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ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTs Number		Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 20040583				
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		If Weapon Seized Enter Type		Multiple Clearance Indicator 0 1						
Location of Arrest (Including Name of Business) 10101 FOREST HILL BLVD WELLINGTON, FL 33414				Location of Offense (Including Name of Business) 5041 WOODSTONE CIR N LAKE WORTH, FL 33463						
Date of Arrest Feb 20, 2020	Time of Arrest 2312	Booking Date Feb 20, 2020	Booking Time	Jail Date Feb 20, 2020	Jail Time	Location of Vehicle N/A				
Name (Last, First, Middle) TEDCASTLE WILLIAM RUSSELL				Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White 1 - American Indian B - Black O - Oriental/Palean W M	Sex M	Date of Birth 06/17/75	Height 5'10	Weight 170	Eyes Color BLUE	Hair Color GRAY	Complexion MEDIUM	Build MEDIUM		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE OBSERVED				Marital Status SINGLE	Religion CHRISTIAN	Indication of Alcohol Intoxication Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> D <input type="checkbox"/>				
Local Address (Street, Apt. Number) 5041 WOODSTONE CIR N LAKE WORTH FL 33463		City LAKE WORTH	State FL	Zip 33463	Phone 561-723-8417	Residence Type: 1. City 3. Florida 4. Out of state 2. County				
Permanent Address (Street, Apt. Number) 5041 WOODSTONE CIR N LAKE WORTH FL 33463		City LAKE WORTH	State FL	Zip 33463	Phone	Address Source DHSMV				
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation NONE				
DL Number, State T322936752170		Social Security Number		INS Number		Place of Birth WEST PALM BEACH, FL	Citizenship US			
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>			
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>			
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	Name (Last, First, Middle)					Phone				
Address (Street, Apt. No.)		State		Zip		Business Phone				
Notified By (Name)		Date	Time	Juvenile Disposition: 1. Held/Processed within Dept. and Released 2. TOT HR/DAYS 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's mother parent was told to keep the Juvenile Court Clerk's Office (Phone 561 355-2528) informed of any address change <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Parent)				School Attended		Grade				
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property				
Drug Activity M. Marijuana P. Possession	E. Ecstasy S. Bay T. Traffic	R. Simple D. Delivery E. Use	K. Disposal/ Distribute	M. Manufacture/ Production Cultivate	Z. Other	Drug Type N. N/A A. Amphetamines	B. Barbiturates C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana	F. Prescription/ Equipment	U. Unknown Z. Other
Charge Description BATTERY (Domestic Related)		Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1)(A)(1)		Violation or ORD. #				
Drug Activity	Drug Type	Amount/Unit	Offense # 20040583	Warrant/Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input 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 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 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 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 Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Restricted Arrest <input type="checkbox"/> Other		Signature of Arresting Officer J. DORY		Name Verification (Printed by Arrestee) J. DORY		ID # 7784				
Intake Deputy Spive B/16/		ID # Pouch #		Transporting Officer J. DORY		Agency 7784				
Witness here if subject signed with an 'X'										

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P. BEACH
CLERK
BRANCH
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SCANNED
FEB 21 2020

OBTs Number		PROBABLE CAUSE AFFIDAVIT				1. Arrest 2. N.T.A.	3. Request For Warrant 4. Request For Citations	1	Juvenile
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 06 20040583				
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) TEDCASTLE WILLIAM RUSSELL				Race W	Sex M	Date of Birth 06/17/75			
Charge BATTERY (Domestic Related)				Charge					
Victim Name (Last, First, Middle) MAY HEATHER N				Race B	Sex F	Date of Birth 07/06/79			
Local Address (Street, Apt. Number) 5041 WOODSTONE CIR N		City LAKE WORTH	State FL	Zip 33463	Phone 561-723-8417	Address Source DHSMV			
Business Address (Street, Apt. Number)		City N	State N	Zip N	Phone	Occupation WAITRESS			
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>20TH</u> day of <u>FEBRUARY</u> 20 <u>20</u> at <u>1112</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM									

On the above date and time, I responded to 5041 Woodstone Cir N., Lake Worth, FL in reference to a domestic dispute that just occurred. Upon arrival I met with Jennifer McClorat. She advised that her co-worker, Heather Hayes texted her and advised that her boyfriend, William Tedcastle beat her up then took her to Wellington Regional Hospital. Heather also sent a picture of her injuries to Jennifer.

I responded to the hospital and met with Heather. She advised that she got into an argument with her live-in boyfriend William Tedcastle over her having friends over her house. Heather stated that she wen to sleep. While in bed, she was awakened by William throwing a Yell cup onto her face hitting her on the bridge of her nose which caused a laceration. William then advised her that he would take her to the hospital to get treatment for her injuries.

I met with William. He stated that he did not have anything to say to me.

William and Heather have been dating for one year and a half and live together as a family.

I observed a laceration of about one inch on the bridge of Heather's nose which was bleeding. I took photographs of her and uploaded them onto PBSO's domestic violence website.

Based on the above stated information I have reason to believe and do believe the defendant, William Tedcastle violated F.S.S. 784.03(1)(A)(1); Battery (Domestic Related).

The foregoing instrument was sworn to and affirmed before me this _____ day of <u>February</u> 20 <u>20</u> . by:		7784	
<u>D/S Blake ID# 9712</u> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)		<u>J. DORY</u> Name of Arresting Investigating Officer	
<u>[Signature]</u> Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)		<u>[Signature]</u> Signature of Arresting Investigating Officer	
			Page 1 of 1

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FEB 21 2020

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

Defendant: TEDCASTLE WILLIAM RUSSELL DOB: 06/17/75 Case #: 20040583

Victim: MAY HEATHER DOB: 07/06/79 Race: W Sex: F

Relationship between Victim and Defendant: MOTHER AND SON

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: Jennifer MC Clenat

Weapon Used: Yes No Type: _____

Witness: Yes No Name: _____

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

Injuries: Yes No Description: cut on nose

Medical Treatment: Yes No

At Scene: Yes No Paramedics: _____

At Hospital: Yes No Hospital: wellington Regional 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: I have nothing to say to you.

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

First words Victim said when you responded to scene: Her threw a Yetti cup onto her face while she was sleeping

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

Yes No If yes, name: Jenifer Mc Clenat phone 203-295-1291

Observations of Victim (Physical & Emotional): Cut on bridge of the nose. She was crying

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other _____

Victim contact information:

Local Address: 5041 WOODSTONE CIR N

LAKE WORTH FL 33463

Phone: Home: 561-723-8417 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 #: 20040583 Agency: Palm Beach County Sheriff's Office
Offense: BATTERY (Domestic Related)
Suspect/Offender: TEDCASTLE WILLIAM RUSSELL
DOB: 06/17/75 Race: W Sex: M

2. Warrant #(s): _____

3.a. Victim's Name: MAY HEATHER DOB: 07/06/79 Race: W Sex: F
Address: 5041 WOODSTONE CIR N
City: LAKE WORTH State: FL Zip: 33463
Home #: 561-723-8417 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: J. DORY ID #: 7784 Date: Aug 23, 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 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: 2020005868	Date: 2/21/2020
	Specialist Name/ID: Gammage/5660

SCANNED
 FEB 21 2020