

0504118

ARREST NOTICE TO APPEAR
Juvenile Referral Report

18mm 14781
3993

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

OBTS Number		Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 18160666	
Charge Type: Check as many as apply		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	
Location of Arrest (Including Name of Business) 7646 OAK GROVE CR LAKE WORTH FL 33467		Location of Offense (Including Name of Business) 7646 OAK GROVE CR LAKE WORTH FL 33467		Date of Arrest Dec 28, 2018		Time of Arrest 1933	
Name (Last, First, Middle) POLLINGTON ASHLEE C.		Race W		Sex F		Date of Birth 02/20/90	
Height 5-03		Weight 120		Eye Color BROWN		Hair Color BROWN	
Complexion LIGHT		Build THIN		Marital Status MARRIED		Religion CATH.	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) SCRIPT IN THE MIDDLE OF THE BACK.		Indication of Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N		Indication of Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N		Unit <input checked="" type="checkbox"/>	
Local Address (Street, Apt. Number) 7646 OAK GROVE LAKE WORTH FL 33467		Phone 5613103905		Residence Type: 1. City 3. Florida 2. County 4. Out of State		2	
Permanent Address (Street, Apt. Number) 7646 OAK GROVE LAKE WORTH FL 33467		Phone 5613103905		Address Source FL DL			
Business Address (Street, Apt. Number) MIAMI, FL		Occupation MANAGER		Citizenship US			
D/L Number, State P452003905600		Social Security		INS Number		Place of Birth	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other		Name (Last, First, Middle)		Phone			
Address (Street, Apt. No.)		City		State		Zip	
Notified By (Name)		Date		Time		Juvenile Disposition: 1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS 3. Incarcerated	
Released To (Name)		Relationship		Date		Time	
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561 355-2525) informed of any address change		School Attended		Grade			
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property			
Drug Activity H. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute	
M. Manufacture/ Produce Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin	
H. Hallucinogen M. Marijuana		P. Paraphernalia/ Equipment		U. Unknown Z. Other			
Charge Description DOMESTIC BATTERY		Counts 01		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.03(1)(a)(1)	
Drug Activity N		Drug Type N		Amount/Unit N/A		Offense # 18160666	
Warrant/Capias Number 784		Bond		Violation or ORD. #			
Charge Description		Counts		Domestic Violence		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Bond		Violation or ORD. #			
Charge Description		Counts		Domestic Violence		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Bond		Violation or ORD. #			
Charge Description		Counts		Domestic Violence		Statute Violation Number	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Bond		Violation or ORD. #			
Location (Court, Address, Room Number)		Court Date and Time		Month		Day	
Year		Time		AM <input type="checkbox"/>		PM <input type="checkbox"/>	
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY 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)			
Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer D/S D. CARBONE		ID # 24088		(PRINT)	
Make Delivery		Transporting Officer D/S D. CARBONE		ID # 24088		Agency 24088	
Witness here if subject signed with an "X"						Page 1 of 1	

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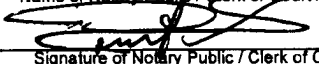
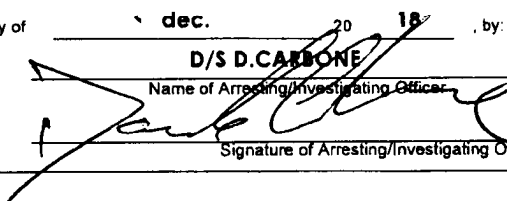
OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest <input type="checkbox"/> 3. Request For Warrant <input type="checkbox"/>		2. N.T.A. <input type="checkbox"/> 4. Request For Capias <input type="checkbox"/>		Juvenile <input type="checkbox"/>	
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		18160666			
Charge Type: Check as many as apply		Special Notes							
<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other									
Defendant Name (Last, First, Middle) Pollington Ashlee				Race L	Sex F	Date of Birth 02/20/90			
Charge Domestic Battery									
Victim Name (Last, First, Middle) HURWITCH DEREK		Race W	Sex M	Date of Birth 08/24/1984					
Local Address (Street, Apt. Number) 7646 OAK GROVE CIR		City LAKE WORTH	State FL	Zip 33467	Phone 561-701-6217	Address Source Verizon			
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation			
The undersign swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The person taken into custody...									
<input type="checkbox"/> committed the below acts in my presence.									
<input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.									
<input type="checkbox"/> confessed to admitting to the below facts.									
<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.									
On the 28th day of Dec 20 18 at 1933 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM									

On 12/28/18, at approximately 1900 hours, I responded to 7646 Oak Grove Cir, in the unincorporated area of Lake Worth, FL, 33467 in reference to a domestic related incident.

