

0502250

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ARREST / NOTICE TO APPEAR

AD M I N I S T R A T I O N	OBTS Number		Agency ORI Number <b>0501700</b>		Agency Name <b>Jupiter Police Department</b>		Agency Report Number (N.T.A.'s only) <b>51418-005040</b>		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		1		JUVENILE					
	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) <b>3317 E COMMUNITY DR</b>		Location of Offense (Business Name, Address) <b>3317 E COMMUNITY DR, JUPITER, FL 33458</b>		If Weapon Seized Enter Type <b>Hands, Feet, Fist, Teeth</b>		Multiple Clearance Indicator									
D E F E N D A N T	Date of Arrest <b>10/14/2018</b>	Time of Arrest <b>15:10</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle		Name (Last, First, Middle) <b>BAUGH, ASHLEY AYN</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)							
	Race W - White B - Black <b>W</b>		Sex <b>F</b>	Date of Birth <b>03/01/1980</b>	Height <b>5'11</b>	Weight <b>150</b>	Eye Color <b>Blue</b>	Hair Color <b>Blond</b>	Complexion <b>Light</b>	Build <b>Thin</b>	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>MA</b>		Marital Status		Religion			
C O D E D	Local Address (Street, Apt. Number) <b>3317 E COMMUNITY DR, JUPITER, FL 33458</b>		(City)	(State)	(Zip)	Phone <b>(561) 629-4675</b>		Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		Permanent Address (Street, Apt. Number) <b>3317 E COMMUNITY DR, JUPITER, FL 33458</b>		(City)	(State)	(Zip)	Phone <b>(561) 629-4675</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>1</b>		
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Address Source		Occupation		D/L Number, State <b>B200001805810 / FL</b>		Soc. Sec. Number	D/S Number	Place of Birth (City, State) <b>Tempe AZ</b>	Citizenship <b>USA</b>	
J U V E N I L E	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <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 <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)		Residence Phone		Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone		Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 3. Incarcerated
C H A R G E	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 355-2526) informed of any change of address.		School Attended		Grade		<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property		Value of Property
	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperse/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Oplum/Doriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other		Charge Description <b>BATTERY-SIMPLE (TOUCH OR STRIKE)</b>		Statute Violation Number <b>784.03(1)(A)(1)</b>	Violation of ORD #
C H A R G E	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond		Charge Description		Statute Violation Number	Violation of ORD #				
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond		Charge Description		Statute Violation Number	Violation of ORD #				
I N T A K E	Health / Apparent Physical Condition of Defendant		Any knowledge of the following: Explain:		<input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		PROPERTY - Received By		Released By	Released To		Transported By		Date Transported	Time Transported	Other
	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room)		Court Date and Time		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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed		No Photo Available		Signature of Arresting Officer <b>Kristi Coleman</b>		Name Verification (Printed by Arrestee) <b>COLEMAN, KRISTI</b>	
A D M I N	HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)		Name of Arresting Officer (Print) <b>COLEMAN, KRISTI</b>		I.D. # <b>1003</b>		Intake Agency <b>CLB</b>		I.D. # <b>39102510</b>		Agency		PAGE <b>1 OF 1</b>	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Witness here if subject signed with an "X".													

NO RECORD

10/14 PM 4:34  
2:18 OCT 15 AM 5:21  
JUPITER POLICE DEPARTMENT  
COURT CLERK'S OFFICE

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

A D M I N	OBTS Number		Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>		Agency Report Number <b>5   4   18-005040</b>	
	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		Special Notes:	
	Name (Last, First, Middle) <b>BAUGH, ASHLEY AYN</b>		Alias		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>03/01/1980</b>	

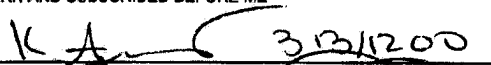
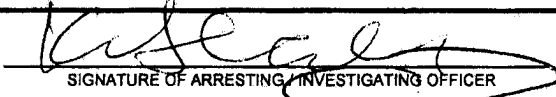
C H A R G E S	Charge Description <b>784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)</b>	Charge Description
	Charge Description	Charge Description

V I C T I M	Victim's Name (Last, First, Middle) <b>KING, TYLER JOSEPH</b>		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>02/27/1996</b>
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>3317 E COMMUNITY DR, JUPITER, FL 33458</b>		Phone		Address Source
	Business Address (Name, Street) (City) (State) (Zip) <b>FAU</b>		Phone		Occupation <b>STUDENT</b>

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.  
 The Person taken into custody . . .  
 committed the below acts in my presence.  was observed by \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person commit the below acts.  
 confessed to \_\_\_\_\_ admitting to the below facts.  was found to have committed the below acts, resulting from my (described) investigation.  
 On the 14 day of October, 2018 at 14:20 (Specifically include facts constituting cause for arrest.)

