

0394909

3993

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile

OBTS Number		Agency ORI Number FLO 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPT.		Agency Report Number (N.T.A.'s only) 7 8 1 1 8 1 0 0 1 7 3 2 1 1	
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		If Weapon Seized Enter Type	
Location of Arrest (Including Name of Business) 4091 LAKE SPUR CIR N		Location of Offense (Business Name, Address) 4091 LAKE SPUR CIR N					
Date of arrest 0 3 1 8 1 8 2 2 0 0	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
Name (Last, First, Middle) BEATY, BRENNAN, CHASE							
Race W - White B - Black	I - American Indian O - Oriental	Sex M	Date of Birth 1 1 2 8 8 6	Height 5 0 9	Weight 1 8 0	Eye Color H Z L	Hair Color B R O
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE VISABLE		Marital Status M	Religion	Indication of: Alcohol Influence Drug Influence		Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) 4091 LAKE SPUR CIR N		(City) PALM BEACH GARDENS FL	(State) FL	(Zip) 33410	Phone ()	Residence Type: 1. City 2. County 3. Florida 4. Out of State	
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone ()	Address Source DL	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone ()	Occupation N/A	
D/I Number, State B-300-063-86-428-0 (H)		Soc. Sec. Number		INS Number		Place of Birth (City, State) CHARLOTTE, NC	
Citizenship US		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		
Parent Name (Last, First, Middle)		(First)	(Middle)	Residence Phone ()		Business Phone ()	
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Notified by: (Name)		
Date		Time	Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT DCF 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 parent. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)			
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property MAR 19 AM 1:05			
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 F. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other	
Charge Description BATTERY (SIMPLE)		Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 7 8 4 1 0 3 1 1 A 2 1		Violation of ORD #	
Drug Activity		Drug Type	Amount / Unit	Offense # 18-001732	Warrant / Capias Number		Bond NONE
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 #	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 #	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 #	Warrant / Capias Number		Bond
<input 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 Reverse Side.		Location (Court, Room Number, Address)					
Court Date and Time		Month	Day	Year	Time	Date Signed	
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 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 ARREST SHALL BE ISSUED.							
Signature of Defendant (or Juvenile and Parent / Custodian)		Signature of Arresting Officer X [Signature] 492		Name Verification (Printed by Arrestee) [Signature]			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) TYLER WITT		I.D. # 492	
Intake Deputy [Signature]		Pouch #		Transporting Officer 492 WITT		I.D. # PBGPB	
HOLD for other Agency		Name		Witness here if subject signed with an "X"		PAGE 1 OF 1	

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - JAIL GOLD - DEFENDANT

SCANNED

STARTING TO BOOK ONLY
PALM BEACH COUNTY
GUN CLUB BRANCH
21 MAR 19 PM 5:51

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 03/18/2018 21:33		Agency ORI Number FL 0502600		Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 18-001732		
	Name (Last, First, Middle) BEATY, BRENNAN CHASE					Alias	Race W	Sex M
D E F E N D A N T	Charge Description 784.03(1)(A)(2) BATTERY - CAUSE BODILY HARM							
	Victim's Name (Last, First, Middle) CONELLY, TIFFANY SHEA					Race W	Sex F	Date of Birth 10/23/1982
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) 4091 LAKESPUR CIR N, PALM BEACH GARDENS, FL 33410				Phone (352) 213-6628		Address Source	
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation	
O B S E R V A T I O N S	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): CALM HOLDING EYE					
	VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>							
RELATIONSHIP BETWEEN VICTIM & SUSPECT MARRIED								
A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
	Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
	911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		CALLER: VICTIM AND DEFENDANT					
	WEAPON USED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TYPE:					
	WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		(If YES, attach witness list)					
	INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
	MEDICAL TREATMENT: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
	AT: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PARAMEDICS: YES					
	Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PHYSICIAN(S) / HOSPITAL:					
	ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		NAMES/AGES:					
H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CASE #:						
PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
N A R R	On 03/18/2018, at approximately 2133 hours, I responded to 4091 Lakespur Circle North, Palm Beach Gardens, FL, 33410 in reference to a domestic disturbance. I activated my Body Worn Camera prior to arrival.							
	Upon arrival I made contact with the defendant, identified via Florida Driver's License as Brennan Beaty.							
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.								
<p><i>OK. [Signature] 492</i></p> <p>_____ SIGNATURE OF ARRESTING OFFICER</p>								
Sworn to and subscribed to before me this <u>18</u> day of <u>March</u> , <u>2018</u> .								
<p><i>[Signature] 376</i></p> <p>LEFFLER, PAUL D JR NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>								

CERTIFIED COPY

SCANNED

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 03/18/2018 21:33	Agency ORI Number FL 0502600	Agency Name PALM BEACH GARDENS POLICE	Agency Report Number 7 8 18-001732
	N A R R A T I V E			

Beaty informed me that he was in a verbal argument with his wife, Tiffany Conelly. During the argument Beaty said that he and Conelly were both throwing items in the house destroying them. Beaty stated that during the argument Conelly hit him in the back of the head and pulled his hair. I observed a faint red mark on the back of Beaty's head. In the middle of the red mark was what appeared to be a tiny indentation. It appeared to look like a popped pimple. I also observed Beaty to have blood on his hands. Beaty stated it was from glass. Beaty stated he broke items inside the house, and he did that to himself.

I spoke to the victim (Conelly) who was inside the residence being treated by fire rescue. I observed Conelly holding her eye, and it appeared to be red. I spoke to her, and she stated her and Beaty were arguing in the kitchen. During the argument Beaty grabbed her phone out of her back pocket. She stated he didn't want her to make phone calls. Conelly stated they began to wrestle for the phone. She said that he grabbed her right arm and showed me the area of her elbow. I did not observe any visible marks on her arm. Conelly stated that Beaty threw items in the kitchen. I observed broken glass on the floor and items in disarray in the kitchen. Conelly said that Beaty threw a French press at her. It should be noted a French press is a large glass coffee pot. The French press missed her but shattered on the ground, at her feet. After shattering, glass from the press went into her eye.

I went back outside and Officer Reynolds (#320) asked Beaty if he threw the French press on the floor, and he replied yes. Officer Reynolds asked him why, and he stated he was angry and she wouldn't stop yelling.

I placed Beaty under arrest for probable cause established for violation of Florida State Statute 784.03(1A2) Simple Battery. The probable cause was established due to the allegations that Beaty physically grabbed Conelly's arm. He also was the primary aggressor as he started the physical aggressions of throwing items. The altercation was not physical prior to this. Beaty then threw a French Press at Conelly in an attempt to hit her. The French press missed Conelly and shards of glass flew into her eyes after it broke. A reasonable and prudent person would have known that throwing a glass French press in the direction of a person would cause injury even if the item didn't directly hit them. The glass causing injury to Conelly's eye was transferred intent. I determine that Beaty was the primary aggressor.

Beaty was transported to the Palm Beach County Jail without incident.

Nothing further to report from this Officer.

STATE OF FLORIDA
COUNTY OF PALM BEACH

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

OK. [Signature] 492
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 18 day of March, 2018.

[Signature] 376
LEFFLER, PAUL D JR
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED
MAR 19 2018