50-2024-MM-001791AMB

# ARREST / NOTICE TO APPEAR
## Juvenile Referral Report

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

Juvenile: 1 | N

**ADMINISTRATION**

OBTS Number:

Agency ORI Number: FL 0500300

Agency Name: BOYNTON BEACH POLICE DEPT.

Agency Report Number: 34-24-003765

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

If Weapon Seized Enter Type: N/A

Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business): 1811 RENAISSANCE COMMONS BLVDBOYNTON BEACH, FL 3

Location of Offense (Business Name, Address): 1811 RENAISSANCE COMMONS BLVD, BOYNTON BEA

| Date of Arrest | Time of Arrest | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle |
|---|---|---|---|---|---|---|
| 03/02/2024 | 22:23:00 | | | | | N/A |

**DEFENDANT**

Name (Last, First, Middle): Cook, Madison Paige

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 | 11/19/1998 | 5 ft. 2 in. | 125 lb | GRN | BLN | FAIR | S |

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) | (City) | (State) | (Zip) | Phone | Residence Type (1. City 2. County 3. Florida 4. Out of State) |
|---|---|---|---|---|---|
| 1811 RENAISSANCE COMMONS B | BOYNTON BEACH | FL | 33426 | (574) 350-0239 | 4 |

| Permanent Address (Street, Apt. Number) | (City) | (State) | (Zip) | Phone | Address Source |
|---|---|---|---|---|---|
| 1811 RENAISSANCE COMMONS | BOYNTON BEACH | FL | 33426 | | PASSPORT |

| Business Address (Street, Apt. Number) | (City) | (State) | (Zip) | Phone | Occupation |
|---|---|---|---|---|---|
| | | | | | ESTHETICIAN |

| D/L Number, State | Soc. Sec. Number | INS Number | Place of Birth | Citizenship |
|---|---|---|---|---|
| 3925558245, IN | [redacted] | | SOUTH BEND, IN | Y |

**CO-DEF**

| Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | |
|---|---|---|---|---|
| | | | 05/16/2002 | ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile |
| — | | | | ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile |

**JUVENILE**

☐ Parent ☐ Legal Custodian ☐ Other

Name (Last) (First) (Middle): NO BOND

Residence Phone:

VICTIM NOTIFICATION REQUIRED

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 561-355-2526) 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. Barbituate 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# |
|---|---|---|---|---|
| SIMPLE BATTERY - DOMESTIC | 1 | ☒ Yes ☐ No | 784.03(1a1) | |

| Drug Activity | Drug Type | Amount/Unit | Offense # | Warrant/Capias Number | Bond |
|---|---|---|---|---|---|
| N | N | N/A | SIMPLE BATTERY - DC | | |

**CHARGE**

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD# |
|---|---|---|---|---|
| | | ☐ Yes ☐ No | | |

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

**CHARGE**

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD# |
|---|---|---|---|---|
| | | ☐ Yes ☐ No | | |

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

**CHARGE**

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD# |
|---|---|---|---|---|
| | | ☐ Yes ☐ No | | |

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

FILED PBC - PALM CLER '24 MAR 3 AM 7:41

**NOTICE TO APPEAR**

☐ Instruction No. 1 Mandatory Appearance in Court
☐ Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.

Location (Court, Room Number, Address): South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444

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

**ADMIN.**

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☒ Suicidal ☐ Other:

Signature of Arresting Officer

Name of Arresting Officer (Print): A. Wooten I.D. #: 1151

Name Verification (Printed by Arrestee) (PRINT)

Intake Deputy: Bonilla I.D. #: 1834 Pouch #

Transporting Officer: A.WOOTEN I.D. #: 1151 Agency: BBPD

Witness here is subject Signed with an "X".

Page 1 OF 1

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| OBTS Number | PROBABLE CAUSE AFFIDAVIT | 1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias | 1 | Juvenile | N |
|---|---|---|---|---|---|

| Agency ORI Number | Agency Name | Agency Report Number |
|---|---|---|
| FL 0500300 | BOYNTON BEACH POLICE DEPT. | 34-24-003765 |

Charge Type Check all that Apply: ☐ 1 Felony ☒ 3 Misdemeanor ☐ 5 Ordinance ☐ 2 Traffic Felony ☐ 4 Traffic Misdemeanor ☐ 6 Other

Special Notes:

| Name (Last, First, Middle) | Alias | Race | Sex | Date of Birth |
|---|---|---|---|---|
| COOK, MADISON, PAIGE | | W | F | 11/19/1998 |

| Charge Description | Charge Description |
|---|---|
| SIMPLE BATTERY - DOMESTIC | |
| Charge Description | Charge Description |
| | |

| Victim's Name (Last, First, Middle) | Race | Sex | Date of Birth |
|---|---|---|---|
| COOK, GRACIE | W | F | 05/16/2002 |

| Local Address (Street, Apt Number) (City) (State) (Zip) | Phone | Address Source |
|---|---|---|
| 55089 ARDITH ST , OSCEOLA ,FL, 46561 | 574-310-0577 | D/L |
| **Business Address (Name, Street) (City) (State) (Zip)** | **Phone** | **Occupation** |
| | | ESTHITICIAN |

The undersigned certifies and 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..

