

0513678

19MM14031

3933

ARREST/NOTICE TO APPEAR  
Juvenile Referral Report

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

OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06-19-154173</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		Weapon Seized / Type <b>2</b> 1. Yes <b>2</b> 2. No	
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)		Multiple Clearance Indicator			
Date of Arrest <b>12/31/19</b>	Time of Arrest <b>0251</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
Name (Last, First, Middle) <b>Stovall, Ashley, Lauryn</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian <b>W</b>	Sex <b>F</b>	Date of Birth <b>07/06/1999</b>	Height <b>5'04</b>	Weight <b>140</b>	Eve Color <b>Blue</b>	Hair Color <b>Blonde</b>	Complexion <b>Fair</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status <b>Single</b>	Religion <b>Christianity</b>	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) (City) (State) (Zip)		Phone <b>refused</b>		Residence Type 1. City 2. County 3. Florida 4. Out of State <b>2</b>			
Permanent Address (Street, Apt. Number) (City) (State) (Zip)		Phone		Address Source <b>FL ID</b>			
Business Address (Name, Street) (City) (State) (Zip)		Phone		Occupation			
DL Number, State <b>S314012997460, FL</b>		INS Number		Place of Birth (City, State) <b>Memphis, TN</b>		Citizenship <b>USA</b>	
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<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"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
Parent Legal Other (Last, First, Middle)		Address (Street, Apt. Number) (City) (State) (Zip)		Residence Phone		Business Phone	
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 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 (Phone 355-2526) informed of any change of address <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No: (Reason)		School Attended		Grade			
Property Crime? <input type="checkbox"/> Yes <input 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. 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 O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other	
Charge Description <b>Battery (domestic)</b>		Counts <b>1</b>	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>784.03(1a1)</b>		Violation of ORD #	
Drug Activity Drug Type Amount / Unit <b>N/A N/A</b>		Offense # <b>19-154173</b>		Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity Drug Type Amount / Unit		Offense # <b>19-154173</b>		Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity Drug Type Amount / Unit		Offense # <b>19-154173</b>		Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity Drug Type Amount / Unit		Offense # <b>19-154173</b>		Warrant / Capias Number		Bond	
Location (Court, Room Number, Address)		Court Date and Time Month Day Year Time AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> <b>12/31/19</b>		Signature of Defendant (or Juvenile and Parent / Custodian)		Date Signed <b>12/31/19</b>	
HOLD for other Agency Name		Signature of Arresting Officer <b>[Signature]</b>		Name Verification (Printed by Arrestee) <b>[Signature]</b>		PAGE <b>1 OF 1</b>	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>D/S D. Rodriguez</b>		I.D. # <b>9475</b>		Agency <b>PBSO</b>	
Intake Deputy <b>[Signature]</b>		I.D. #		Pouch #		Witness here if subject signed with an "X" <b>1 OF 1</b>	

PBSO #148 REV. 0/97

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'S ONLY)

SCANNED  
DEC 31 2019

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile

ADMIN	OBTS Number	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06- 19-154173</b>	
	Charge Type: Check as many as apply:	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:		
DEF	Name (Last, First, Middle) Stovall		Ashley		Laurya		Alias
	Race W		Sex F		Date of Birth 07/06/1999		
CHARGES	Charge Description <b>Battery (domestic)</b>		784.03(1a1)		Charge Description		
	Charge Description		Charge Description				
VICTIM	Victim's Name (Last, First, Middle) <b>Bray</b>		Patrick		Martin		Address Source FL ID
	Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone refused	
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone Occupation	
PROBABLE CAUSE STATEMENT	<p>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.</p> <p>The Person taken into custody</p> <p><input checked="" 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.</p> <p><input checked="" type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>31</u> day of <u>December</u> 20<u>19</u> at <u>02:18</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><b>On Tuesday, December 31, 2019 at approximately 0218 hours, I responded to [REDACTED] in unincorporated [REDACTED] in reference to a Domestic Battery.</b></p> <p><b>Upon arrival, I observed a white female, later identified as Ashley Stovall, repeatedly push an older white male in his chest area, in the living-room area of the home while yelling at him.</b></p> <p><b>Upon her exit from the home, I immediately placed Ashley in handcuffs as the male identified by Florida Driver's License as Patrick Bray exit with her. Mr. Bray stated Ashley pushed him into the front window of their home just before my arrival. The front window was broken out and glass shards were on the ground.</b></p> <p><b>His wife, Lisa Bray, exit the home saying, "Yes she pushed him, but she's drunk."</b></p> <p><b>Ashley Stovall is is violation of F.S.S. 784.03(1a1) - Battery (Domestic)(1 count).</b></p>						
	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p><i>[Signature]</i> (Signature of Arresting Investigative Officer)</p> <p><b>D/S D. Rodriguez</b> (ID #) 9475</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>31</u> day of <u>December</u> 20<u>19</u> by <u>D/S D. Rodriguez</u> 9475</p> <p>(Print name of Arresting Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN</u> <u>LEO</u></p> <p><i>[Signature]</i> Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>						

