

0488435

N#

623

## ARREST / NOTICE TO APPEAR

|                                                                    |                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                 |  |                                                                 |  |                                                                                                              |  |                                                                                       |  |                                                                                       |  |                                                                                                                                                            |  |                                           |  |                                                    |  |                                                  |  |                     |  |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------|--|----------------------------------------------------|--|--------------------------------------------------|--|---------------------|--|
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>O<br>N | OBTS Number                                                                                                                                                                                                                                                                                                     |  | Agency ORI Number<br><b>0501700</b>                                                                                                                                                                             |  | Agency Name<br><b>Jupiter Police Department</b>                 |  | Agency Report Number (N.T.A.'s only)<br><b>5   4   17-002634</b>                                             |  | 1. Arrest<br>2. N.T.A.<br>3. Request for Warrant<br>4. Request for Capias<br><b>1</b> |  | JUVENILE                                                                              |  |                                                                                                                                                            |  |                                           |  |                                                    |  |                                                  |  |                     |  |
|                                                                    | Charge Type:<br>Check as many as apply:<br><input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other         |  | If Weapon Seized<br>Enter Type <b>Hands, Feet, Fist, Teeth</b>                                                                                                                                                  |  | Multiple Clearance Indicator                                    |  |                                                                                                              |  |                                                                                       |  |                                                                                       |  |                                                                                                                                                            |  |                                           |  |                                                    |  |                                                  |  |                     |  |
| D<br>E<br>F<br>E<br>N<br>D<br>A<br>N<br>T                          | Name (Last, First, Middle)<br><b>OCONNOR, AMANDA MORRIS</b>                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                 |  |                                                                 |  |                                                                                                              |  |                                                                                       |  |                                                                                       |  |                                                                                                                                                            |  |                                           |  |                                                    |  |                                                  |  |                     |  |
|                                                                    | Alias: _____ Alias (Name, DOB, Soc. Sec. #, Etc.) _____                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                 |  |                                                                 |  |                                                                                                              |  |                                                                                       |  |                                                                                       |  |                                                                                                                                                            |  |                                           |  |                                                    |  |                                                  |  |                     |  |
| J<br>U<br>V<br>E<br>N<br>I<br>L<br>E                               | Race<br>W - White<br>B - Black<br>O - Oriental/Asian<br><b>W</b>                                                                                                                                                                                                                                                |  | Sex<br><b>F</b>                                                                                                                                                                                                 |  | Date of Birth<br><b>02/20/1958</b>                              |  | Height<br><b>5'05</b>                                                                                        |  | Weight<br><b>130</b>                                                                  |  | Eye Color<br><b>BROWN</b>                                                             |  | Hair Color<br><b>BROWN</b>                                                                                                                                 |  | Complexion<br><b>LIGHT</b>                |  | Build<br><b>Thin</b>                               |  |                                                  |  |                     |  |
|                                                                    | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                 |  |                                                                 |  |                                                                                                              |  |                                                                                       |  |                                                                                       |  |                                                                                                                                                            |  |                                           |  |                                                    |  |                                                  |  |                     |  |
| C<br>O<br>D<br>E<br>F                                              | Local Address (Street, Apt. Number)<br><b>1605 S US HIGHWAY 1 5A, JUPITER, FL 33477</b>                                                                                                                                                                                                                         |  | (City)<br><b>JUPITER</b>                                                                                                                                                                                        |  | (State)<br><b>FL</b>                                            |  | (Zip)<br><b>33477</b>                                                                                        |  | Phone<br><b>(561) 294-9615</b>                                                        |  | Residence Type:<br>1. City<br>2. County<br>3. Florida<br>4. Out of State<br><b>1</b>  |  | Indication of:<br>Alcohol Influence<br>Drug Influence<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> |  |                                           |  |                                                    |  |                                                  |  |                     |  |
|                                                                    | Permanent Address (Street, Apt. Number)<br><b>1605 S US HIGHWAY 1 5A, JUPITER, FL 33477</b>                                                                                                                                                                                                                     |  | (City)<br><b>JUPITER</b>                                                                                                                                                                                        |  | (State)<br><b>FL</b>                                            |  | (Zip)<br><b>33477</b>                                                                                        |  | Phone<br><b>(561) 294-9615</b>                                                        |  | Address Source<br><b>VERBAL</b>                                                       |  |                                                                                                                                                            |  |                                           |  |                                                    |  |                                                  |  |                     |  |
