

ADMINISTRATIVE	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 <input type="checkbox"/>	
	Agency ORI Number FLO 502700		Agency Name PALM SPRINGS POLICE DEPARTMENT				Agency Report Number 82- 2020-5868				
	Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony		<input checked="" type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance		Weapon Seized / Type N/A		Multiple Clearance Indicator
			<input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other				
DEPENDANT	Location of Arrest (Including Business Name) 225 Lake Arbor Drive, PS, FL, 33461						Location of Offense (Business Name, Address) 225 Lake Arbor Drive, PS, FL, 33461				
	Date of Arrest 03-14-20	Time of Arrest 1418	Booking Date 03-14-20	Booking Time 1435	Jail Date 03-14-20	Jail Time	Location of Vehicle NA				
	Name (Last, First, Middle) Mullis, Trevor Joseph										Alias
	Race: W - White I - American Indian B - Black O - Oriental/Asian		Sex W	Date of Birth 02-10-83	Height 509	Weight 190	Eye Color Blue	Hair Color Brown	Complexion Fair	Build Mus	
	Scars, Marks, Tattoos, Unique Physical features (Location, Type, Description) Various tattoos, chest arms, etc						Marital Status Single	Religion None	Indication Of	Alcohol Influence Drug Influence	No Yes
	Local Address (Street, Apt, Number) (City) (State) (Zip) 225 Lake Arbor Drive, Palm Springs, Florida, 33461				Phone (561) 617-4666		Residence Type: 1 City 3 Florida 2 County 4 Out of State 1				
	Permanent Address (Street, Apt, Number) (City) (State) (Zip) 225 Lake Arbor Drive, Palm Springs, Florida, 33461				Phone (561) 617-4666		Address Source FCIC/DAVID/PALMS				
	Business Address (Street, Apt, Number) (City) (State) (Zip) R & R Construction				Phone		Occupation Construction				
	D/L Number, State M420-810-83-050-0		Social Security Number		INS Number		Place of Birth (City, State) Valdosta, Georgia		Citizenship USA		
	CO-DEF	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		
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				
JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Other Name (Last, First, Middle)		Residence Phone								
	<input type="checkbox"/> Legal Custodian		Business Phone								
	Local Address (Street, Apt, Number) (City) (State) (Zip)										
	Notified by: (Name)		Date	Time	Juvenile	1. Handled/Processed within 2. TOT HRS/DYS Disposition: Dept. and Released 3. Incarcerated					
	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 355-2526) informed of any change of address. <input type="checkbox"/> Yes by: (name) <input type="checkbox"/> No:							School Attended	Grade			
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property					
CODE	Drug Activity S. Sell R. Smuggle K. Dispense/ M. Manufacture Z. Other N. N/A B. Buy D. Deliver Distribute Produce/ Cultivate			Drug Type N. N/A C. Cocaine M. Marijuana A. Amphetamine E. Heroin O. Opium/Deriv S. Synthetic			B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown Equipment Z. Other				
	Charge Description Simple Battery (Cause Injury/Domestic)		Counts 01	Domestic Violence Yes	Statute Violation Number 784.03(1)(A)(2)		Violation of ORD #				
CHARGE	Drug Activity N	Drug Type N	Amount / Unit	Offense Number 2020-5868		Warrant / Capias Number		Bond			
	Charge Description Criminal Mischief \$200 \$999		Counts 01	Domestic Violence N/A	Statute Violation Number 806.13(1)(B)(2)		Violation of ORD #				
CHARGE	Drug Activity N	Drug Type N	Amount / Unit \$200-	Offense Number 2020-5868		Warrant / Capias Number		Bond			
	Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #				
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense Number		Warrant / Capias Number		Bond			
	Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #				
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense Number		Warrant / Capias Number		Bond			
	Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #				
NOTICE TO	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court			Location (Court, Room Number, Address) DOVE Unit							
	<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse side.			Court Date and Time		Month: Day: Year: Time:		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.			
	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 FULLY 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.										
ADMIN	Signature of Defendant (or Juvenile and Parent / Custodian)			Signature of Arresting Officer Ofc. A. Perez #106				Name Verification (Printed by <input type="checkbox"/> (steve)) (PRINT) 5:35			
	HOLD for other agency Name:			Name of arresting Officer (Print) Ofc. A. Perez		I.D.# 106		Page 1 Of 1			
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other			Transporting Officer Ofc. A. Perez		I.D.# 106		Agency PSPD		Witness here if subject signed with X	
	Intake Party			Pouch #							

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MAR 15 2020

PALM SPRINGS POLICE DEPARTMENT

DOMESTIC VIOLENCE

PROBABLE CAUSE AFFIDAVIT

PALM BEACH COUNTY

ON THE 14th DAY OF March 2020, AT 1:46 AM / PM

SUBJECT: Mullis, Trevor Joseph DOB: 02-10-83 CASE NUMBER: 2020-5868

CHARGE DESCRIPTION: Simple Battery (Cause Bodily Harm) STATUTE NUMBER: 784.03 (1)(A)(2)

VICTIM: Rodriguez, Natali Zabina DOB: 07-23-85 RACE: H SEX: F

LOCAL ADDRESS: 225 Lake Arbor Drive Palm Springs, Florida, 33461

PERSONAL CONTACT

NARRATIVE:

I was dispatched to a domestic trouble call at 225 Lake Arbor Drive (Lakewood Townhomes). Dispatch stated a white male, wearing a gray tank top, and black shorts, was trying to hit his mother-in-law. The complainant was the girlfriend. Ofc. Fequiere #131, Ofc. Saintilmon #112, Ofc. Gonzalez #128, Det. Milow #117, and I were en route to the call. Upon my arrival, I observed a male, outside of the residence, matching that description. The male, later identified as Mr. Trevor Joseph Mullis, walked back to the residence. Upon walking to the residence, I observed two females, a juvenile, and Mullis arguing outside. I separated the two females, later identified as Ms. Maria Estela Rodriguez, and her daughter Ms. Natali Zabina Rodriguez. Det. Milow separated Mullis, who appeared upset and screaming. Natali stated her and Mullis have rented the townhouse since October. Natali stated she is the leaseholder, but Mullis' parents put the money down for the deposit. Natali stated they have been living together as a family for 2 years. Natali stated Mullis was recently involved in a car crash, in which he spent 12 days in the hospital. Natali stated Mullis' has been having aggressive behavior lately. I observed a small hole over the left shoulder, on Natali's shirt. I asked Natali if she had any injuries, and she stated "Yes". Natali stated those injuries were old and from a few days ago. Natali showed me the first floor bathroom. Natali stated Mullis punched the wall, causing a hole. I observed the metal can had damaged from being thrown around. Natali's clothes were strewn on the patio floor. There were obvious signs of anger and aggression. Maria stated she takes care of Natali's son during the week, and she brings him over on the weekends. The child did not witness the argument. Natali sustained abrasions to both of her elbows and knees. Natali had fresh red marks to her neck area, when Mullis grabbed her, and threw her on the ground. At this point, I had Probable Cause to arrest Mullis for battery (Cause Injury/Injury) and Criminal Mischief (\$200 to \$999). Ofc. Fequiere (a female officer) took photos of Natali's injuries. A videotaped statement was recorded by Ofc. Fequiere. A written statement was completed and signed by Maria. Mullis was transported and booked in the county jail.

DEFENDANT'S STATEMENTS: (Written / Taped / Oral)

Mullis initially stated "I called the police first". No one wants to hear my side of the story. While at the police station booking cell, Ofc Saintilmon videotaped Mullis. I read Mullis Miranda Rights from a card, which he signed. After asking Mullis three times if he wanted to talk and give a statement, he said "No".

VICTIM'S STATEMENTS: (Written / Taped / Oral)

Victim stated they have been living as a family for 2 years. Victim stated Mullis' behavior has changed since he was discharged from the hospital. Victim stated she called her mother in Hollywood, Florida. Victim stated she then tried to call a friend, and that's when he grabbed her cell phone and smashed it. Victim stated Mullis had an opiate addiction. Victim stated they are not married and no have children in common.

OBSERVATIONS OF VICTIM (PHYSICAL AND EMOTIONAL)

Victim had a ripped shirt. The victim has abrasions on both elbows, both knees, and fresh red marks on her throat area. Victim stated the marks were from where he grabbed her shirt and threw her to the floor.

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MAR 15 2020

RELATIONSHIP BETWEEN VICTIM AND SUSPECT: Boyfriend/Girlfriend

PHOTOGRAPHS:

SCENE: YES NO
VICTIM: YES NO

911 CALL: YES NO CALLER: Rodriguez, Natali Zabina

WEAPON USED YES NO TYPE: Hands

WITNESSES: YES NO (IF YES, ATTACH WITNESS LIST)

INJURIES: YES NO

MEDICAL TREATMENT: YES NO

AT: SCENE: YES NO PARAMEDICS: N/A

AT: HOSPITAL: YES NO PHYSICIAN(S): N/A

HOSPITAL: N/A

ARE THERE CHILDREN LIVING IN THE HOME: YES NO

NAME(S) & DOB: Julian Castillo 05-17-15

WAS ACT COMMITTED IN FRONT OF MINOR(S): YES NO

NAME(S) & DOB:

H.R.S. NOTIFIED: YES NO

VICTIM PREGNANT: YES NO

VIOLATION OF RESTRAINING ORDER: YES NO CASE NUMBER: _____

PRIOR HISTORY OF DOMESTIC VIOLENCE: YES NO

ALCOHOL OR DRUGS INVOLVED: YES NO

VICTIM CONTACT INFORMATION

PHONE:Hm: (954) 258-4968 Wk: _____ Employer: _____

RELATIVE: Name: Maria Estela Rodriguez (Mother) Phone: (954) 258-4968

Address: 10981 NW 20th Ct, Sunrise, FL, 33322

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, Ofc. A. Perez #106 (print name) personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

Ofc. A. Perez #106
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 14th day of March, 2020

[Signature]
NOTARY / CLERK OF COURT / OFFICER (F.S. 11710)

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MAR 15 2020

VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER:

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 #: 20-5868 Agency: PSPD
Offense: S 30/31
Suspect/Offender: MULLIS, Trevor J.
D.O.B. 2/10/83 Race: White Sex: Male

2. Warrant #(s): _____

3.a. Victim's name: Nataliz Rodriguez D.O.B. 1/23/85 Race: H Sex: F
Address: 225 Lake Arbor Dr
City: Palm Springs State: FL Zip: 33461
Home #: 561 888-2842 Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: Maria E. Rodriguez (Mother)
Address: 10981 NW 20th
City: Sunrise State: FL Zip: 33322
Home #: 508 954-258-4968 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: 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: _____ I.D.# _____ Date: _____

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

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#:

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MAR 15 2020



PALM BEACH COUNTY SHERIFF'S OFFICE

Florida State Statute Exemption Sheet

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"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020008377	Date: 03/15/2020
	Specialist Name/ID: AM/31562

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MAR 15 2020