Upon my arrival, I made contact with the victim, Derek Hurwitch, who told me the following. After work he went out for a couple of drinks which his wife Ashlee Pollington did not approve of. When he came home Ashlee started to argue with him about going out. He ignored Ashlee and went to his bedroom to go to bed. He was laying on his back when Ashlee jumped on top of him and begged him to talk. He continued to ignore Ashlee and she began clawing at his chest to get his attention. He went to grab his phone to call the police and Ashlee smacked the phone out of his hand. They both went to grab the phone off the floor and began to wrestle on the ground. Derek retrieved the phone and called 911. I observed several red claw marks on Derek's chest consistent with his story.

I spoke with Ashlee Pollington who stated the following. While Derek was out drinking she received a message from another female who told her Derek had been messaging her while he was out. When Derek came home she confronted Derek about the incident. Derek ignore her he did not want to talk about it and said he was going to bed. She jumped on him to get his attention and he continued to ignore her. Derek grabbed his phone to call the police and she smacked the phone out of his hands. Ashlee stated at no time did she scratch or hit Derek in the chest to cause any harm. Ashlee had long manicured nails and the right middle finger nail was missing. I asked her how she broke her nail, Ashlee then stated they got into a brief tussle on the ground when she smacked it out of his hand. I did not observe any injuries on Ashlee at the time of the incident.

After conducting my investigation I have probable cause to charge Ashlee Pollington with domestic battery per FSS 784.03(1)(a)(1).

The foregoing instrument was sworn to and affirmed before me this <u>28th</u> day of <u>dec.</u> 20 <u>18</u> , by:	
D/S GERMAIN #31848	D/S D. CARBONE 24088
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer
 31848	
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer

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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 #: 18-160666 Agency: PBSO
Offense: Assault Domestic Related
Suspect/Offender: ASHLEE, CHRISTINE, DOLLINGTON
D.O.B. 02/20/1990 Race: White Sex: F

2. Warrant #(s): _____

3.a. Victim's name: DEREK, ALLEN, HOWARD D.O.B. _____ Race: W Sex: M
Address: 7646 Oak Grove Cir
City: Lake Worth State: FL Zip: 33467
Home #: _____ Work #: _____ Other: Cell 561-701-6217

b. 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: _____
Deputy's Name: [Signature] I.D. # 28088 Date: 12/28/2018

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

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SUSPECT/OFFENDER ASHLEE, CHRISTINE, DOLLINGTON
COURT CASE/WARRANT #: _____
(FOR WARRANTS USE ONLY)

**PALM BEACH COUNTY SHERIFF'S OFFICE
DOMESTIC VIOLENCE PROBABLE CAUSE SUPPLEMENTAL FORM
(SUBMIT WITH STATE ATTORNEY'S COPY OF PROBABLE CAUSE AFFIDAVIT)**

CASE NUMBER: 18-160666

DEFENDANT'S NAME: Ashlee, Christine, Pollington

DEFENDANT'S STATEMENT: YES NO (IF YES: WRITTEN TAPED ORAL)

SYNOPSIS: _____

VICTIM'S NAME: Derek, Allen, Hurwitch

VICTIM'S STATEMENTS: YES NO (IF YES: WRITTEN TAPED ORAL)

OBSERVATIONS OF VICTIM: (PHYSICAL & EMOTIONAL) Ashlee punched him, and scratched him in the chest/stomach area.

RELATIONSHIP BETWEEN VICTIM AND SUSPECT: Husband & wife

PHOTOGRAPHS: SCENE: YES NO VICTIM(S): YES NO

911 CALL: YES NO WHO CALLED: Husband

WEAPON USED: YES NO TYPE: _____

MEDICAL TREATMENT: YES NO

AT SCENE: YES NO PARAMEDICS: _____

AT HOSPITAL: YES NO HOSPITAL: _____ PHYSICIAN: _____

ARE CHILDREN LIVING IN HOME: YES NO

NAME: _____ DOB: _____

NAME: _____ DOB: _____

NAME: _____ DOB: _____

WAS ACT(S) COMMITTED IN PRESENCE OF MINOR(S): YES NO (IF YES SAME AS ABOVE OR SPECIFY)

NAME: _____ DOB: _____

NAME: _____ DOB: _____

NAME: _____ DOB: _____

DCF NOTIFIED: (IF CHILD ABUSE) YES NO

VICTIM PREGNANT: YES NO

PRIOR HISTORY OF DOMESTIC VIOLENCE: YES NO

ALCOHOL OR DRUGS INVOLVED: YES NO

VIOLATION OF RESTRAINING ORDER: YES NO CASE #: _____

ALTERNATE VICTIM CONTACT INFORMATION: (IF VICTIM DECIDES TO LEAVE RESIDENCE) **SCANNED**

RELATIVE/FRIEND NAME: _____ PHONE: _____

RELATIVE/FRIEND ADDRESS: _____ **DEC 29 2018**



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018042728	Date: 12/29/2018
	Specialist Name/ID: LR/ #6673

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