| C<br>O<br>D<br>E<br>F                                              | Business Address (Name, Street)<br><b>RETIRED,</b>                                                                                                                                                                                                                                                              |  | (City)<br><b>JUPITER</b>                                                                                                                                                                                        |  | (State)<br><b>FL</b>                                            |  | (Zip)<br><b>33477</b>                                                                                        |  | Phone<br><b>(561) 294-9615</b>                                                        |  | Occupation<br><b>Retired</b>                                                          |  |                                                                                                                                                            |  |                                           |  |                                                    |  |                                                  |  |                     |  |
|                                                                    | D/L Number, State<br><b>0256013585600 / FL</b>                                                                                                                                                                                                                                                                  |  | Soc. Sec. Number<br><b>[REDACTED]</b>                                                                                                                                                                           |  | INS Number<br><b>[REDACTED]</b>                                 |  | Place of Birth (City, State)<br><b>ASHEVILLE, NC</b>                                                         |  | Citizenship<br><b>US</b>                                                              |  |                                                                                       |  |                                                                                                                                                            |  |                                           |  |                                                    |  |                                                  |  |                     |  |
| C<br>O<br>D<br>E<br>F                                              | Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                         |  | Race                                                                                                                                                                                                            |  | Sex                                                             |  | Date of Birth                                                                                                |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large          |  | <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor         |  | <input type="checkbox"/> 5. Juvenile                                                                                                                       |  |                                           |  |                                                    |  |                                                  |  |                     |  |
|                                                                    | Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                         |  | Race                                                                                                                                                                                                            |  | Sex                                                             |  | Date of Birth                                                                                                |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large          |  | <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor         |  | <input type="checkbox"/> 5. Juvenile                                                                                                                       |  |                                           |  |                                                    |  |                                                  |  |                     |  |
| J<br>U<br>V<br>E<br>N<br>I<br>L<br>E                               | <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____                                                                                                                                                                                                                                           |  | Name (Last, First, Middle)                                                                                                                                                                                      |  | Residence Phone                                                 |  |                                                                                                              |  |                                                                                       |  |                                                                                       |  |                                                                                                                                                            |  |                                           |  |                                                    |  |                                                  |  |                     |  |
|                                                                    | <input type="checkbox"/> Legal Custodian                                                                                                                                                                                                                                                                        |  | Address (Street, Apt. Number)                                                                                                                                                                                   |  | (City)                                                          |  | (State)                                                                                                      |  | (Zip)                                                                                 |  | Business Phone                                                                        |  |                                                                                                                                                            |  |                                           |  |                                                    |  |                                                  |  |                     |  |
| C<br>O<br>D<br>E<br>F                                              | Notified by: (Name)                                                                                                                                                                                                                                                                                             |  | Date                                                                                                                                                                                                            |  | Time                                                            |  | JUVENILE DISPOSITION<br>1. Handled/Processed within Department and Released<br>2. TOT JAC<br>3. Incarcerated |  |                                                                                       |  |                                                                                       |  |                                                                                                                                                            |  |                                           |  |                                                    |  |                                                  |  |                     |  |
|                                                                    | Released To: (Name)                                                                                                                                                                                                                                                                                             |  | Relationship                                                                                                                                                                                                    |  | Date                                                            |  | Time                                                                                                         |  |                                                                                       |  |                                                                                       |  |                                                                                                                                                            |  |                                           |  |                                                    |  |                                                  |  |                     |  |
| C<br>O<br>D<br>E<br>F                                              | The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents.<br>The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.                                                     |  | School Attended                                                                                                                                                                                                 |  | Grade                                                           |  |                                                                                                              |  |                                                                                       |  |                                                                                       |  |                                                                                                                                                            |  |                                           |  |                                                    |  |                                                  |  |                     |  |
