Arrest ARREST / NOTICE TO APPEAR 1. Arrest 3. Request for Warrant Juvenik Juvenile Referral Report 2. N.T.A. 4. Request for Capias **ADMINISTRATION** Agency ORI Number Agency Name Agency Report Number FL0500000 PALM BEACH COUNTY SHERIFF'S OFFICE 06-17-072556 Weapon Seized/Type 1. Felony Charge Type: 3. Misdemeanor 5. Ordinance Check as many as apply. 2. Traffic Felony 4. Traffic Misdemeanor 6. Other 2 1. Yes 2. No 01 Indicator Location of Offense (Business Name, Address) Location of Arrest (Including Name of Business) 15562 WHISPERING WILLOW DR, Wellington FL, 33414 15562 WHISPERING WILLOW DR, Wellington FL, 33414 Time of Arrest **Booking Time** Booking Date Jail Time Location of Vehicle 1900 Alias (Name, DOB, Soc. Sec. #, Etc.) Name (Last, First, Middle) Echois, Alexandra, J Date of Birth Weight Eve Color Race W - White B - Black Hair Color Build Sex Height Complexion I - American Indian O - Oriental/Asian F small W 3/11/1999 brn brn light Marital Status Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) N Unk Indication of Alcohol Influence 🔲 🔯 3 tattoos, angel wings behind left ear, left wrist semi-colin, daisy on left hip Catholic Single Local Address (Street, Apt. Number) (City) (State) 15562 WHISPERING WILLOW DR, Wellington 33414 (561) 324-8512 Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone Address Source Verbal Business Address (Street, Apt. Number) (City) (State) (Zip) Phone Occupation Student D/L Number, State Soc. Sec. Number INS Number Wellington E-242-010-99-591-0 US Co-Defendant Name (Last, First, Middle) Date of Birth Race Sex 1. Arrested 3. Felony ✓ 5. Juvenile 4. Misdemeanor CO-DEF 2. At Large Race Date of Birth 3. Felony
4. Misdemeanor Co-Defendant Name (Last, First, Middle) Sex 1. Arrested 5. Juvenile 2. At Large Residence Phone ☐ Parent Middle) Legal Custodian
Othe Address (Street, Apt. Number) Business Phone (State (Zip) Juvenile Disposition

1. Handled/Processed within Notified by: (Name) Time 2. TOT HRS/CYF 3. Incarcement JUNERI Dept. and Released Released To: (Name) Relationship ECIC/NCIC The above address was provided by defendant and/or defendant's parents. The child and/or parent was told to keep the School Attended Grade Juvenile Court Clark's Office informed of any change of address: Yes, by: (Name) No: (Reason) Recovery Information 1. Voluntary 5 4. HRS Custody O N/A 2. Located Not Returned 3. Hospitalized 5. Law Enforcement Custody 6. Returned to Parent 7. Deceased CODE M. Manufacture **Drug Activity** Z. Other H. Hallucinogen S. Sell R. Smuggle K Dispense/ **Drug Type** B. Barbituate P. Paraphema U Unknown N. N/A B. Buy Distribute D. Deliver Produce/ N N/A M Marijuana Z. Other C. Cocaine Equipment E. Use Cultivate Synthetic Amphetamine Heroin O. Opium/Deriv Charge Description ation of ORD # Statute Violation Number Domestic Violence CHARGE ⊠ Yes ☐ No **Domestic Battery** 784.03(1) A Drug Activity Drug Type Amount/Unit Offense Warrant/Capias Number 17-072556 Charge Description Domestic Violence Statute Violation Number Violation of ORD # CHARGE ☐ No ☐ Yes Drug Activity Drug Type Amount/Unit Offense # Warrant/Capies Number Visitation of ORD # Charge Description Counts Domestic Violence CHARGE Yes No **Drug Activity** Amount/Unit Offense # Drug Type Violation of ORD # Charge Description Counts Domestic Violence Statute Violation Number ☐ Yes ☐ No 20 <u> 연</u>교(**Drug Activity Drug Type** Amount/Linit Offense # Warrant/Capias Number Bona , Location (Court, Room Number, Address) Instruction No. 1 25 Mandatory Appearance in Court Instruction No. 2 Court Date and Time You need not appear in Court but must Comply with instructions on reverse side. Day Year 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 UNLLFULLY 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 Signature of Arresting Officer
X Name Verification (Printed by Arrestee) (PRINT) Name:

Name of Arresting Officer (Print)

YELLOW - CID

D/S D.Schelling

Transporting Officer

SAA

GREEN - STATE ATTY.