On 10/14 2018 at approximately 1355 hours was dispatched to FAU Police Station in reference to a domestic battery that occurred at 3317 E Community Drive. Upon arrival I met with Tyler King (w/m 2/27/96). Tyler stated on my BWC that he and his girlfriend Ashley Baugh (w/f 3/1/80) had an argument at the residence. I asked Tyler when, he stated at 1330 hours. I asked Tyler what occurred. Tyler stated that he and Ashley have been living together since April 2018. Tyler stated they were arguing this afternoon. Tyler stated he tried to leave to stop the fight. Tyler stated he started getting things together in a bin to take to his grandmothers home. Tyler stated Ashley placed her arms around him. Tyler stated she began to hug him. Tyler then stated she bit him on the right shoulder. Tyler showed me the bruise, PBFRR responded to check the bruise (photo on BWC). Tyler stated that Ashley has been accusing him of cheating. Tyler was checked by PBFRR and refused transport.

I went to the residence at 3317 E Community Drive. Upon arrival a female answered the door, I asked if she was Ashley, she stated no. The woman stated she was the roommate Penelope. I asked Penelope if Ashley was home, she said I don't know. I asked Penelope if she could check. Penelope knocked on Ashley's door and advised the police were here to speak to her. I introduced myself to Ashley. I asked Ashley what occurred today between her and Tyler. Ashley stated that they have been arguing alot. Ashley stated they began to argue and Tyler put his hands in her neck pushing her into the wall (no marks on her neck visible). I asked Ashley what happened next, Ashley stated she pushed him away from her. Ashley stated he then put his hands on her neck again pushing her into the wall. Ashley stated she then tried to get away biting Tyler on the shoulder. I checked Ashley for bruising with negative results. I explained to Ashley that she has no bruising or marks to corroborate her story. I explained to Ashley that she would be placed under arrest for Domestic Battery per FSS 784.03(1)(a)(1). Ashley was placed into handcuffs, checked for spacing, double locked and placed into marked PFV 1403. Ashley was then transported to the JPD for processing.

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
	 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		 <b>COLEMAN, KRISTI (1003)</b> NAME OF OFFICER (PLEASE PRINT)	
	<u>10/14/2018</u> DATE		<u>10/14/2018</u> DATE	

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

**1** JUVENILE

A D M I N I S T R A T I V E	Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>		Agency Report Number <b>5   4   18-005040</b>	
	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						
Name (Last, First, Middle) <b>BAUGH, ASHLEY AYN</b>				Alias	Race <b>W</b>	Sex <b>F</b>
				Date of Birth <b>03/01/1980</b>		

Through my investigation Ashley Baugh (w/f 3/1/80) was found to have actually and intentionally bit Tyler King (w/m 2/27/97) with the intent to cause him harm per FSS 784.03(1)(a)(1).

NOT A CERTIFIED COPY

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A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME	
	<u><i>V. A. ...</i></u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	<u><i>Kristi Coleman</i></u> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	<u>10/14/2018</u> DATE	<u>COLEMAN, KRISTI (1003)</u> NAME OF OFFICER (PLEASE PRINT)
		<u>10/14/2018</u> DATE

# 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 #: K6005010 Agency: Jupiter Police Department  
Offense: Domestic Battery  
Suspect/Offender: Ashley Baugh  
D.O.B. 3/1/80 Race: W Sex: F

2. Warrant #(s): WA

3a. Victim's Name: Taylor King D.O.B. 2/27/96 Race: W Sex: M  
Address: 3137 E Community Drive  
City: Jupiter State: FL ZIP: 33458  
Home #: 561-562 9968 Work #: \_\_\_\_\_ Other: \_\_\_\_\_

3b. Victim's Next of Kin, Friend or Neighbor: \_\_\_\_\_  
Address: 16203 Haynie Drive  
City: Jupiter State: FL ZIP: 33478  
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: \_\_\_\_\_ I.D. # \_\_\_\_\_ Date: \_\_\_\_\_

SUSPECT/OFFENDER: Ashley Baugh  
COURT CASE/WARRANT #: K6005010  
[FOR WARRANT USE ONLY]



**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
I/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**

<b>Booking Number:</b> 2018034384	<b>Date:</b> 10/15/2018
	<b>Specialist Name/ID:</b> AM/31562