|                                                                    | <input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____                                                                                                                                                                                                                                      |  | Property Crime?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                          |  | Description of Property                                         |  | Value of Property                                                                                            |  |                                                                                       |  |                                                                                       |  |                                                                                                                                                            |  |                                           |  |                                                    |  |                                                  |  |                     |  |
| C<br>O<br>D<br>E<br>F                                              | Drug Activity<br>N. N/A<br>P. Possess                                                                                                                                                                                                                                                                           |  | S. Sell<br>B. Buy<br>T. Traffic                                                                                                                                                                                 |  | R. Smuggle<br>D. Deliver<br>E. Use                              |  | K. Disperse/<br>Distribute                                                                                   |  | M. Manufacture/<br>Produce/<br>Cultivate                                              |  | Z. Other                                                                              |  | Drug Type<br>N. N/A<br>A. Amphetamine                                                                                                                      |  | B. Barbiturate<br>C. Cocaine<br>E. Heroin |  | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv. |  | P. Pseudoephedrine/<br>Equipment<br>S. Synthetic |  | I. Unknown<br>Other |  |
|                                                                    | Charge Description<br><b>BATTERY-SIMPLE (TOUCH OR STRIKE)</b>                                                                                                                                                                                                                                                   |  | Statute Violation Number<br><b>784.03(1)(A)(1)</b>                                                                                                                                                              |  | Violation of ORD #                                              |  |                                                                                                              |  |                                                                                       |  |                                                                                       |  |                                                                                                                                                            |  |                                           |  |                                                    |  |                                                  |  |                     |  |
| C<br>H<br>A<br>R<br>G<br>E                                         | Drug Activity                                                                                                                                                                                                                                                                                                   |  | Drug Type<br><b>N</b>                                                                                                                                                                                           |  | Amount / Unit<br><b>/</b>                                       |  | Offense #<br><b>17-002634</b>                                                                                |  | Counts<br><b>1</b>                                                                    |  | Domestic Violence<br><input checked="" type="checkbox"/> Y <input type="checkbox"/> N |  | Warrant / Capias Number                                                                                                                                    |  | Bond                                      |  |                                                    |  |                                                  |  |                     |  |
|                                                                    | Charge Description                                                                                                                                                                                                                                                                                              |  | Statute Violation Number                                                                                                                                                                                        |  | Violation of ORD #                                              |  |                                                                                                              |  |                                                                                       |  |                                                                                       |  |                                                                                                                                                            |  |                                           |  |                                                    |  |                                                  |  |                     |  |
| C<br>H<br>A<br>R<br>G<br>E                                         | Drug Activity                                                                                                                                                                                                                                                                                                   |  | Drug Type                                                                                                                                                                                                       |  | Amount / Unit                                                   |  | Offense #                                                                                                    |  | Counts                                                                                |  | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N            |  | Warrant / Capias Number                                                                                                                                    |  | Bond                                      |  |                                                    |  |                                                  |  |                     |  |
|                                                                    | Charge Description                                                                                                                                                                                                                                                                                              |  | Statute Violation Number                                                                                                                                                                                        |  | Violation of ORD #                                              |  |                                                                                                              |  |                                                                                       |  |                                                                                       |  |                                                                                                                                                            |  |                                           |  |                                                    |  |                                                  |  |                     |  |
| C<br>H<br>A<br>R<br>G<br>E                                         | Drug Activity                                                                                                                                                                                                                                                                                                   |  | Drug Type                                                                                                                                                                                                       |  | Amount / Unit                                                   |  | Offense #                                                                                                    |  | Counts                                                                                |  | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N            |  | Warrant / Capias Number                                                                                                                                    |  | Bond                                      |  |                                                    |  |                                                  |  |                     |  |
