DS33126 2022MM-005873AMD 116

☐ Marsy's Law CVI FL. Const. Art.1 § 16(b)

☐ Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile: 1

ADMINISTRATIVE

OBTS Number

Agency ORI Number: FLO 5 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number (N.T.A.'s only): 0 6 - 22089350

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

If Weapon Seized — Enter Type

Multiple Clearance Indicator

Location of Arrest (Including Name of Business): 1210 S. Old Dixie HWY, Jupiter, FL 33458

Location of Offense (Business Name, Address): 19567 Trails End Terrace, Jupiter, FL 33458

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
07/19/2022	0927	07/19/2022				

DEFENDANT

Name (Last, First, Middle): Hejna, Alison, M

Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	9/10/1975	5'04	125	GRN	BLN	light	med

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)

Marital Status: Single — Religion: NONE

Indication of: Alcohol Influence ☐ Y ☐ N ☐ Unk; Drug Influence ☐ Y ☐ N ☐ Unk

Local Address (Street, Apt. Number): ~~Eina Alison M Hejnova~~ 2904 N Linder Ave (City) Chicago (State) IL (Zip) 60641 — Phone: (773) 440 1506 — Residence Type: 1. City 2. County 3. Florida 4. Out of State

Permanent Address (Street, Apt. Number) (City) (State) (Zip) — Phone ( ) — Address Source

Business Address (Name, Street): 2904 N Linder Ave, Chicago ILL 60641 — (City) (State) (Zip) — Phone: (773) 440 1506 — Occupation

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
H250-0137-5858, IL			MINSOTA	U.S

CO-DEF

Co-Defendant (Last, First, Middle) — Race — Sex — Date of Birth — ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant (Last, First, Middle) — Race — Sex — Date of Birth — ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: — Name (Last) (First) (Middle) — Residence Phone ( )

Address (Street, Apt. Number) (City) (State) (Zip) — Business Phone ( )

Notified by: (Name) — Date — Time — Juvenile Disposition: 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated

Released To: (Name) — Relationship — Date — Time

The above address was provided by ☐ defendant and / or ☐ defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone (561) 355-6511) informed of any change of address. ☐ Yes, by: (Name) ☐ No (Reason) — School Attended — Grade

Property Crime? ☐ Yes ☐ No — Description of Property — Value of Property

CODE

Drug Activity: N. N/A, P. Possess, S. Sell, B. Buy, T. Traffic, R. Smuggle, D. Deliver, E. Use, K. Dispense/Distribute, M. Manufacture/Produce/Cultivate, Z. Other

Drug Type: N. N/A, A. Amphetamine, B. Barbiturate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opium/Deriv., P. Paraphernalia/Equipment, S. Synthetic, U. Unknown, Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Domestic battery simple	1	☒ Y ☐ N	784.03 1a1	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		22089350		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

DOMESTIC

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

VICTIM NOTIFICATION REQUIRED

NOTICE TO APPEAR

Location (Court, Room Number, Address)

Court Date and Time: Month — Day — Year — Time — A.M. — 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 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: 07/19/2022

ADMIN

HOLD for other agency — Signature of Arresting Officer: x — I.D. #: 6889

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Name of Arresting Officer (Print): D/S N. Pierre-Louis

Name Verification (Printed by Arrestee) (PRINT)

Intake Deputy — I.D. # — Pouch # — Transporting Officer — I.D. # — Agency: PBSO

Witness here if subject signed with an "X"

PAGE ___ OF ___

PBSO #0148 REV. 04/22 DISTRIBUTION: WHITE- COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (JUVENILE)

6889

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias: 1

Juvenile:

ADMIN

Agency ORI Number: FLO 5 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 22089350

Charge Type (Check as many as apply): ☐ 1 Felony ☒ 3 Misdemeanor ☐ 5 Ordinance ☐ 2 Traffic Felony ☐ 4 Traffic Misdemeanor ☐ 6 Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Hejna, Alison, M		W	F	9/10/1975

CHARGES

Charge Description	Charge Description
Domestic battery simple 784.03 1st	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
O'Donnell, Michael, Patrick	W	M	10/07/1968

Local Address (Street, Apt Number) (City) (State) (Zip)	Phone	Address Source
19567 Trails End Ter, Jupiter, FL 33458	(404) 202 2502	
Business Address (Name, Street) (City) (State) (Zip)	**Phone**	**Occupation**
	( )	

The undersigned certifies and swears that I have just and reasonable grounds to believe, and do believe that the above named Defendant committed the listed violation(s) of law.
The Person taken into custody:

☐ committed the below acts in my presence.

☐ confessed to _____ admitting to the below facts.

☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

☐ was found to have committed the below acts, resulting from my (described) investigation.

