ADMINISTRATIVE	OBTS Number	ARREST / NOTICE Juvenile Referra		1. Arrest 3. Request for Wa			
	Agency ORI Number FL0502400	Ocean Ridge Po	lice Departmen	2. NTA 4. Request for Cap Agency Report 72	PART .		
	CINCK SI IIIIIII	Misdemeanor 5. Ordinance		Weapon Seized Type	Multiple		
	Location of Arrest (include Name of Business)	Traffic Misdemeanor 6. Other	Location of Offense (Bus	1. Yes 2 2. No 2 siness Name, Address)	Clearance Indicator 01		
	6711 N Ocean Blvd #17 Date of Arrest Time of Arrest Booking Date	te Booking Time Jail Date		cean Blvd #17	Unit ID		
L.	09/18/2016 1649 09/18 Name (Last, First, Middle)		16		509		
ļ	Tuttle		rles	Name, DOB, Soc. Sec. #, Etc.)			
DEFENDANT	W - White I - American Indian B - Black O - Oriental / Asian	08/16/1965 51 B	ye Color Hair Color ILU BRN	Complexion Build MED MED	Height Weight 600 190		
	Scars, Marks, Tattoos, Unique Physical Features (Location, T. NODe	ype, Description) Marital 8	Inc	dication of Alcohol Influence:	Yes ☐ No ☐ Unknown Yes ☑ No ☐ Unknown		
	Local Address (Street, Apt. Number) 6711 N Ocean Blvd # 17	(City) (Sta Ocean Ridge FL		1 0 000	nt Type 3. Florida		
DE	Permanent Address (Street, Apt. Number) 6711 N Ocean Blvd # 17	(City) (Star Ocean Ridge FL			s Source		
	Business Address (Name, Street) 303 E Woolbright Rd	(City) (Sta Boynton Beac FL		Occupa	tion liance Repair		
	Driver's License Number / State T340-003-65-296-0	Social Security Number INS	Number Citizens		and Aspett		
iii	Co-Defendant Name (Last, First, Middle)		Race Sex Date of I	Birth Age 1. An	rested 3. Felony 5. Juv.		
9	Co-Defendant Name (Last, First, Middle)		Race Sex Date of E		Large 4. Misdemeanor rested 3. Felony 5. Juv.		
H	Parent Other Name (Last)		(First)	(Middle)	Large 4. Misdemeanor		
JUVENILE CO-DEF	Legal Custodian Address (Street, Apt. Number)	(City)		(State) (Zip)	Business Phone		
	Notified By: (Name)	Date	Time Ju	uvenile Disposition			
ÆNIL	Released to: (Name)	Relationship		Dept. and Released 3.Incarcerate	ed Estate		
Ę	The above address was provided by defendant and/or defenda			1. Handled/Processed Within 2.Turned Over to HRS/CYF Dept. and Released 3.Incarcerated Time			
	(Phone 820-2526) informed of any change of address. Yes by:	No: (Reason)		School Attained	Grade		
	Property Crime? Description of Property Yes No			Vylue	of Property		
ßE	Charge Description Bettery Domestic			atute Violation No Chap-Sec-Sub 784 03 1a1	VIGINIAN OF GRD #		
CHAR	Drug Activity Drug Type Amount/Unit	Offense # 2016-0227	Warrant / Capias Number	Domestic Related			
	Charge Description	2010-0227	Counts F.S. Sta	atute Violation No Chap-Sec-Sub			
CHARGE	Drug Activity Drug Type Amount/Unit	Offense #	Ord. Warrant / Capias Number	Domestic Related?	Bond		
\dashv	Charge Description		Counts F.S. Sta	Yes No			
CHARGE	Drug Activity Drug Type Amount/Unit		□ Ord.				
됩		Offense #	Warrant / Capias Number	Domestic Related?	o Bond 20		
AR	Mandatory Appearance in Court You need not appear in Court	(Court, Room, Number, Address)		:	S		
NOTICE TO APPEAR	but must comply with instructions on Reverse side.		Year Time		P.M		
CE T	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 THECOURT AS REQUIRED BY THIS NOTICE TO APPEAR, THATIMAYBEHELDINCONTEMPTOFCOURTAND A WARRANT FOR MY ARREST SHALL BE ISSUED.						
Ş	Signature of Dependant for Juvenile and	d Parent/Custodian		Date Signed	्रा — ्रा		
	HOLD for other Agency Name:	Signature of Arresting officer	- E & \$	Name Verification (Printed by A			
¥	Dangerous Resisted Arrest	Name on Arresting Officer (Print)	I.D.#	-	n		
ADMIN	ntake Departy	# Transporting Officer I.D.#	509	SCANNE	c c		
	THE POOL	Jeff VanCamp 543	Agency ORPD	Witness St. subject signed	with an "X".		