|                                                                    | Charge Description                                                                                                                                                                                                                                                                                              |  | Statute Violation Number                                                                                                                                                                                        |  | Violation of ORD #                                              |  |                                                                                                              |  |                                                                                       |  |                                                                                       |  |                                                                                                                                                            |  |                                           |  |                                                    |  |                                                  |  |                     |  |
| I<br>N<br>T<br>A<br>K<br>E                                         | Health / Apparent Physical Condition of Defendant                                                                                                                                                                                                                                                               |  | Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries |  | Explain:                                                        |  |                                                                                                              |  |                                                                                       |  |                                                                                       |  |                                                                                                                                                            |  |                                           |  |                                                    |  |                                                  |  |                     |  |
|                                                                    | Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail                                                                                                                                                    |  | PROPERTY - Received By                                                                                                                                                                                          |  | Released By                                                     |  | Released To                                                                                                  |  |                                                                                       |  |                                                                                       |  |                                                                                                                                                            |  |                                           |  |                                                    |  |                                                  |  |                     |  |
| N<br>O<br>T<br>I<br>C<br>E<br>T<br>O<br>A<br>P<br>P<br>E<br>A<br>R | Transported By                                                                                                                                                                                                                                                                                                  |  | Date Transported                                                                                                                                                                                                |  | Time Transported                                                |  | Other                                                                                                        |  |                                                                                       |  |                                                                                       |  |                                                                                                                                                            |  |                                           |  |                                                    |  |                                                  |  |                     |  |
|                                                                    | <input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court<br><input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court<br>but must comply with instructions on Page 2.                                                                                              |  | Location (Court, Room)                                                                                                                                                                                          |  | Court Date and Time                                             |  |                                                                                                              |  |                                                                                       |  |                                                                                       |  |                                                                                                                                                            |  |                                           |  |                                                    |  |                                                  |  |                     |  |
| A<br>D<br>M<br>I<br>N                                              | 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                                                     |  |                                                                                                              |  |                                                                                       |  |                                                                                       |  |                                                                                                                                                            |  |                                           |  |                                                    |  |                                                  |  |                     |  |
|                                                                    | HOLD for Other Agency                                                                                                                                                                                                                                                                                           |  | Signature of Arresting Officer                                                                                                                                                                                  |  | Name Verification (Printed by Arrestee)                         |  | (PRINT)                                                                                                      |  |                                                                                       |  |                                                                                       |  |                                                                                                                                                            |  |                                           |  |                                                    |  |                                                  |  |                     |  |
| A<br>D<br>M<br>I<br>N                                              | <input type="checkbox"/> Dangerous<br><input checked="" type="checkbox"/> Suicidal                                                                                                                                                                                                                              |  | <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Other                                                                                                                                      |  | Name of Arresting Officer (Print)<br><b>CONNOR, CHRISTOPHER</b> |  | I.D. #<br><b>1173</b>                                                                                        |  |                                                                                       |  |                                                                                       |  |                                                                                                                                                            |  |                                           |  |                                                    |  |                                                  |  |                     |  |
|                                                                    | Intake Deputy<br><b>D/S J. BENNETT #8349</b>                                                                                                                                                                                                                                                                    |  | I.D. #<br><b>[REDACTED]</b>                                                                                                                                                                                     |  | Pouch #                                                         |  | Transporting Officer<br><b>C. CONNOR</b>                                                                     |  | I.D. #<br><b>350</b>                                                                  |  | Agency<br><b>JUPITE</b>                                                               |  | Witness here if subject signed with an "X".                                                                                                                |  |                                           |  |                                                    |  |                                                  |  |                     |  |

