

0542734

3979

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

Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number		Agency ORI Number FLO: 5 0 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 0 16 23-101352	
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"/> Ordinance <input type="checkbox"/> Other	
Location of Arrest (including Name of Business) 8504 HEATHER PLACE		BOYNTON BEACH, FL 33472		Location of Offense (Business Name, Address) 8504 HEATHER PLACE		BOYNTON BEACH, FL 33472	
Date of Arrest 08/19/23		Time of Arrest 2018		Booking Date		Booking Time	
Name (Last, First, Middle) COLE CHRISTINA M		Alias (Name, DOB, Soc. Sec. #, Etc.)		Race W - White B - Black		Sex F	
Date of Birth 01/10/1971		Height 504		Weight 155		Eye Color BLU	
Hair Color BLD		Complexion PALE		Build MEDIUM		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) PEACE SIGN ON HER LOWER BACK	
Marital Status Divorced		Religion Christianity		Indication of: Alcohol Intoxication Drug Intoxication		Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>	
Local Address (Street, Apt. Number) 8504 HEATHER PLACE		(City) BOYNTON BEACH, FL 33472		(State) FL		(Zip) 33472	
Mobile Phone 561-414-3855		Residence Type: 1. City 2. County 3. Florida 4. Out of State		Permanent Address (Street, Apt. Number)		Address Source VERBAL	
Business Address (Name, Street)		(City)		(State)		(Zip)	
Occupation NURSE		D/L Number, State C400113715100		Soc. Sec. Number		INS Number	
Place of Birth (City, State) MONCITY, PENNSYLVANIA		Citizenship usa		Co-Defendant (Last, First, Middle)		Race Sex Date of Birth	
<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		Co-Defendant (Last, First, Middle)		Race Sex Date of Birth	
<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last) (First) (Middle)	
Address (Street, Apt. Number)		(City)		(State)		(Zip)	
Residence Phone ()		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. <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. 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 Description SIMPLE BATTERY (DOMESTIC)		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
Statute Violation Number 784.03(1a)		Violation of ORD #		Drug Activity N		Drug Type N	
Amount / Unit		Offense # 23-101352		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Violation of 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 of 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 of 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 of ORD #		Drug Activity		Drug Type	
Amount / Unit		Offense #		Warrant / Capias Number		Bond	
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. 08/19/23 Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed		I consent to receive text reminders of court date(s) and times for this case by automated technology to the mobile number identified above. I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose. Signature FILED REC 08/20/23	
HOLD for other agency		Name of Arresting Officer (Print) D/S F. GERMAIN		I.D. # 31848		Name Verification (Printed by Arrestee) 728 AUG 20 AM 7:11	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Transporting Officer D/S F. GERMAIN		I.D. # 31848	
Agency PBSO		Witness here if subject signed with an "X" 1 OF 1		PAGE		PAGE	

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

Name (Last, First, Middle)
Suspect: COLE CHRISTINA M DOB: 01/10/1971 Case #: 23-101352

Name (Last, First)
Victim: MAHONEY CHAD DOB: 10/31/1974 Race: W Sex: M

Relationship between Victim and Defendant: Boyfriend / Girlfriend

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: _____

Weapon Used: Yes No Type: _____

Witness: Yes No Name: (Last) _____ (First) _____ (Middle) _____

Victim Pregnant: Yes No If yes, _____ weeks _____ months

Injuries: Yes No Description: LEFT SIDE OF THE NECK

Medical Treatment: Yes No

At Scene: Yes No Paramedics: _____

At Hospital: Yes No Hospital: _____ Doctor: _____

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: SHE WALKED INTO THE FRONT BEDROOM AND SHE WAS PUSHING CHAD AND HE WAS TOUCHING HER HAIR

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

First words Victim said when you responded to scene: THIS IS MY BLOOD ON MY SHIRT

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 WHILE TELLING ME CHRISTINA DID THIS

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other

Victim Contact Information: (Last) MAHONEY (first) CHAD

Local Address: 8504 HEATHER PLACE, BOYNTON BEACH, FL 33472

Phone: 561-452-1852

Employer: (Name) UNEMPLOYED (Employer Address) _____

Name of Relative: (Last) _____ (First) _____ Phone: _____

Address: _____

VICTIM NOTIFICATION FORM

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)
- **Dating Violence**
- **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 #: 23-101352 Agency: PBSO
Offense: SIMPLE BATTERY (DOMESTIC)
Suspect/Offender: Name (Last) COLE (First) CHRISTINA (Middle) M
D.O.B. 01/10/1971 Race: W Sex: W

2. Warrant #(s): _____
Name (Last, First)

3.a. Victim's name: MAHONEY CHAD D.O.B. 10/31/1974 Race: W Sex: M
Address: 8504 HEATHER PLACE
City: _____ State: _____ Zip: _____
Home #: 561-452-1852 Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: _____ (Last) _____ (First)
Address: _____
City: _____ State: _____ Zip: _____
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: Name (Last, First) MAHONEY CHAD
Deputy's Name: D/S F. GERMAIN I.D. # 31848 Date: 08/19/23

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

SUSPECT/OFFENDER COLE CHRISTINA M
(FOR WARRANTS USE ONLY) COURT CASE/WARRANT #:

NOT

PLEASE TEAR HERE

PALM BEACH COUNTY SHERIFF'S OFFICE
STATE OF FLORIDA COUNTY OF PALM BEACH

On August 19th, 2023, I, Chad W Mahoney
(DATE) (PRINT VICTIM'S NAME)

have received a copy of the VICTIM'S RIGHTS BROCHURE PBSO CASE NUMBER 23-101362

Reused

Signature of Victim



D/S Signature

31848

I.D. Number

1. Yes - As a victim of harassment (FSS 784.048(2)), sexual battery, aggravated child abuse, domestic violence, aggravated stalking (FSS 784.048 (3)(4)), or aggravated battery (FSS 784.045), I do hereby request that my home and employment telephone number, home and employment address, and personal assets be redacted from my records requested pursuant to public records request for a period of five (5) years from the date noted on this form.

2. Yes - I request Confidentiality pursuant to Marsy's Law, FL Constitution, Article 1, §16(b) as provided below:

As a victim, I have the right under the Florida Constitution to prevent the disclosure of certain information or records that could be used to locate or harass me or my family, or which could disclose confidential or privileged information about me. I do hereby request that the email address, phone number, and work and business addresses of me and my family be redacted from my records, if my records are requested pursuant to a public records request.



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: 2023021726	Date: 8/20/2023
	Specialist Name/ID: Brintnall/42772