

0520095

20mm 9528

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile 1

| | | | | | | | | | |
|---|--|---|--|--|---|--|--|--|--|
| OBTS Number | | Agency ORI Number FLO 500000 | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | | Agency Report Number 06 | | 20-134640 | |
| 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"/> | | # Weapon Seized | |
| Location of Arrest (Detention, Name of Business) | | Location of Offense (Including Name of Business) | | Enter Type | | Multiple Clearance Indicator | | | |
| Date of Arrest Dec 8, 2020 | | Time of Arrest 1242 | | Booking Date | | Booking Time | | Jail Date | |
| Name (Last, First, Middle) MALONEY TIMOTHY J | | Alias (Name, DOB, Soc. Sec. #, Etc.) | | Race BRO | | Hair Color BRO | | Complexion LIGHT | |
| Sex M | | Date of Birth 01/25/1953 | | Height 5'09 | | Weight 185 | | Build THIN | |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | | Marital Status | | Religion | | Indication of Alcohol Influence 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input checked="" type="checkbox"/> | | Indication of Drug Influence 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input type="checkbox"/> | |
| Local Address (Street, Apt. Number) | | City | | State | | Zip | | Phone 954-520-6300 | |
| Permanent Address (Street, Apt. Number) | | City | | State | | Zip | | Address Source DRIVER LICENSE | |
| Business Address (Street, Apt. Number) | | City | | State | | Zip | | Phone | |
| Occupation | | DL Number, State M450810530250, FL | | Social Security Number | | INS Number | | Place of Birth BANEBRIDGE, MA | |
| Citizenship US CITIZEN | | Co-Defendant Name (Last, First, Middle) | | Race | | Sex | | Date of Birth | |
| Co-Defendant Name (Last, First, Middle) | | Race | | Sex | | Date of Birth | | 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Factory <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> | |
| Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other <input type="checkbox"/> | | Name (Last, First, Middle) | | Phone | | Address (Street, Apt. No.) | | City | |
| Address (Street, Apt. No.) | | City | | State | | Zip | | Business Phone | |
| Notified By (Name) | | Date | | Time | | Juvenile Disposition 1. Handled/Processed within Dept. and Released <input type="checkbox"/> 2. TOT HRS/DYS <input type="checkbox"/> 3. Incarcerated <input type="checkbox"/> | | | |
| 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 address change. | | Yes, by (Name) <input type="checkbox"/> No, (Reason) <input type="checkbox"/> | | School Attended | | Grade | | | |
| Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Description of Property | | Value of Property | | | | | |
| Drug Activity N. NSA P. Possess | | S. Sell B. Buy T. Traffic | | K. Struggle D. Deliver E. Use | | K. Dispense/ Distribute | | M. Manufacture/ Prepare Cultivate | |
| Z. Other | | Drug Type N. Narc A. Amphetamine | | B. Barbiturate C. Cocaine E. Heroin | | H. Hallucogen M. Marijuana | | P. Paraphernalia/ Equipment | |
| U. Unknown Z. Other | | Charge Description SIMPLE BATTERY (DOMESTIC RELATED) | | Counts 1 | | Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | | Statute Violation Number 784.03(1a1) | |
| Violation or ORD. # | | Drug Activity N | | Drug Type N | | Amount/Unit | | Offense # 20-134640 | |
| Warrant/Capias Number | | Bond | | Charge Description | | Counts | | Domestic Violence | |
| Violation or ORD. # | | Drug Activity | | Drug Type | | Amount/Unit | | Offense # | |
| Warrant/Capias Number | | Bond | | Charge Description | | Counts | | Domestic Violence | |
| Violation or ORD. # | | Drug Activity | | Drug Type | | Amount/Unit | | Offense # | |
| Warrant/Capias Number | | Bond | | Charge Description | | Counts | | Domestic Violence | |
| 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"/> | | DEC 8 | | PM | | 2:56 | | | |
| 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 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 | | Signature of Arresting Officer | | | Name Verification (Printed by Arrestee) | | | | |
| Name | | Name of Arresting Officer | | | (PRINT) | | | | |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Repeated Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other | | RESCH | | | 16448 | | | | |
| Inmate Deputy | | Transporting Officer | | | Agency | | | | |
| 1346 | | RESCH | | | 16448 | | | | |
| Witness here if subject signed | | Page 1 of 1 | | | | | | | |

DEC 8 PM 2:56

SCANNED

DEC 09 2020

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|--|--|---|--|--|---|---------------|------------------------------------|---|
| 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 500000 | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | | | Agency Report Number 06 | | 20-134640 | |
| 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 _____ | | Special Notes | | |
| Defendant Name (Last, First, Middle) MALONEY TIMOTHY | | | | J | W | M | Date of Birth 01/25/1953 | |
| Charge SIMPLE BATTERY (DOMESTIC RELATED) | | | | Charge | | | | |
| Victim Name (Last, First, Middle) MALONEY DEBORA | | | | P | W | F | Date of Birth 08/31/1960 | |
| Local Address (Street, Apt. Number) | | City | | State | | Zip | | Phone |
| Business Address (Street, Apt. Number) | | City | | State | | Zip | | Phone |
| | | | | | | | | Address Source DRIVER LICENSE |
| | | | | | | | | 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"/> confessed to admitting to the below facts. | | | | | | | | |
| <input type="checkbox"/> was observed by _____ who told that he/she saw the arrested person commit the below acts. | | | | | | | | |
| <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation. | | | | | | | | |
| On the 8 day of December 8 20 20 at 01:12 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM | | | | | | | | |

