie of taking money from her and Stephanie then proceed to throw things in her room and try to go after her.

Andre Cook the father of Stephanie told me there was a verbal argument between his wife Donna and Stephanie regarding missing money. Andre said he observed Stephanie to swing her fists at Donna striking her several times in the upper chest area. Andre said he did not observe any further fighting between his wife and daughter.

While on scene speaking with Donna she was very upset about the whole incident and said Stephanie needs help. Donna went on to say that Stephanie tried to grab her neck to strangle her and kill her but there were no marks visible and no petechial hemorrhaging present which is present when being choked or strangled. I observed small red marks on the upper chest of Donna to be consist with the claims of being punched.

I spoke with Stephanie she said she did not hit her mother and that they have issues going on that caused her mom to call the cops on her. Stephanie said she had been drinking and they did argue over missing money but she would never hit her mother.

With the above facts I find probable cause to charge Stephanie Cook with domestic battery on a person 65 or older pursuant to FSS 784.08 2 c.

The foregoing instrument was sworn to and affirmed before me this <u>12</u> day of <u>April</u> 20 <u>20</u> , by:	
D/S Davis 8307	D/S J. Dixon 22100
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer
	
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer
Page <u>1</u> of <u>1</u>	

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

Defendant: Cook Stephanie donna DOB: 11-27-1983 Case #: 20-058051

Victim: Cook Doona Vaughan DOB: 06-10-1950 Race: W Sex: F

Relationship between Victim and Defendant: _____

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: _____

Weapon Used: Yes No Type: _____

Witness: Yes No Name: Andre Cook

Victim Pregnant: Yes No If yes, _____ Weeks _____ Months

Injuries: Yes No Description: Red marks on chest

Medical Treatment: Yes No

At Scene: Yes No Paramedics: _____

At Hospital: Yes No Hospital: _____ Physician: _____

Are children living in the home? Yes No DCF Notified? Yes No

Name: _____ DOB _____

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: She stated that she did not have a fight with her mother.

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

First words Victim said when you responded to scene: Shes inside she hit me and tore up the house.

Did the Victim contact anyone other than the 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:

Local Address: _____

Phone: Home: _____ Work: _____ Cell: _____

Employer: _____

Name of Relative: _____ Phone: _____

VICTIM NOTIFICATION FORM

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

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

1. Incident Report #: 20-058051 Agency: Palm Beach County Sheriff's Office
Offense: Battery(65 or older)
Suspect/Offender: Cook Stephanie donna
DOB: 11-27-1983 Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's Name: Cook Doona Vaughan DOB: 06-10-1950 Race: W Sex: F
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ 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 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: _____

Deputy's Name: D/S J. Dixon ID #: 22100 Date: Apr 12, 2020

White = Corrections or State Attorney (Warrant Application) Yellow = Warrants Section Pink = Central Records

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
I/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 checked="" type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	1-5
	<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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020010407	Date: 04/13/2020
	Specialist Name/ID: AM/31562