PROBABLE CAUSE STATEMENT

ADMINISTRATIVE

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DEC 31 2019

**Palm Beach County Sheriff's Office**  
**DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM**  
 (Submit this form with the original Probable Cause affidavit)

Name (Last, First, Middle)  
**Suspect:** Stovall Ashley Lauryn **DOB:** 07/06/1999 **Case #:** 19-154173

Name (Last, First)  
**Victim:** Bray Patrick **DOB:** 12/31/1961 **Race:** W **Sex:** M

**Relationship between Victim and Defendant:** Family Member

**Photographs:** Scene Yes  No  Victim Yes  No  Defendant Yes  No

**911 Call:**  Yes  No **Caller:** \_\_\_\_\_

**Weapon Used:** Yes  No  **Type:** \_\_\_\_\_

**Witness:**  Yes  No **Name:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

**Victim Pregnant:** Yes  No  **If yes,** \_\_\_\_\_ weeks \_\_\_\_\_ months

**Injuries:** Yes  No  **Description:** \_\_\_\_\_

**Medical Treatment:** Yes  No

**At Scene:** Yes  No  **Paramedics:** \_\_\_\_\_

**At Hospital:** Yes  No  **Hospital:** \_\_\_\_\_

**Are Children Living in Home?** Yes  No  **DCF Notified?** Yes  No

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Injunction** Yes  No  **Case #:** \_\_\_\_\_

**No Contact Order** Yes  No  **Case #:** \_\_\_\_\_

**Alcohol or Drugs** Yes  No  **Unknown**

**Prior History of Domestic/Dating Violence** Yes  No

**Defendant's Statements** Yes  No  **If yes,** written \_\_\_\_\_ recorded \_\_\_\_\_ oral \_\_\_\_\_

**First words Defendant said when you responded to scene:** I can do what I want, I live her. It's my property.

**Victim's Statements**  Yes  No **If yes,** written \_\_\_\_\_ recorded \_\_\_\_\_ oral \_\_\_\_\_

**First words Victim said when you responded to scene:** She did push me.

**Did the Victim contact anyone other than police within an hour of the incident regarding the incident?**

Yes  No  **If yes, name:** \_\_\_\_\_ **phone:** \_\_\_\_\_

**Observations of Victim (Physical & Emotional):** \_\_\_\_\_

Upset  Crying  Fearful  Hysterical  Afraid  Calm  Nervous

Complained of pain  Other \_\_\_\_\_

**Victim Contact Information:** (Last) Bray \_\_\_\_\_ (first) Patrick \_\_\_\_\_

**Local Address:** \_\_\_\_\_

**Phone:** refused

**Employer:** (Name) \_\_\_\_\_ (Employer Address) \_\_\_\_\_

**Name of Relative:** (Last) Bray \_\_\_\_\_ (First) Lisa \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

# 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

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

1. Incident Report #: 19-154173 Agency: PBSO  
Offense: Battery (domestic)  
Suspect/Offender: Name (Last) Stovall (First) Ashley (Middle) Lauryn  
D.O.B. 07/06/1999 Race: W Sex: F

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

3.a. Victim's name: Name (Last, First) Bray Patrick D.O.B. 12/31/1961 Race: W Sex: M  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Home # - refused Work #: \_\_\_\_\_ Other: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: Name (Last, First) Bray Lisa  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
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: Name (Last, First) Bray Patrick

Deputy's Name: D/S D. Rodriguez I.D.# 9475 Date: 12/31/19  
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

PBSO 00029A REV. 4199

SUSPECT/OFFENDER:

Stovall

Ashley

Lauryn

COURT CASE/WARRANT#:

(FOR WARRANTS USE ONLY)

SCANNED

DEC 31 2019



**PALM BEACH COUNTY  
SHERIFF'S OFFICE**  
Florida State Statute Exemption Sheet

**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 checked="" type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	1-5
	<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"/>	782.04 (FS)	Other: Witness	
	<input type="checkbox"/>	415.107 (1)	Other: In order to protect the rights of the individual or other persons responsible for the welfare of a vulnerable adult, all records concerning reports of abuse, neglect, or exploitation of the vulnerable adult.	

REVIEW COMPLETED BY

Booking Number: 2019041388	Date: 12/31/2019
	Specialist Name/ID: M. Tooks #8557

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DEC 31 2019