I responded to [REDACTED] in reference to a domestic disturbance. Upon my arrival, I met with Timothy Maloney (identified by driver license) who was standing in the driveway moving things in and out of the residence. Maloney originally called 911 to advise that his wife, later identified as Debora Maloney, hit him in the head with a soda can and poured it all over him. Timothy advised he came home and his wife was making copies of documents and they started a verbal argument. Timothy then made an allegation that Debora took a soda can, poured it over his head, crushed the can and hit him on the side of left side of the head with it. I did not observe any soda or injury on Timothy and he advised he did not have a bump on his head and also refused medical attention. Timothy added that his daughter, later identified as Breanna Maloney, was home and witnessed the entire incident. As I was speaking to Timothy who advised he only called the police to have Debora removed, Breanna had walked outside.

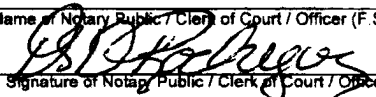

I spoke to Breanna who advised me of the following events taking place: Debora came home and was in the home office making copies of files when Timothy came home and tried to prevent her from doing so. Breanna witnessed Timothy taking the papers from Debora, slapping her on the shoulder with the papers and shoving her against the closet in the home office. Breanna realized the incident was getting out of control and attempted to separate them. Breanna did not witness Debora throwing soda at Timothy or hitting him with it. During the altercation, Breanna said Debora was drinking soda when the altercation started and the soda started to spill everywhere in the office. Breanna called Debora to have her respond back to the scene who also confirmed the same. Debora denied ever hitting Timothy with a soda and that she was drinking it because she was abnormally thirsty which is a side effect from her chemo therapy.

As I was speaking to Breanna, Timothy began to yell at Breanna and threatening that her and the family was going to live on the streets. Breanna sat down on the driveway and started to hysterically cry. As Debora arrived on scene, Timothy again threatened her and Breanna that they were going to live on the streets if she is going to pursue charges against him. Debora refused to cooperative when learning Timothy was being arrested. She did not want to take pictures, make a sworn statement and she did not want to press criminal charges against her husband.

Based on the investigation and evidence presented to me, I find probable cause per FSS 784.03(1a1) to charge Timothy Maloney for simple battery (domestic related) for unlawfully touching or striking the victim, Debora Maloney, against her will.

SCANNED
DEC 09 2020

The foregoing instrument was sworn to and affirmed before me this 8 day of DECEMBER 8 20 2020 by:

| | | |
|---|--|--------------|
| <u>RODRIGUEZ 9475</u> | <u>RESCH</u> | <u>18448</u> |
| 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 | |

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NOT A CERTIFIED COPY

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

Defendant: MALONEY TIMOTHY J DOB: 01/25/1953 Case #: 20-134640
 Victim: MALONEY DEBORA P DOB: 08/31/1960 Race: W Sex: F
 Relationship between Victim and Defendant: HUSBAND AND WIFE

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: _____

Weapon Used: Yes No Type: _____

Witness: Yes No Name: BREANNA MALONEY

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

Injuries: Yes No Description: _____

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: MY WIFE CAME HOME TRYING TO MAKE COPIES OF DOCUMENTS

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

First words Victim said when you responded to scene: I CAME HOME AND TRIED TO MAKE COPIES OF EVERYTHING THEN REFUSED TO COOPERATE

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: BREANNA MALONEY Phone: 561-398-4844

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 DEC 09 2020

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 #: 20-134840 Agency: Palm Beach County Sheriff's Office
Offense: SIMPLE BATTERY (DOMESTIC RELATED)
Suspect/Offender: MALONEY TIMOTHY J
DOB: 01/25/1953 Race: W Sex: M

2. Warrant #(s): _____

3.a. Victim's Name: MALONEY DEBORA P DOB: 08/31/1980 Race: W Sex: F
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other #: _____

b. Victim's next of kin, friend or neighbor: LORI DIFEDE
Address: _____
City: PALM SPRINGS State: FL Zip: 33461
Home #: _____ Work #: _____ Other #: 561-758-0027

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: RESCH ID #: 16448 Date: Jun 11, 2019

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records



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 checked="" type="checkbox"/> | (xii) 741.30(3)(b) | The victim's address in a domestic violence action on petitioner's request. | 1, 2, 5, 6 |
| | <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: 2020028698 | Date: 12/09/2020 |
| | Specialist Name/ID: C. Anastasi/#21908 |

SCANNED
 DEC 9 9 2020