

20MM4295 MB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number		Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 20071465		
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		Misdemeanor Seized		Multiple Clearance 0 1		
Location of Arrest (Including Name of Business)				Location of Offense (Including Name of Business)				
Date of Arrest 05/24/2020	Time of Arrest 11:27	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle No vehicle		
Name (Last, First, Middle) Fracasse Taylor				Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W. White B. Black O. Oriental/Asian	Sex F	Date of Birth 03/30/1992	Height 5'06	Weight 120	Eye Color Brown	Hair Color Brown	Complexion Light	Build Thin
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status Single		Religion N/A		
Local Address (Street, Apt. Number)		City	State	Zip	Phone 929-302-2660	Residence Type 2		
Permanent Address (Street, Apt. Number) Same as local		City	State	Zip	Phone	Address Source FL DL		
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation		
D/L Number, State F622815926100		Social Security Number		US Number		Place of Birth Harris, NY		
Citizenship USA		Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	1 Arrested <input type="checkbox"/> 2 At Large <input type="checkbox"/>	
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	3 Felony <input type="checkbox"/> 4 Misdemeanor <input type="checkbox"/> 5 Juvenile <input type="checkbox"/>			
Name (Last, First, Middle)		Address (Street, Apt. No.)		City	State	Zip	Business Phone	
Notified By (Name)		Date	Time	Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT-HRS/DAYS 3. Incarcerated		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: 561-955-2526) informed of any address change. <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: Traff	A: Smuggle D: Deliver U: Use	R: Dispense/Distribute	M: Manufacture/Produce/Cultivate	2: Other	Drug Type N: N/A A: Amphetamine B: Barbiturate C: Cocaine E: Heroin	
Charge Description Simple Battery		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 784.03 (1A1)		Violation or ORD. #		
Drug Activity N	Drug Type N	Amount/Unit	Offense # 20071465	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 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 IF I 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. MAY 25 2020								
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 C. Reece		ID # 24519		(PRINT)		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Transporting Officer ID # D/S Reece 24519		Agency PBSO		
Intake Deputy		ID # Pouch #		Witness here if subject signed with an 'X'		Page 1 of 1		

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 3 Request For Warrant 2 N.T.A. 4 Request For Capias		1		Juvenile	
Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERRIF'S OFFICE		Agency Report Number 06		20071465			
Charge Type Check as many as apply		Special Notes		Race		Sex		Date of Birth	
<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				W		F		03/30/1992	
Defendant Name (Last, First, Middle) Fracasse Taylor									
Charge Simple Battery									
Victim Name (Last, First, Middle) Young Mark				Race W		Sex M		Date of Birth 04/11/1989	
Local Address (Street, Apt. Number)		City		State		Zip		Phone	
Business Address (Street, Apt. Number)		City		State		Zip		Phone	
								Address Source Verbal	
								Occupation	
<p>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...</p> <p><input type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to admitting to the below facts</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.</p> <p>On the <u>24</u> day of <u>May</u> 20<u>20</u> at <u>10:47</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</p>									

On 05/24/2020 at approximately 10:55 hours I responded to [REDACTED] in reference to a domestic.

On arrival I met with the male half Mark Young. I observed a small laceration of his left shoulder that was bleeding. Young refused EMS. Young advised that his girlfriend Taylor Fracasse accused him of cheating. Young advised that instead of fighting with her he attempted to grab clothes off of the laundry and he was going to leave. While doing so, he stated that Fracasse "attacked him and hit him with a wood board on his shoulder. He then hugged her to stop her from hitting him again and she bit him on his right jaw which left a visible mark that was also bleeding slightly. Young then advised that he walked out into the living room and Fracasse threw a glass vase at him which hit the wall and shattered. Young explained that when the glass shattered off the wall some shards hit his right hand and left a small laceration which was also visible. As Young attempted to gather more of his belongings in the living room he was struck again in his left shoulder by a broom stick. Young advised that when Fracasse hit him with the broom it bent the stick, which I observed.

I then spoke with Fracasse who also stated that she looked through Young's phone and saw text messages that he had sent an ex-girlfriend and became upset. She admitted to arguing with him and throwing the glass vase at Young. She then showed me a bruise on the inside of her lip but could give a clear explanation of how Young caused it. She first stated that he put his hand on her mouth the said he hit her with the wood; however, there was no visible injury to the outside of her lip.

Through my investigation I have found probable cause to arrest and charge Taylor Fracasse with simple batter in accordance with FSS 784.03.

SO 4
MAY 25 2020

The foregoing instrument was sworn to and affirmed before me this <u>24</u> day of <u>May</u> 20 <u>20</u> , by	
D/S C. Reece	
24519	
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.001)	
Name of Arresting/Investigating Officer	

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 #: 20071465 Agency: Palm Beach County Sheriff's Office
Offense: Simple Battery
Suspect/Offender: Fracasse Taylor
DOB: 03/30/1992 Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's Name: Young Mark DOB: 04/11/1989 Race: W Sex: M
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 C. Reece ID #: 24519 Date: 05/24/2020



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)(f)	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.	1-4
	<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: 2020013392	Date: 05/25/2020
	Specialist Name/ID: AM/31562