Pouch #

Dangerous

☐ Suicidal

Resisted Arrest

WO

2nd WHITE - RECORDS

Other

I.D. #

28993

Agency

PBSO

Witness here is subject

GOLD - DEFENDANT (Misd.) or BLOTTER (Felony)

signed with an "X"

I.D. #

28993

PINK - JAIL (Rough Arrest)

PAGE

1 of 1

OBTS Number		PROBABLE (1. Arrest 2. N.T					or Capias	Juvenile	
Agency ORI Number Agency Name FLO 5 0 0 0 0 PALM BEACH COUNTY SHERIFF'S OFFICE					P	Agency Report Number 06 - 17-072556			
Charge Type: ☐ 1. Felony ☐ 3. Misdemeanor ☐ 5. Ordinance Sp Check as many ☐ 2. Traffic Felony ☐ 4. Traffic Misdemeanor ☐ 6. Other as apply.						pecial Notes:			
Defendant's Name (Last, First, Middle)						Race	Sex	Date of Birth	
Echols, Alexandra, J						W	F	3/11/1999	
Charge Description Charge Description									
Domestic Battery									
Charge Description Charge Desc									
Victim's Name (Last, First, Middle)						Race	Sex	Date of Birth	
McNeill, Chelsea, J						W	F	3/18/1992	
Victim's Local Address (Street, Apt. Number) (City)			(State)	(Zip)	Phone		Address	Address Source	
15562 Whispering Willow Dr Wellington			FL	33414	1	561-313- Verbal			
					125	54	4.7	<i>Y</i>	
Victim's Business Address (Name, Street) (City)			(State)	(Zip)		Phone		ion	
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.									
admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.									
On the 3rdday of MAy, 20017 at 6:16 A.M. P.M. (Specifically include facts constituting cause for arrest).									

NARRATIVE:

On May 3, 2017 at 6:16pm I responded to 15562 Whispering Willow Dr in the Village of Wellingon FL 33414 in reference to an assault in progress.

Upon arrival I entered the residence where D/S Scholfield was conducting a fact finding investigation Alexandra Echols W/F DOB 3/11/1999 spontaneously uttered that she slapped her sister first Chelsea McNeill W/F DOB 3/18/1992 over a concert ticket. After interviewing Chelsea she explained to me that she was upset that her sister sold a concert ticket that she gave her and she wanted to money for the ticket. Chelsea then stated that Alexandra became aggressive and started to attack her at which point she called 911. Chelsea said that during the attack she was attempting to defend herself and struck Alexandra one time.

I then began to interview the other parties Jeremy Vivent W/M DOB 6/27/1998 and Kimberly Hedrick W/F DOB 5/26/1991 who witnessed the incident. Both Jeremy and Kimberly were interviewed separately and verbally confirmed the above statement explaining that the argument began over the concert ticket and that Alexandra became the primary aggressor attacking Chelsea at which point Chelsea called 911. All parties involved refused to cooperate and provide a sworn statement at which time Chelsea was given a victims rights packet & domestic pamphlet.

Based on the above information I find probable cause to arrest Alexandra Echols for the charge of domestic battery F.S.S. 784.03(1). This case is cleared by arrest.

NARRATIVE CONTINUATION

Sworn and Subscribed by Fore me

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

D/S Neil Lamazares #6791

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

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

Signature of Arresting / Investigating Officer

D/S D. Schelling #28993

Name of Officer (Please Print)

5/3/17

Date

Date