	OBTS Number	PROBABLE CAUSE AFFIDAVIT 1. Arrest 3. Request for Warrant 2. NTA 4. Request for Capias 1 Juvenile N						
ADMIN.	Agency ORI Number FL0502400	Ocean Ridge Pol	nt	72 - 2016-0227				
AD	Charge Type Check as many as apply. 1. Felony 2. Traffic Felony	3. Misdemeanor 5. Ordinance 4. Traffic Misdemeanor 6. Other		Special Instructions	•			-
EF.	Name (Last, First, Middle) Tuttle	Anthony	Charles		Race W	Sex M	I .	f Birth 16/1965
^	Alias (Name, DOB, Soc. Sec. #, Etc.)							
RGES	Charge Description Battery Domestic		Charge Description					-
CHAR	Charge Description		Charge Description			1		
	Victim's Name (Last, First, Middle)			Race	8	P De	te of Birth	
2								
VICTIM								
>	BURRNESS Address (Name, Street)	(City)	(State) (Zip)	Phon	•	Oc	cupation	
	The undersigned position and aureon that he take							
PROBABLE CAUSE	The Person taken into custody	e has just and reasonable grounds to believe, and does		Defendant committed t	ne following	violation of	law.	
Ş	Committed the below acts in my presence. Confessed to		Vas observed by					
BLE	admitting to the below facts.		Who told that	he arrested person co	mmit the he	ow acts)		
BA		⊠ ∨	Vas found to have committed th				vestigatio	on.
E E	On the 18 day of SEPTEMBER	R 1016 at 1625 A.M.	P.M. (Specifically	include facts constit	uting cause	for arrest.)	
Na	arrative							
		t 1614 hours Ofc. McAlliste	_					
		le 9-1-1 caller named Tony ic violence calls at apartm				_	tmen	t number.
٦	ecanse of bieatons domest	ie violence calls at aparem	ent 17 1 Checker	i this loca	cion i	irst.		1
I		Tuttle W/M 08/16/1965 who s						
n		im down the steps. Tuttle h dor of an alcoholic beverag			advis	ed tha	t ne	nacı
1								_
	then met with welling on both sides of	her face, stated tha	observed a raise t thev both had					
	his <u>time a verbal argumen</u>	t occurred which then becam	e physical when	Tuttle beg	an sla	pping	her	in the
		l for her life and ran up s						
	bedroom. In the course of defensing herself as she was running upstairs, pushed Tuttle. Tuttle slipped on the stairs but caught himself prior to falling.							
	<u> </u>	nto the bedroom because the						
	_	droom. Tuttle then began to n alcoholic beverage on or			cervie	w with	,	T
refused any medical attention. completed a Victim/Witness Affidavit outlining the incident as she recalled it. was issued and signed a Domestic Violence information packet.								
Digital photographs of and her injuries as well as the door and bedroom area. The digital photo memory card was placed into evidence.								
Based on the facts and evidence that I observed I was able to determine that Tuttle was the primary aggressor in this case and did commit the crime of domestic battery. It should be noted that and Tuttle are not married but do reside together as a family.								
В	Based on the risk assessment form completed I called a victim advocate at 561-833-7273 on the behalf of							
		ody and transported to the e Palm Beach County Jail.	Ocean Ridge Pol	ice Departmo	ent fo	r proc	essi	ng. He
				<u> </u>	ΔΝ	NE	P	-
				S	Fh 1;	2016	٥.	- 2 - 62

TRATIVE	THE FOREGOING INSTRUMENT WAS SWORN TO OR AFFIRM THIS 18 DAY OF SEPTEMBER , 2016	ofe y 509				
ADMINISTRATIVE	WHO IS PERSONNALLY KNOWN TO ME NOTARY PUBLIC, OFFICER (F.S.S. 11710)	NAME OF OFFICER (PLEASE PRINT)	09/18/2016 DATE			

SCANNED SEP 1 9 2016

OCEAN RIDGE PD VICTIM NOTIFICATION FORM

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

- Homicide (Ch. 782)
- Attempted Murder
- Stalking (S. 784.048)

- Sexual Offense (Ch. 794)
- Attempted Sexual Offense
- Dating Violence
- Domestic Violence (This includes any assault, agg. assault, battery, agg. battery, sexual
 assault, sexual battery, stalking, agg. stalking or any criminal offense resulting in physical
 injury or death of one family member or household member by another, who is or was residing
 in the same single dwelling.)

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

. Incident Report:	2016-0227	Agency:	OCEAN RIDGE PO	LICE DEPA	RTMENT
Offence					
Suspect/Offender: D.O.B08/16/65		ANTH	ONY CHARLES TUTTLE		
D.O.B. 08/16/65	Race:_	white	Sex:	male	
2. Warrant #(s)					
3. Complete one (1) of					
a. Victim's name					
Address:					
City:					-
Home #:					
b. Victim's next or k	ın:		<u> </u>		
Address:		7	STATE Other:_		
City:	CITY	State:	STATE	Zip:	ZIP
Home #:	W	ork #:	Other:_		
Name: Address: City:		State:	Othe	Zip):
City:	1	State:	Othe	2:p	·
Home #:	·	VVOIR #			
4. Relevant identification	n or case numb	ers assigned to	the case (please S	pecify):	
	it of case flame	o, o a oo, g o a o	(1)		
2016-0227		in			
WAIVER: I CHOOSE ! UNDERSTAND THAT I SUSPECT/OFFENDER.	NOT TO COMPI AM WAIVING	LETE THIS VI MY RIGHT T	CTIM NOTIFICATI O BE NOTIFIED O	ON FORM, F THE RELI	AND EASE OF THE
Signature of person wai					
Printed name of person					
Officer's Name:	MARIO GA	ALLUSCIO	I.D. #:	.509 , Da	te:09/18/16
			•	SC.	ANNED

ORPD PACKET 2