VICTIM NOTIFICATION  
REQUIRED

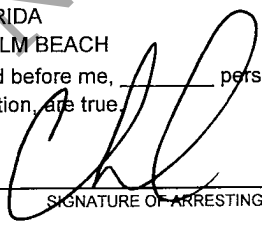
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## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        |                                                |                                                 |                                                  |                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------|-------------------------------------------------|--------------------------------------------------|------------------|
| A<br>D<br>M<br>I<br>N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date / Time<br><b>05/29/2017 21:29</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Agency ORI Number<br><b>FL 0501700</b> |                                                | Agency Name<br><b>JUPITER POLICE DEPARTMENT</b> | Agency Report Number<br><b>5   4   17-002634</b> |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Name (Last, First, Middle)<br><b>OCONNOR, AMANDA MORRIS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                        |                                                |                                                 | Alias                                            | Race<br><b>W</b> |
| C<br>H<br>A<br>R<br>G<br>E<br>S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Charge Description<br><b>784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                        |                                                |                                                 |                                                  |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | [Redacted]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                                |                                                 | Race<br><b>W</b>                                 | Sex<br><b>F</b>  |
| V<br>I<br>C<br>T<br>I<br>M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | [Redacted]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                                |                                                 | Address Source<br>[Redacted]                     |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Business Address (Name, Street)<br>[Redacted]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                        |                                                |                                                 | Occupation<br>[Redacted]                         |                  |
| O<br>B<br>S<br>E<br>R<br>V<br>A<br>T<br>I<br>O<br>N<br>S                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                        | OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): |                                                 |                                                  |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                        | <b>CRYING, FRESH RED MARKS ON HER</b>          |                                                 |                                                  |                  |
| R<br>E<br>L<br>A<br>T<br>I<br>O<br>N<br>S<br>H<br>I<br>P                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | RELATIONSHIP BETWEEN VICTIM & SUSPECT<br>[Redacted]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |                                                |                                                 |                                                  |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p>PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO CALLER: <b>VICTIM</b></p> <p>WEAPON USED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO TYPE: <b>HANDS</b></p> <p>WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If YES, attach witness list)</p> <p>INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>MEDICAL TREATMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>AT: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PARAMEDICS:</p> <p>Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PHYSICIAN(S) / HOSPITAL:</p> <p>ACT COMMITTED IN PRESENCE OF MINOR(S): <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO NAMES/AGES: [Redacted]</p> <p>H. R. S. NOTIFIED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CASE #:</p> <p>PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> |                                        |                                                |                                                 |                                                  |                  |
| N<br>A<br>R<br>R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p>On Monday 5/29/17 at approximately 1928 hours I was dispatched to a battery that just occurred at [Redacted]</p> <p>[Redacted]. While en-route Northcom advised the caller's [Redacted] scratched her, and then began making suicidal comments. Upon my arrival I made contact with the caller, W/F [Redacted] (6/16/88) who was hysterically crying and I noticed she had fresh red marks on her the upper right</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |                                                |                                                 |                                                  |                  |
| <p>STATE OF FLORIDA<br/>COUNTY OF PALM BEACH</p> <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p><br/>SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>29</u> day of <u>May</u>, <u>2017</u>.</p> <p><b>BANEGAS, JOHN</b><br/>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        |                                                |                                                 |                                                  |                  |

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

## DOMESTIC VIOLENCE PROBABLE CAUSE

## 'AFFIDAVIT

Palm Beach County  
Narrative Continuation

|                       |                   |                           |                      |
|-----------------------|-------------------|---------------------------|----------------------|
| A<br>D<br>M<br>I<br>N | Date / Time       | 05/29/2017 21:29          |                      |
|                       | Agency ORI Number | Agency Name               | Agency Report Number |
|                       | FL 0501700        | JUPITER POLICE DEPARTMENT | 5   4   17-002634    |

portion of her chest, upper right arm, and the front left portion of her neck. I asked [REDACTED] if she wanted medical attention and while crying she stated "no". I identified myself as Officer Connor with the Jupiter Police Department and [REDACTED] stated the following:

[REDACTED] stated on 5/28/17 while at Walmart with [REDACTED] she planned on receiving a ride [REDACTED] [REDACTED] did not show up as originally planned and she had to walk a far distane with her daughter. [REDACTED] stated on 5/29/17 she asked [REDACTED] why she did not show up and a verbal altercation ensued. [REDACTED] also advised [REDACTED] is an alcoholic, and typically begins drinking daily at approximately 1000 hours. [REDACTED] told her she wanted to drown herself in order to avoid her current life issues, so she grabbed her cell phone to call the police. [REDACTED] stated when she tried to call the police [REDACTED] approached her from behind, demanded for the phone and began to push and scratch her. [REDACTED] stated she was able to run outside of the residence and call police.

I then made contact with O'Connor. I asked O'Connor the investigative question "what happened here tonight" and O'Connor replied "just family stuff". I asked O'Connor to elaborate and and I told O'Connor I saw red marks on [REDACTED] at which time O'Connor began to cry. I asked O'Connor how [REDACTED] got the red marks on her body and she looked down at her fingernails. I then asked O'Connor if she scratched [REDACTED] using her nails and she confirmed my suspicion by nodding her head up and down. While speaking with O'Connor she told me she was only trying to get the phone from [REDACTED] hands, but she remembers the incident becoming physical. O'Connor further stated she and [REDACTED] do not get along well and she has been trying to help [REDACTED] get a new apartment.

While speaking with O'Connor I mentioned the suicidal threat she made previously by stating "did you mention you were going to drown yourself?" and O'Connor replied "everything would be easier If I was gone". I asked O'Connor if she did in fact tell [REDACTED] she wants to drown herself and she confirmed she said that to her, but that [REDACTED] misunderstood her. I asked O'Connor if she has an "alcohol problem" and if she was drinking today and O'Connor stated "it is Memorial Day". It should be noted while speaking with O'Connor I noticed she had slurred speech, and I detected the odor of an unknown alcoholic beverage which became stronger as she spoke.

Officer J. Banegas took photos of [REDACTED] and O'Connor. All photographic evidence was submitted into the Jupiter Police Department by Officer J. Banegas.

I spoke with DCF investigator [REDACTED] who told me the child abuse case would be accepted.

Based on the statements O'Connor made to her daughter and myself I believe O'Connor fits the criteria for law enforcement baker act. To wit: without a psychiatric evaluation O'Connor would be a threat to either herself or others. In addition, I believe probable cause exists to charge O'Connor with simple domestic battery in violation of FSS 784.03(1)(A)(1) because she knowingly and intentionally touched/struck [REDACTED] with the intent to cause her bodily harm. O'Connor was subsequently transported to Palm Beach County Jail without incident. The baker act paperwork was turned over to deputies at the Palm Beach County Jail pending O'Connor's release.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Appeared before me, [REDACTED] personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 29 day of May, 2017.

**BANEGAS, JOHN**

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

# VICTIM NOTIFICATION FORM

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

- **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 #: 17-002634 Agency: Jupiter Police Department  
Offense: Simple Battery (Domestic)  
Suspect/Offender: Amanda O'Connor  
D.O.B. 02-20-58 Race: w Sex: f

2. Warrant #(s): \_\_\_\_\_

06-16-88 Race: w Sex: f

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

3b. 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 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: \_\_\_\_\_

Officer's Name: Officer C. Connor I.D. # 350-1173 Date: 05-29-2017

SUSPECT/OFFENDER: \_\_\_\_\_

COURT CASE/WARRANT #: \_\_\_\_\_  
(FOR WARRANT USE ONLY)