On the 19 day of July 20 22 at 7:30 ☒ A.M ☐ P.M (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

☐ Marsy's Law CVI
FL. Const. Art.1 § 16(b)

I arrived at 19567 Trails End Terrace, in an unincorporated Palm Beach County Florida reference to a domestic battery case. Upon arrival, I met with Alison Hejna who was upset, yelling and very agitated. She states that her boyfriend, Michael O'Donnell who resides at the above home attacked her, causing her to have a bruise on her wrist. Hejna states that she resides in Chicago but she has been staying at an airbnb in Siasta Key, Florida the past 8 days. This morning, she came to confront Michael who has been cheating on her. Michael's wife, Susan O'Donnell said earlier approximately 0700HRS, she was out in the backyard. She was approached by Hejna who wanted to talk to her about her husband extra marital affairs with her. Susan said she was shocked and surprised but she maintain calm and even offered Hejna to come into the house. She then decided to keep Hejna outside and went to get Michael. Both Michael, Susan and Michael's sister, Kelly O'Donnell went outside. At that point, Hejna began to scream at Michael for wanted to break up the relationship. Michael was wearing a Chicago Cub t-shirt. Susan, Michael and Kelly states that Hejna attacked Michael and tried to rip off the t-shirt off of him saying "You don't deserve to wear it." Michael tried to get Hejna off of him by grabbing her arm and also with Susan trying to pry Hejna away from Michael. Michael believes Hejna fell backward when he finally was able to get away. Susan then told Michael to go back inside the house. Hejna followed and tried to push her way inside and also grabbing onto Michael. She refused to let go of Michael as he and the others were trying to get inside causing Hejna's wrist to stuck in the door which may explains the bruise on the wrist. Hejna was transported to Jupiter Medical Center for the bruise on her wrist. Based on the statements from all parties involved, Hejna is the primary aggressor in this case. There is probable cause to charge Hejna with domestic battery simple.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer) 6889 D/S N. Pierre-Louis

The foregoing instrument was sworn to or affirmed and subscribed before me this 19 day of July 20 22 by D/S N. Pierre-Louis #6889

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Law Enforcement

Notary Public, Clerk of Court, Officer (F.S.S). 117.10) 36795 may 5

PAGE 1 OF 1

DISTRIBUTION WHITE – Court Copy GREEN – State Attorney YELLOW – Agency PINK – Agency

PBSO #0004 REV. 04/22

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Suspect: Hejna, Alison, M **DOB:** 9/19/1975 **Case #:** 22089350

Victim: O'Donnell, Michael, Patrick **DOB:** 10/07/1968 **Race:** W **Sex:** M

Relationship between Victim and Defendant: _____

Photographs: Scene ☒ Yes ☐ No Victim ☒ Yes ☐ No Defendant ☒ Yes ☐ No

911 Call: ☒ Yes ☐ No **Caller:** both suspect / victim / Fam.

Weapon Used: ☐ Yes ☒ No **Type:** _____

Witness: ☒ Yes ☐ No **Name:** _____

Victim Pregnant: ☐ Yes ☒ No **If yes,** ___ **weeks** _____ **months**

Injuries: ☒ Yes ☐ No **Description:** suspect's wrist

Medical Treatment: ☒ Yes ☐ No

At Scene: ☒ Yes ☐ No **Paramedics:** _____

At Hospital: ☒ Yes ☐ No **Hospital:** Jupiter medical **Physician:** _____

Are Children Living in 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: _____

_____

Victim's Statements ☒ Yes ☐ No **If yes,** ☒written ☒recorded ☐oral

First words Victim said when you responded to scene: _____

_____

Did the Victim contact anyone other than 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: 19567 Trails End Ter, Jupiter, FL 33458

_____

Phone: **Home** (404) 202 2502 **Work** (___)___ -_____ **Cell** (___)___ -_____

Employer: _____

Name of Relative: Susan O'Donnell **Phone** 770 265 8185

Address: 19567 Trails End Ter Jupiter FL 33458

PBSO #0004A REV. 05/11

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been commited:

- **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**

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

1. Incident Report #: **22089350** Agency: PBSO
   Offense: **Domestic battery simple**
   Suspect/Offender: **Hejna, Alison, M**
   D.O.B. **9/10/1975** Race: **W** Sex: **F**

2. Warrant # (s):

3.a. Victim's name: **O'Donnell, Michael, Patrick** D.O.B. **10/07/1968** Race: **W** Sex: **M**
   Address: **19567 Trails End Ter**
   City: **Jupiter, FL 33458**
   Home #- **(404) 202 2502** Work #: 0 Other:

b. Victim's next of kin, friend or neighbor:
   Address:
   City:
   Home #: 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: **O'Donnell, Michael, Patrick**

Deputy's Name: **D/S N. Pierre-Louis #6889** I.D.# Date: **07/19/2022**

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

PBSO 00029A REV. 4199

SUSPECT/OFFENDER: **Hejna, Alison, M** (FOR WARRANTS USE ONLY) COURT CASE/WARRANT#.