☐ Committed the below acts in my presence. ☐ Was observed by Who told That he/she saw the arrested person commit the below acts.

☐ Confessed to Admitting the below facts ☒ Was found to have committed the below acts, resulting from my (described) investigation.

On The 2ND Day Of MARCH 20 24 At 2223 HOURS ☐ A.M. ☒ P.M.

I responded to 1811 Renaissance Commons Blvd apt 2519 in reference to a disturbance.

Upon arrival, I made contact with W/F Gracie Cook who advised she had been in a physical altercation with her sister, W/F Madison Cook. Gracie advised that herself and Madison had went to Atlantic Ave in Delray Beach and had drinks throughout the evening. Gracie advised that she had ordered an Uber for herself and Madison to leave Delray, when Madison became aggressive with Gracie on the ride home. Gracie stated that Madison began to grab at her arms while in the Uber, resulting in small scratches on Gracie's forearms. Once at the residence, Gracie called her roommate (identified as W/F Amanda Anglero) to assist her in getting Madison up to their apartment. Once back at the apartment, Gracie stated that Madison continuously attempted to argue with her, and eventually the situation became physical. Gracie stated that Madison knocked her to the ground; however, was able to get on top of Madison and hold her down in attempt to get her to stop fighting. Gracie stated that Amanda had to pull Madison from Gracie and was able to separate and bring her into her bedroom to de-escalate the situation. Gracie then noticed that she was missing a fake thumb nail on her right hand, and that she had additional markings on her arms (photos taken via BWC and department issued camera and uploaded to Evidence.com). Gracie then stated that Madison continued to try and re-engage with her. After the "tussle", the parties noticed blood dripping from Madison's head from what appeared to be a small laceration on Madison's forehead. At this point, Gracie left the apartment and was able to let officers into the building to make contact. Photos of Gracie's injuries were taken via BWC and department issued mobile phones and uploaded to Evidence.com. Gracie denied all medical attention. Officer Paciello obtained a sworn statement from Gracie via BWC.

I then made contact with Madison who was located in Amanda's bathroom. Upon first observation, I noticed blood dripping from her forehead down her face, and immediately asked if she needed medical attention which she denied. It should be noted that Madison appeared to be highly intoxicated. I attempted to treat the wound to Madison's head which continued to bleed, when BBFD was called to respond due to the injury (photos of the injury were taken via BWC). I asked Madison what happened, which she stated that her and Gracie had gotten into a fight over Gracie's dating life. Madison advised that she had knocked Gracie to the ground as both parties fought on the ground. When asked about the injury to her forehead, Gracie advised that she was punched by Gracie, which caused the laceration. BBFD arrived on scene and began to check vitals on Madison, at which point they advised she needed to be taken to the hospital for the laceration on her forehead. Madison became uncooperative with paramedics, and was detained due to my investigation and for paramedics to continue assessing her medical needs.

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The foregoing instrument was sworn to or affirmed and subscribed before me

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

03/03/2024
Date

(Signature of Arresting / Investigative Officer)

A.WOOTEN 1151
(Print name of Arresting/Investigative Officer)

03/03/2024
Date

| OBTS Number | PROBABLE CAUSE AFFIDAVIT | 1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias | 1 | Juvenile | N |
|---|---|---|---|---|---|

| Agency ORI Number | Agency Name | Agency Report Number |
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| COOK, MADISON, PAIGE | | W | F | 11/19/1998 |

| Charge Description | Charge Description |
|---|---|
| SIMPLE BATTERY - DOMESTIC | |
| Charge Description | Charge Description |
| | |

| Victim's Name (Last, First, Middle) | Race | Sex | Date of Birth |
|---|---|---|---|
| COOK, GRACIE | W | F | 05/16/2002 |

| Local Address (Street, Apt Number) (City) (State) (Zip) | Phone | Address Source |
|---|---|---|
| 55089 ARDITH ST , OSCEOLA ,FL, 46561 | 574-310-0577 | D/L |
| **Business Address (Name, Street) (City) (State) (Zip)** | **Phone** | **Occupation** |
| | | ESTHITICIAN |

The undersigned certifies and 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..

☐ Committed the below acts in my presence. ☐ Was observed by Who told That he/she saw the arrested person commit the below acts.

☐ Confessed to Admitting the below facts ☒ Was found to have committed the below acts, resulting from my (described) investigation.

On The 2ND Day Of MARCH 20 24 At 2223 HOURS ☐ A.M. ☒ P.M.

While paramedics continued with Madison, I made contact with Amanda who advised what she had witnessed. Amanda stated she went down to the Uber originally and helped Gracie get Madison up to the apartment. Once back at the apartment, she observed Madison become confrontational with Gracie and continuously grabber her by the forearms. Shortly after, she observed Madison push Gracie to the ground and begin to get on top of her. Amanda stated that Gracie was able to get on top of Madison to hold her down, when Amanda took Madison by the arm and pulled her out from Gracie, at which point Madison was brought to Amanda's room in attempts to de-escalate. Amanda stated that Madison continued to try and argue with Gracie, at which point she noticed blood dripping down Madison's forehead and helped her to stop the bleeding. At this point, officers arrived on scene. Sworn statement taken via BWC.

Due to the above investigation, Madison was arrested and charged in accordance with F.S.S. 784.03(1a1), Simple Battery (Domestic). Gracie invoked Marsy's law documentation as well as signed Exemption from Public Records Disclosure documentation. Gracie was given a case card with the case number assigned to this incident for future documentation. Madison was transported to JFK Hospital for her injuries. It should be noted that while at JFK Hospital, Madison made suicidal remarks stating "I want to kill myself" and also mentioned she was depressed. After clearing JFK Hospital, Madison was transported to Palm Beach County Jail.

BWC was activated during this incident. Photos and sworn statements were taken and uploaded to Evidence.com

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The foregoing instrument was sworn to or affirmed and subscribed before me

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

03/03/2024
Date

(Signature of Arresting / Investigative Officer) 1157

A.WOOTEN 1151
(Print name of Arresting/Investigative Officer)

03/03/2024
Date

# VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

***-Homicide (Ch.782)***
***-Attempted Murder***
***-Stalking (S.784.084)***
***-Sexual Offense(Ch.794)***
***-Attempted Sexual Offense***

***-Domestic Violence*** (This includes any *Assault, Agg. Assault, Battery, Agg. Battery, Sexual Assault, Sexual Battery, Stalking, Agg. 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 dwelling)*

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

SUSPECT/ OFFENDER:

COURT CASE/ WARRANT #: (FOR WARRANTS USE ONLY)

1. Incident Report# 34 - 24-003765 Agency: **Boynton Beach Police Department**
   Offense: SIMPLE BATTERY - DOMESTIC
   Offense: _____
   Suspect/Offender: Cook, Madison, Paige
   D.O.B: 00/19/1998 11/19/98 Race: Whit Sex: Fem
2. Warrant # (s): _____
3. Complete one (1) of the following:
   a. Victim's Name: COOK, GRACIE
      Address: 55089 Ardith St
      City: Osceola State: Indiana ZIP: 46561
      Home phone #: 574-310-0577 Work Phone #: _____ Other: _____
   b. Victim's Next of kin: _____
      Address: _____
      City: _____ State: _____ ZIP: _____
      Home phone #: _____ Work Phone # _____ Other: _____
   c. Victim's designated contact other than next of kin: (for example friend or neighbor):
      Name: _____
      Address: _____
      City: _____ State: _____ ZIP: _____
      Home phone #: _____ Work Phone #: _____ Other: _____
4. Relevant identification or case numbers assigned to the case (please specify):

**WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.**

Signature of Victim: _____
Printed name of Victim: COOK, GRACIE
Officers Name: A. Wooten I.D.#: 1151 Date: 03/02/2024

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# Palm Beach County Sheriff's Office

**Florida State Statute Exemption Sheet**

| | X | Florida State Statute | Description | Page Number(s) |
|---|---|---|---|---|
| L/E Exemptions | ☐ | 119.071(4)(c) | Undercover personnel | |
| | ☐ | 119.071(2)(e) | Confession | |
| Public Info. Exemptions | ☐ | FL Const. Art. I, s. 16(b)(5) | Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information) | |
| | ☐ | 119.071(2)(j) | Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence | |
| | ☐ | 119.0712(2) | Personal information contained in a motor vehicle record | |
| | ☐ | 316.650(11) | Driver information contained in a uniform traffic citation | |
| | ☐ | 119.071(4)(d)2.a. | Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children | |
| Florida Rules of Judicial Administration 2.420 | ☒ | (iii) 119.0714(1)(i)-(j), (2)(a)-(e) | Social Security, bank account, charge, debit, and credit card numbers | 2 |
| | ☐ | (xii) 741.30(3)(b) | The victim's address in a domestic violence action on petitioner's request | |
| | ☐ | (xiii) 119.071(2)(h), 119.0714(1)(h) | Protected information regarding victims of child abuse or sexual offenses | |
| | ☐ | | | |
| | ☐ | | | |
| Other | ☐ | | | |
| | ☐ | | | |
| | ☐ | | | |
| | ☐ | | | |

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**REVIEW COMPLETED BY**

| | |
|---|---|
| **Booking Number:** 2024005817 | **Date:** 3/3/2024 |
| | **Specialist Name/ID#:** MTooks #8557 |